

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





Department of the Treasury Internal Revenue Service

OMB No 1545-0047 2016

Return of Organization Exempt From Income Tax
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.

Open to Public Inspection

| <u>A</u> | For the 2 | 2016 calen | da r year, or tax year beginning , 2016, and endi | ing | | , |
|--------------------------|---------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------|--------------------------------|
| В | Check if ap | plicable | C | | D Employer iden | tification number |
| | Addres | ss change | THE CONSERVATION ALLIANCE | | 94-3100 | 1867 |
| | Name | change | PO BOX 1275 | | E Telephone num | |
| | Initial | return | BEND, OR 97709 | | 541-389 | -2424 |
| | \vdash | turn/terminated | | | - 312 303 | |
| | \vdash | ded return | | | G Gross receipts | \$ 2,368,234. |
| | \vdash | ation pending | F Name and address of principal officer | H(a) Is this | a group return for su | |
| | | attori perioring | | | - | |
| _ | Tay avar | mpt status | SAME AS C ABOVE X 501(c)(3) 501(c) () | If 'No,' | l subordinates include ' attach a list (see in | structions) |
| ' | | <u> </u> | | - | | |
| | Websi | | | | exemption number | |
| K | | organization | X Corporation Trust Association Other ► L Year of forms | ation 198 | 9 W State of | legal domicile OR |
| Pa | | Summar | | TO 100 | MUE CONCER | NAT MAIN |
| | | | be the organization's mission or most significant activities: THE MISS | | | |
| မ္တ | A. | | IS TO ENGAGE BUSINESS TO FUND AND PARTNER WIED WILD PLACES FOR THEIR HABITAT AND RECREATI | | | TIO EKOTECT |
| Governance | | UKEŸIEM | ED MIDD LEWCES LOW THEIR HADITAL WAD KECKEWIT | OMAT A | HT0E2 | |
| Veri | 2 Ch | eck this bo | ox I if the organization discontinued its operations or disposed of n | nore than 2 | 25% of its net as | |
| ලි | 3 Nu | | oting members of the governing body (Part VI, line 1a) | noic than z | 1 3 | 14 |
| අජ | | | dependent voting members of the governing body (Part VI, line 1b) | | 4 | 14 |
| Activities & | 5 To | tal number | of individuals employed in calendar year 2016 (Part V, line 2a) | | 5 | 3 |
| :≅, | | | of volunteers (estimate if necessary) | | 6 | 50 |
| Ą | 7a To | taì unrelate | ed business revenue from Part VIII, column (C), line 12 | | | 0. |
| | b Ne | t unrelated | I business taxable income from Form 9995 The 3 | | 7b | 0. |
| | | | f | | Prior Year | Current Year |
| <u>o</u> | | | and grants (Part VIII, line 1h) vice revenue (Part VIII, line 2g) viceme (Part VIII, column (A), line 33 (4, and 7d) | | 1,783,679. | 1,877,404. |
| eu l | | | rice revenue (Part VIII, line 2g) S MAY 15 2017 | | 26,621. | 197,903. |
| Revenue | | | e (Part VIII, column (A), lines 5, 6d, 8e , 9e, 10e, and 11e) | | -92,571. | 165,818. |
| _ | | | e – add lines 8 through 11 (must equal @@\) Eoumh(A), line 12) | ļ | 68,707. | 77, 935. |
| _ | | | imilar amounts paid (Part IX, column (A), lines 1-3) | | 1,786,436. | 2,319,060. |
| | | | | <u> </u> | L,600,000. | 1,610,000. |
| i | | | to or for members (Part IX, column (A), line 4) | | 070 540 | 204 750 |
| တ္တ | | | er compensation, employee benefits (Part IX, column (A), lines 5-10) | | 278,540. | 294,758. |
| Expenses | | | fundraising fees (Part IX, column (A), line 11e) | | | |
| ď | b Tot | tal fundrais | sing expenses (Part IX, column (D), line 25) ► 72,271 | <u>.</u> | _~ | · |
| ш | 17 Oth | her expens | es (Part IX, column (A), lines 11a-11d, 11f-24e) | | 120,955. | 93,534. |
| | 18 Tot | tal expense | es. Add lines 13-17 (must equal Part IX, column (A), line 25) | | L,999,495. | 1,998,292. |
| | 19 Re | venue less | expenses. Subtract line 18 from line 12 | - "- | -213,059. | 320,768. |
| 8 6 | | | | Beginni | ng of Current Year | End of Year |
| ag ag | 20 Tot | tal assets (| (Part X, line 16). | | 5,196,426. | 5,517,194. |
| 4 A B | 21 Tot | tal liabilitie | s (Part X, line 26) | | 0. | 0. |
| Net Assets Fund Balan | 22 Ne | t assets or | fund balances. Subtract line 21 from line 20 | | 5,196,426. | 5,517,194. |
| Pa | rt II | Signatur | e Block | | | |
| Unde | r penalties o | of perjury, I de | clare that I have examined this return, including accompanying schedules and statements, and t rer other than afficial is based on all information of which preparer has any knowledge | o the best of n | ny knowledge and be | lief, it is true, correct, and |
| comp | lete Declar | ation of orepa | rer other than affice to is based on all information of which preparer has any knowledge | | | |
| | | | EAGON TO THE PARTY OF THE PARTY | | | |
| Sig | n | Signatu | re distincti | | ate | |
| Hei | re | L _J | OHN SCERLING EXECUTIVE THECTOR | | | |
| | | Type or | print name and title | | | |
| | | Print/Type p | reparer's name Preparer's signature Date | | Check X If | PTIN |
| Pai | d | STUART | D. KATTER STUART D. KATTER | 7 | self-employed | P00236705 |
| Pre | parer | Firm's name | | | | |
| Us | Only | Firm's addre | | | Firm's EIN ► 93 | -1154108 |
| | | 1 | BEND, OR 97703 | | | -382-3468 |
| May | the IRS | discuss th | is return with the preparer shown above? (see instructions) | | <u>. </u> | X Yes No |
| $\overline{}$ | | | | EEA0113L 11/ | /16/16 0 5 1 | Form 990 (2016) |

| Form 9904(2016) THE CONSERVATION | | 94-3 | 100867 | Page 2 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-----------------------|
| Part III Statement of Program Ser | | | | |
| | esponse or note to any line in this Part III | | | |
| | on RVATION ALLIANCE IS TO ENGAGE BU DTECT THREATENED WILD PLACES FOR | | | TNER |
| THE COUNTY TO THE COUNTY OF TH | | | . – – – – – | |
| Form 990 or 990-EZ? | ant program services during the year which were not li | sted on the prior | Yes | X No |
| = | or make significant changes in how it conducts, an | y program services? | Yes | X No |
| If 'Yes,' describe these changes on Sche Describe the organization's program ser Section 501(c)(3) and 501(c)(4) organization and revenue, if any, for each program services. | edule O. vice accomplishments for each of its three largest ations are required to report the amount of grants ervice reported | program services, as a and allocations to other | measured by ers, the total | expenses expenses, |
| | 1,824,274. including grants of \$ |) (Revenue | \$ 2,3 | 19,060.) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4 b (Code) (Expenses \$ | including grants of \$ |) (Revenue | \$ |) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4c (Code) (Expenses \$ | including grants of \$ |) (Revenue | \$ | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 4 d Other program services (Describe in Sch (Expenses \$ | including grants of \$) | (Revenue \$ | |) |
| 4 e Total program service expenses ► BAA | 1,824,274. TEEA0102L 11/16/16 | | For | m 990 (2016) |

TEEA0102L 11/16/16

Form 990 (2016) THE CONSERVATION ALLIANCE
Part IV Checklist of Required Schedules

| ν- | • | | 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 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | X |
| 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 | | Х |
| 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 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I | 6 | | Х |
| 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 | | Х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V | 10 | х | |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | , | |
| i | a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI | 11 a | Х | |
| ı | Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII | 11 b | | Х |
| • | Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII | 11 c | | Х |
| • | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX | 11 d | | Х |
| • | Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X | 11 e | | X |
| 1 | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X . | 11 f | | Х |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII | 12a | | Х |
| ŧ | 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 | | Х |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E | 13 | | Х |
| 14 a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| Ł | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV | 14b | | х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV | 16 | | Х |
| | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions) | 17 | | Х |
| | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II | 18 | х | |
| 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 | | Х |
| | | | | |

Form 990 (2016) THE CONSERVATION ALLIANCE

Part IV | Checklist of Required Schedules (continued)

| | • | | res | MO |
|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------|----------|
| 20 | Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H | 20a | | Х |
| Į | b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20Ь | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> | 23 | | Х |
| 24 | a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a | 24a | | х |
| ! | b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| • | c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| • | d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 | a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I. | 25a | | Х |
| 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 | | _X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II | 26 | | Х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III | 27 | | х |
| 28 | 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): | | | |
| á | A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28a | _ | <u>X</u> |
| ŀ | A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV | 28c | | Х |
| | Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M | 30 | | Х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II | 32 | | Х |
| 33 | 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 | | Х |
| 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 | | Х |
| 35 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | Х |
| t | olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 | 36 | <u> </u> | Х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O | 38 | Х | <u></u> |
| BAA | | Form | 990 (| (2016) |

| Pa | rt 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 | | | П |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|-------------|
| _ | Shows a concess of contains a response of field to any line in this to | | Yes | No |
| 1 | a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1 | | | |
| | b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | |
| | c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | | <u> </u> |
| 2 | a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- | | | |
| | ments, filed for the calendar year ending with or within the year covered by this return 2a 3 | | <u> </u> | |
| | b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | | |
| 2 | Note . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | Х |
| | a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0 | 3 a | | |
| | | 30 | | |
| | 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)? | 4 a | | Х |
| | b If 'Yes,' enter the name of the foreign country | | | |
| _ | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | 17 |
| | a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | | X |
| | b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | | Х |
| | c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | | |
| 6 | a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6 a | | Х |
| | b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| | a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 a | | X |
| | b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 b | | |
| | c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file | - | | , v |
| | Form 8282? | 7с | | X |
| | d If 'Yes,' indicate the number of Forms 8282 filed during the year | | | X |
| | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 e 7 f | | X |
| | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | |
| | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 g | | |
| _ | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7 h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring | | | |
| | organization have excess business holdings at any time during the year? | 8 | | ļ |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| | a Did the sponsoring organization make any taxable distributions under section 4966? | 9 a | | |
| | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9 b | | |
| | Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter | | | i |
| | a Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them) | 10- | | |
| | a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12 a | | |
| | o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified popprofit health incurance issuers | | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? | 13a | <u> </u> | <u> </u> |
| • | Note. See the instructions for additional information the organization must report on Schedule O. | 134 | | |
| | | | | |
| | 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 | | | |
| | Enter the amount of reserves on hand | | ļ | |
| | a Did the organization receive any payments for indoor tanning services during the tax year? | 14 a | _ | X |
| I | of 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | 14 b | L | L |

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 14 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 b Enter the number of voting members included in line 1a, above, who are independent 1 b 14 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? 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 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 6 Did the organization have members or stockholders? Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. Х a The governing body? 8 = b Each committee with authority to act on behalf of the governing body? 8ь Х 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10 a Did the organization have local chapters, branches, or affiliates? 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? 11 a X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE Q Х 12 c X 13 Did the organization have a written whistleblower policy? 13 Х 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? Х a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a 15 b X **b** Other officers or key employees of the organization 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 Χ taxable entity during the year? 16 a 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 16b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ OR 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 Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

JOHN STERLING PO BOX 1275

BEND OR 97709 541-389-2424

| Form 990 (2016) | THE | CONSERVATION | ALLTANCE |
|-----------------|-----|--------------|----------|
| | | | |

94-3100867

Page 7

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

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

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

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

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

| Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|------------------------------------|--------------------------------------------|----------|-------------------------------------|------------------------------------------|----------------------------------------------------------|
| | | | | (C) |) | | | | | |
| (A) Name and Title | (B) Average hours per | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | (D) Reportable compensation from | (E) Reportable compensation from | (F) Estimated amount of other compensation | | | | |
| | week (list any hours for related organiza- tions below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | from the organization and related organizations |
| (1) LINDA BALFOUR | _ 4 | | 1 | | } | | | | | • |
| CHAIR. | 0 | X | Ш | | <u> </u> | \vdash | <u> </u> | 0. | 0. | 0. |
| _(2)_ JOE_CRAIG VICE_CHAIR | 4 | X | | | | | | 0. | 0. | 0 |
| | 0 | 1 | Н | - | ├- | | | J | | 0. |
| | - - 4 - | x | | | | | | 0. | 0. | 0. |
| (4) SETH COBB | 4 | 1 | | | \vdash | | | <u></u> | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (5) HANS COLE | 4 | | | | | | | | | |
| DIRECTOR | 0 | X | | | | | | 0. | 0. | 0. |
| (6) ANN KRCIK | 4 | | | | | | | | | |
| DIRECTOR | 0 | X | | | <u> </u> | | | 0. | 0. | 0. |
| | 4 | 1 | | | İ | | | | | |
| VICE CHAIR | 0 | X | Ш | | <u> </u> | _ | | 0. | 0. | 0. |
| (8) CHELSEA PAWLEK | 4 | | | | İ | | | _ | _ | |
| DIRECTOR | 0 | Х | Щ | | <u> </u> | | | 0. | 0. | 0. |
| _(9) SCOTT_WIPPS | _ 4 | ∤ | | | | \ \ | | | | |
| DIRECTOR | 0 | X | Н | | <u> </u> | | _ | 0. | 0. | 0. |
| (10) DEVEN CLEMENS | 4 | l ,, i | | | ĺ | | | | 0 | 0 |
| TREASURER | 0 | X | \vdash | | | - | — | 0. | 0. | 0. |
| (11) ADAM KETCHESON DIRECTOR | - - 4 - | x | | | <u> </u> | 1 1 | | 0. | 0. | 0. |
| (12) TRACY BRUNZ | 4 | ^- | Н | | ├─ | - | | | <u> </u> | |
| DIRECTOR | | х | ÌÌ | | | 1 1 | | 0. | 0. | 0. |
| (13) KATE KETSCHEK | 4 | ^ | - | | ├- | \vdash | - | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (14) KRISTEN BLACKBURN | 4 | <u> </u> | \vdash | | \vdash | Н | _ | | | |
| DIRECTOR | | Х | | | | | | o. | 0. | 0. |
| BAA | TEEA0 | | 11/1 | 6/16 | | | | - | | Form 990 (2016) |

| Part VII Section A. Officers, Directors, 11t | istees, | ney | Em | ibic | oye | es, | and | Hignest Con | ipensated Emp | loyees | continuea) |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|----------------------|-------------------|-----------------|---------------------------------|-------------------|--------------------------------------|------------------------------------------|----------------|-------------------------------|
| , | (B) | | | ((Pos | sition | | | (D) | (E) | , | F) |
| (A) Name and title | Average hours per | box | , unle: | ss pe | erson dırect | than is both or/trus | h an tee) | Reportable compensation from | Reportable compensation from | Estii amoun | mated t of other |
| | week (list any hours for | indivi or dir | Instit | Officer | Key 6 | emple | Form | the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | fror organ | ensation n the lization |
| | related organiza • tions | Individual trustee or director | nstitutional trustee | Q. | Key employee | st com | ਵਾ | | | | related izations |
| | below dotted line) | ustee | trustee | | 8 | Highest compensated employee | | | | } | |
| (15) JOHN STERLING | 40 | - | | | - | | _ | - | | | |
| EXECUTIVE DIR. | 0 | 1 | | <u>X</u> | _ | | | 147,042. | 0. | | 0. |
| (16) | | | | | | | | | · | | |
| (17) | | | | | | | | | | | |
| (18) | | | | | | | | | ! | | - , |
| (19) | | - | | | | | | - | <u> </u> | | |
| (20) | | - | H | | | - | | | | | |
| (21) | | - | \vdash | | _ | - | - | | | <u></u> _ | |
| (22) | | ļ | | | <u> </u> | _ | _ | | | ļ | |
| | | <u> </u> | | | <u> </u> | | _ | | | | |
| (23) | | | | | | | | | | <u> </u> | |
| (24) | | | | | | | | | | | |
| (25) | | | | | | | | | | | |
| 1 b Sub-total | l. <u>.</u> . | <u> </u> | _ | | L | Щ. | > | 147,042. | 0. | <u> </u> | 0. |
| c Total from continuation sheets to Part VII, Secti | on A | | | | | | • | 0. | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | <u> </u> | 147,042. | 0. | | 0. |
| 2 Total number of individuals (including but not limited from the organization ► 1 | to those I | isted | abov | /e) v | who | recei | ved | more than \$100,00 | 0 of reportable comp | ensation | |
| | - | | | | | | | | | <u></u> | Yes No |
| 3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc | tor, or tru <i>h ındıvıdu</i> | stee, ial | key | en en | nplo | yee, | or h | nighest compensa | ted employee | 3 | X |
| 4 For any individual listed on line 1a, is the sum of the organization and related organizations greate | reportab er than \$1 | le co 50,0 | mpe 00? | nsa If '\ | ation Yes, | and con | oth <i>ple</i> | er compensation te Schedule J for | from | 4 | |
| such individual Did any person listed on line 1a receive or accrufor services rendered to the organization? If 'Yes | e comper | satio | n fro | om | any | unre | late | ed organization or | ındıvıdual | 5 | X |
| Section B. Independent Contractors | s, comple | te So | cnea | ule | J fo | r suc | en p | erson . | |] 3] | Х |
| Complete this table for your five highest compen compensation from the organization. Report compen | sated ind | epen the c | dent alend | co | ntra vear | ctors | tha | it received more to | han \$100,000 of | | |
| (A) Name and business add | | | | | | | | Description | | (C) Compen | sation |
| | | | | | | | | | | | |
| | | _ | | | | | | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (including t | | ited to | o tho | se l | listed | d abo | ve) | who received more | than | | |
| \$100,000 of compensation from the organization | <u>~</u> _ | TEEAC | 108 | 11/ | 16/16 | | | | | Form 9 | 90 (2016) |

| ١. | Check if Schedule O contains a response or note to an | y line in this Part VII | I L | | |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------|-----------------------------------------|------------------------------------------------------|
| | | (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 | 1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f; \$ | | | | |
| | h Total. Add lines 1a-1f | 1,877,404. | | | <u> </u> |
| Program Service Revenue | 2 a REIMBURSEMENTS AND OTHER b | 197,903. | 197,903. | | |
| Servic | d | | | | |
| gran | f All other program service revenue | | | | |
| <u> </u> | g Total. Add lines 2a-2f | 197,903. | | | |
| | Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties | 165,818. | | | 165,818. |
| | (i) Real (ii) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) | | | | |
| | 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis | - | | | |
| | and sales expenses c Gain or (loss) d Net gain or (loss) | | | | |
| Other Revenue | 8a Gross income from fundraising events (not including . \$ of contributions reported on line 1c) See Part IV, line 18 a 127,109. | , | | | |
| ther | b Less direct expenses b 49,174. | | - | | |
| 0 | c Net income or (loss) from fundraising events. 9 a Gross income from gaming activities. See Part IV, line 19 | 77,935. | | _ | 77,935. |
| | b Less direct expenses c Net income or (loss) from gaming activities | | | > | |
| | 10a Gross sales of inventory, less returns and allowances | | | | |
| | b Less cost of goods sold b | | | | |
| i | c Net income or (loss) from sales of inventory | | | · · · · · · · · · · · · · · · · · · · | |
| | Miscellaneous Revenue Business Code 11 a b | | | | |
| | d All other revenue | - | | | <u> </u> |
| | e Total. Add lines 11a-11d | | | | |
| | 12 Total revenue. See instructions | 2,319,060. | 197,903. | 0. | 243,753. |

Form 99Q (2016) THE CONSERVATION ALLIANCE
Part IX Statement of Functional Expenses

| Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) (D) | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------|-------------------------------------|----------------------|--|--|--|--|--|
| Do not include amounts reported on lines Sb, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | Fundraising expenses | | | | | |
| 1 Grants and other assistance to domestic organizations and domestic government. | | | | | | | | | |
| See Part IV, line 21 | 1,610,000. | 1,610,000. | | | | | | | |
| 2 Grants and other assistance to domestic individuals See Part IV, line 22 | | | | | | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and for eign individuals. See Part IV, lines 15 ar | nd 16 | | | | | | | | |
| 4 Benefits paid to or for members | | | | | | | | | |
| 5 Compensation of current officers, director trustees, and key employees | ors, 147 040 | 72 522 | 26.760 | 26.760 | | | | | |
| 6 Compensation not included above, to | 147,042. | 73,522. | 36,760. | 36,760 | | | | | |
| disqualified persons (as defined under | . (| | | | | | | | |
| section 4958(f)(1)) and persons describe in section 4958(c)(3)(B) | o.[| 0. | 0. | (| | | | | |
| 7 Other salaries and wages | 91,407. | 56,475. | 22,852. | 12,080 | | | | | |
| R Pension plan accruals and contributions | | | | | | | | | |
| (include section 401(k) and 403(b) employer contributions) | 12 071 | C 405 | 3,243. | 2 24 | | | | | |
| 9 Other employee benefits | 12,971. 25,233. | 6,485. 12,617. | 6,308. | 3,243 6,308 | | | | | |
| 10 Payroll taxes | 18,105. | 9,053. | 4,526. | 4,52 | | | | | |
| 11 Fees for services (non-employees): | 18,105. | 9,055. | 4,320. | 4,52 | | | | | |
| a Management | (| | | | | | | | |
| b Legal | | | | | | | | | |
| c Accounting | | | | | | | | | |
| d Lobbying | | | | | | | | | |
| e Professional fundraising services See Part IV, line | 17 | | | | | | | | |
| f Investment management fees | | | | | | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, c (A) amount, list line 11g expenses on Schedule 0.) 12 Advertising and promotion | olumn | | | | | | | | |
| 3 Office expenses | 8,406. | 5,044. | 2,521. | 841 | | | | | |
| 14 Information technology | | | | | | | | | |
| 15 Royalties | | | | | | | | | |
| 6 Occupancy | 16,833. | 10,100. | 5,050. | 1,68 | | | | | |
| 7 Travel | 25,023. | 15,014. | 7,507. | 2,50 | | | | | |
| 8 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | | |
| 9 Conferences, conventions, and meetings | 3 | | | | | | | | |
| 20 Interest | | | | | | | | | |
| Payments to affiliates | | | | | | | | | |
| 22 Depreciation, depletion, and amortization | | 339. | 169. | 5 | | | | | |
| 23 Insurance | 5,523. | 3,314. | 1,657. | 552 | | | | | |
| Other expenses Itemize expenses not covered above (List miscellaneous expension line 24e If line 24e amount exceeds of line 25, column (A) amount, list line 2 expenses on Schedule O). | 10% 1 | ļ | | | | | | | |
| a OUTREACH | 13,500. | 8,100. | 4,050. | 1,350 | | | | | |
| b PRINTING AND PUBLICATIONS | | 5,613. | 2,806. | 930 | | | | | |
| CONTRACT SERVICES | 7,551, | 4,531. | 2,265. | 75 | | | | | |
| d WEBSITE AND ANNUAL REPOR | T 3,450. | 2,070. | 1,035. | 34 | | | | | |
| e All other expenses | 3,328. | 1,997. | 998. | 33: | | | | | |
| 5 Total functional expenses. Add lines 1 through 24 | e 1,998,292. | 1,824,274. | 101,747. | 72,27 | | | | | |
| 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) | | | | | | | | | |

Total liabilities and net assets/fund balances

34

BAA

34

5,517,194.

Form 990 (2016)

5,196,426.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year **(B)** End of year 1,360,526. Cash - non-interest-bearing 1,162,242 Savings and temporary cash investments 2 4,152,672. 4,029,623 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 organizations (see instructions). Complete Part II of Schedule L. 6 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10 a 12,848 **b** Less: accumulated depreciation 10b 8,852 10 c 4,561 3,996. 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 5, 196, 426 16 5,517,194 17 Accounts payable and accrued expenses 17 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 0. Total liabilities. Add lines 17 through 25 0 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 732,080. 542,063 28 28 Temporarily restricted net assets 1,163,961. 1,083,210. 29 Permanently restricted net assets 29 3,571,153 3,621,153 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. þ 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Net. 33 Total net assets or fund balances 33 5,196,426. 5,517,194.

| | n 994 (2016) THE CONSERVATION ALLIANCE | 94-3100867 | | Pa | age 12 |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------|-------|--------|
| Pa | rt XI · Reconciliation of Net Assets | | | | |
| ~ | Check if Schedule O contains a response or note to any line in this Part XI | | _ | | _ 🗆 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 2,3 | 19,0 | 060. |
| .2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | 292. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | | 768. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | | 426. |
| 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 | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 5,5 | 17,1 | 194. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 Cash X Accrual Other | | } | | 1 |
| | If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O | | | | |
| 2 | a Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | X |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or re separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | viewed on a | | | |
| | Were the organization's financial statements audited by an independent accountant? | | 2 ь | Х | } |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s | eparate | | | ļ |
| | basis, consolidated basis, or both | ., | J | | , |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| • | If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant? | audit, | 2 c | | Χ_ |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O SEE SCHEDULE O | | | | |
| 3 | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133? | gle | 3 a | | х |
| ı | olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits | d audit | 3 b | | |
| BAA | | | | aan | (2016) |
| -~ | | | 1 0111 | . 220 | (2010) |

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization Employer identification number THE CONSERVATION ALLIANCE 94-3100867 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations g Provide the following information about the supported organization(s) (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (v) Amount of monetary (iv) Is the organization listed in your governing document? (vi) Amount of other support (see instructions) support (see instructions) Yes (A) (B) (C) (D) (E) Tota!

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | | | |
|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------------------------------------|-------------------------------------|-----------------------|---------------------------|--------------------|--|--|
| Cale begi | ndar year (or fiscal year nning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants') | 2,149,783. | 2,192,485. | 2,177,063. | 1,879,007. | 1,877,404. | 10,275,742. | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0. | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge. | | | | | | 0. | | |
| 4 | Total. Add lines 1 through 3 | 2,149,783. | 2,192,485. | 2,177,063. | 1,879,007. | 1,877,404. | 10,275,742. | | |
| 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) | | | | | | 0. | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 10,275,742. | | |
| Sec | tion B. Total Support | | | | | | | | |
| | ndar year (or fiscal year nning in) ► | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total | | |
| 7 | Amounts from line 4 | 2,149,783. | 2,192,485. | 2,177,063. | 1,879,007. | 1,877,404. | 10,275,742. | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. | 270,493. | 451,385. | 191,232. | -92,571. | 165,818. | 986,357. | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) | | | | | | 0. | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 11,262,099. | | |
| 12 | Gross receipts from related activ | vities, etc. (see in | structions) | | | 12 | 0. | | |
| | First five years. If the Form 990 is organization, check this box and | stop here | | iird, fourth, or fifth | tax year as a section | on 501(c)(3) | ▶ 🗍 | | |
| _ | tion C. Computation of Pu | | _ | | | | | | |
| | Public support percentage for 20 | • | • • • | ne 11, column (f)) | 1 | 14 | 91.24% | | |
| | Public support percentage from | | · | • | | . 15 | 93.54% | | |
| 16a | 33-1/3% support test—2016. If t and stop here. The organization | he organization d qualifies as a pul | id not check the t blicly supported o | oox on line 13, an organization | id line 14 is 33-1/3 | 3% or more, chec | k this box | | |
| Ь | 33-1/3% support test—2015. If the and stop here. The organization | ne organization die n qualifies as a pu | d not check a box blicly supported o | c on line 13 or 16a organization | a, and line 15 is 3 | 3-1/3% or more, (| check this box | | |
| 1 7 a | 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts' | meets the 'facts-a | and-circumstance | s' test, check this | box and stop he | re. Explain in Par | t VI how | | |
| | b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization | | | | | | | | |
| 18 | Private foundation. If the organi | zation did not che | eck a box on line | 13, 16a, 16b, 17a | , or 17b, check th | is box and see in | structions | | |
| 3Δ5 | | | | | Sc | hadula A (Form 9 | 90 or 990-EZ) 2016 | | |

Schedule A (Form 990 or 990-EZ) 2016 THE CONSERVATION ALLIANCE 94-3100867 Page 3 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) Section A. Public Support (c) 2014 Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b **Public support.** (Subtract line 7c from line 6) Section B. Total Support (f) Total Calendar year (or fiscal year beginning in) (a) 2012 **(b)** 2013 (d) 2015 (e) 2016 (c) 2014 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. c Add lines 10a and 10b

Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.).

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)

| organization, check this box and stop here | |
|-----------------------------------------------------|------|
| Section C. Computation of Public Support Percentage | |

| ection C. | Computati | on of P | ublic Su | pport Po | ercentage | | | |
|-----------|-----------|---------|----------|----------|-----------|-------------|------|-----|
| | | | 0046 | <u> </u> | 10 1 1 11 | 1 10 | | 4.5 |

| 13 | dulic support percentage for 2010 (file 8, column (f) divided by line 13, column (f) | 13 | ° |
|----|--------------------------------------------------------------------------------------|----|---|
| 16 | Public support percentage from 2015 Schedule A, Part III, line 15 | 16 | 8 |
| | | | |

| Section D. | Computation of | Investment Income | Percentage | |
|------------|----------------|-------------------|------------|--|
| | | | | |

| 17 | investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) | 17 | L | • |
|-----|-------------------------------------------------------------------------------------------------------------------|-------|-----------|-----|
| 18 | Investment income percentage from 2015 Schedule A, Part III, line 17 | 18 | | - 5 |
| 19a | 33-1/3% support tests-2016. If the organization did not check the box on line 14, and line 15 is more than 33-1/3 | %, an | d line 17 | |

| is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization | |
|--------------------------------------------------------------------------------------------------------------------------------|--------|
| b 33-1/3% support tests-2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/39 | %, and |

| | 199-11976 Support tests—2013: If the organization did not check a box on line 1940 line 194, and line 10 is more than 50 17976, and |
|----|----------------------------------------------------------------------------------------------------------------------------------------|
| | line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |
| 20 | Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. |

| ٠. | | | - | | | | | | | _ | | | |
|----|----|----|----|----|---|-----|----|-----|----|-----|-------|------|---|
| S | сŀ | 1e | du | le | A | (Fo | rm | 990 | or | 990 |)-EZ) | 2016 | 5 |

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.)

| | tion A. All Supporting Organizations | | Yes | No | | | | |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------|--------------------------------------------------|--|--|--|--|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? | - | 103 | | | | | |
| | f 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe he designation. If historic and continuing relationship, explain. | | | | | | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section | | | | | | | |
| | 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | | | | | | |
| 2- | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) | | | | | | | |
| 38 | and (c) below | 3a | | | | | | |
| t | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and | | | | | | | |
| | satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination | 3b | | | | | | |
| C | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use. | 3c | | | | | | |
| 4 a | Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | | | | | |
| t | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported | | , | l | | | | |
| | organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations | 4b | | - | | | | |
| | Did the organization support any foreign supported organization that does not have an IRS determination under | | | | | | | |
| | sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | | | | | | |
| | | 4c | <u> </u> | | | | | |
| 5a | a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported | | Ì | } | | | | |
| | 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) | | |] | | | | |
| | | | | | | | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the | | | <u> </u> | | | | |
| | organization's organizing document? | 5b | <u> </u> | } | | | | |
| C | Substitutions only. Was the substitution the result of an event beyond the organization's control? | 5c | | <u> </u> | | | | |
| 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 Part VI . | 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 | | | 1 | | | | |
| | as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI | 9a | | | | | | |
| ь | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the | | | | | | | |
| | supporting organization had an interest? If 'Yes,' provide detail in Part VI | 9b | <u> </u> | <u> </u> | | | | |
| C | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI | 9c | | | | | | |
| 10~ | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding | | | | | | | |
| certa | certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' | 10- | <u> </u> | | | | | |
| | answer 10b below | 10a | | - | | | | |
| 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) | 10b | | | | | | |

Section E. Type III Functionally Integrated Supporting Organizations

| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). |
|---|-----------------------------------------------------------------------------------------------------------------------------------|
| 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 |
| С | The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions). |

2 Activities Test Answer (a) and (b) below.

- a 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 Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard

| _ | Yes | No |
|----|-----|----|
| | | |
| 2a | | |
| | | |
| 2b | | |
| | | |
| 3a | | |
| | | |
| 3b | | |

| | Recoveries of prior-year distributions | / | |
|-----|-------------------------------------------------------------------------------------------------------------------------------|---|--------------|
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Sec | tion C — Distributable Amount | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| | | | |

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

6

Schedule A (Form 990 or 990-EZ) 2016

Multiply line 5 by .035

(see instructions)

| Part V Type III Non-Functionally Integrated 509(a)(3) Su | pporting Organiza | tions (continued) | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------|-------------------------------------------|
| Section D — Distributions | | | Current Year |
| 1 Amounts paid to supported organizations to accomplish exempt pur | poses | | |
| Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity | of supported organizations | s, | |
| 3 Administrative expenses paid to accomplish exempt purposes of su | pported organizations | | |
| 4 Amounts paid to acquire exempt-use assets | | · · · · · · · · · · · · · · · · · · · | |
| 5 Qualified set-aside amounts (prior IRS approval required) | | _ | |
| 6 Other distributions (describe in Part VI) See instructions | | | <u> </u> |
| 7 Total annual distributions. Add lines 1 through 6 | | | |
| 8 Distributions to attentive supported organizations to which the organization in Part VI). See instructions | on is responsive (provide | details | |
| 9 Distributable amount for 2016 from Section C, line 6 | | | |
| 10 Line 8 amount divided by Line 9 amount | | | |
| Section E – Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 Distributable amount for 2016 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2016. | | | |
| a | | | |
| b | | | |
| c From 2013 | | | |
| d From 2014 | | | |
| e From 2015 | | | |
| f Total of lines 3a through e | <u> </u> | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2016 distributable amount | | | |
| i Carryover from 2011 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| Distributions for 2016 from Section D, line 7. \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2016 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2017. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7 | | | |
| a | | | |
| b Excess from 2013 | | | |
| c Excess from 2014 | | | |
| d Excess from 2015 | | | |

BAA

e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047



THE CONSERVATION ALLIANCE 94-3100867 Part 1. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year). Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? Yes Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2 a b Total acreage restricted by conservation easements 2 b 2 c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 ÞŚ ►Ś (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: ► Ś a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

| Part Organizations Mainta | ining Collections | of Art, Histor | ical Treasures, or | Other Similar Ass | ets (continued) |
|-----------------------------------------------------------------------------|------------------------------|-----------------------------------|---------------------------------|-------------------------------|------------------------------|
| 3 · Using the organization's acquisition items (check all that apply) | , accession, and other | records, check any | of the following that a | e a significant use of its o | collection |
| a Public exhibition | | d Loan or | exchange programs | | |
| b Scholarly research | | e Other | | | |
| c Preservation for future gener | rations | <u> </u> | | | |
| 4 Provide a description of the organize Part XIII | zation's collections and | explain how they f | urther the organization' | s exempt purpose in | |
| 5 During the year, did the organiza to be sold to raise funds rather the | han to be maintained | as part of the org | janization's collection | ?[| Yes No |
| Escrow and Custodia line 9, or reported an | Arrangements. amount on Form | Complete if th 990, Part X, Ii | e organization an ne 21. | swered 'Yes' on Fo | rm 990, Part IV, |
| 1 a Is the organization an agent, true on Form 990, Part X? | stee, custodian or oth | er intermediary fo | or contributions or oth | er assets not included . [| Yes No |
| b If 'Yes,' explain the arrangement | in Part XIII and comp | olete the following | g table. | • | |
| | | | | | Amount |
| c Beginning balance | | | | 1 c | |
| d Additions during the year | | | | 1 d | |
| e Distributions during the year | | | | 1 e | |
| f Ending balance | | | | . 1f | |
| 2 a Did the organization include an a | mount on Form 990, | Part X, line 21, fo | or escrow or custodial | account liability? | Yes No |
| b If 'Yes,' explain the arrangement | in Part XIII Check h | ere if the explana | tion has been provide | d on Part XIII | H |
| | | • | · · · • | | L |
| Part V Endowment Funds. C | omplete if the ord | anization ans | wered 'Yes' on Fo | orm 990, Part IV, Ir | ie 10. |
| | (a) Current year | (b) Prior year | (c) Two years back | | (e) Four years back |
| 1 a Beginning of year balance | 3,814,074. | 4,189,15 | | | 2,188,498. |
| b Contributions | 50,000. | 70,00 | | | 422,564. |
| . N | 307000. | | 0. 030,20 | 102/2231 | 122,0011 |
| c Net investment earnings, gains, and losses | 165,549. | -445,07 | 7. 190,82 | 4. 429,562. | 257,214. |
| d Grants or scholarships | | . | | | |
| e Other expenditures for facilities and programs | | | 150,00 | 0. 0. | |
| f Administrative expenses | | | | | |
| g End of year balance | 4,029,623. | 3,814,07 | | | 2,868,276. |
| 2 Provide the estimated percentage | - | end balance (line | 1g, column (a)) held | as | |
| a Board designated or quasi-endowm | ent • | % | | | |
| b Permanent endowment | % | | | | |
| c Temporarily restricted endowmer | | _ % | | | |
| The percentages on lines 2a, 2b, a | nd 2c should equal 100 | % | | | |
| 3 a Are there endowment funds not in to organization by: | he possession of the o | rganization that are | e held and administered | I for the | Yes No |
| (i) unrelated organizations | | | | | 3a(i) X |
| (ii) related organizations | | | | | 3a(ii) X |
| b If 'Yes' on line 3a(ii), are the rela | ated organizations list | ed as required or | Schedule R? | | 3b |
| 4 Describe in Part XIII the intended | _ | | | | |
| Part VI Land, Buildings, and | | | | | |
| Complete if the organi | | 'Yes' on Form | 990, Part IV, line | 11a. See Form 99 | 0, Part X, line 10. |
| Description of property | | or other basis vestment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| 1 a Land . | | | | | |
| b Buildings | | | | | |
| c Leasehold improvements | | | | | |
| d Equipment | | | 12,848. | 8,852. | 3,996. |
| e Other | | | - | | |
| Total. Add lines 1a through 1e (Colum | nn (d) must equal For | m 990, Part X, co | lumn (B), line 10c.) | | 3,996. |
| ВАА | | | | Schedu | ıle D (Form 990) 2016 |

| Part VII Investments - Other Securities. | | N/A | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|------------------------|
| Complete if the organization answered | 'Yes' on Form 990 | , Part IV, line 11b. See Form 990, Part > | K, line 12. |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation. Cost or end-of-year market v | alue |
| (1) Financial derivatives . | | | |
| (2) Closely-held equity interests . | | | |
| (3) Other | | | |
| (A) | | <u></u> | |
| (B) | | <u>,</u> | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) (G) | | | |
| (H) | <u></u> | | |
| (I) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 12) | | | |
| Part VIII Investments - Program Related | | N/Δ | |
| Part VIII Investments - Program Related. Complete if the organization answered | l 'Yes' on Form 990 |), Part IV, line 11c. See Form 990, Part > | K, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation. Cost or end-of-year mai | rket value |
| _(1) | | | |
| (2) | | | |
| (3) | | | <u> </u> |
| (4) | | | |
| (5) | <u> </u> | | |
| (6) | | | |
| | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, column (B) line 13) | | | |
| Dart IX Other Accets | NJ/Z | | |
| Part IX Other Assets. Complete if the organization answered | N/A 1 'Yes' on Form 99' |), Part IV, line 11d. See Form 990, Part | X, line 15. |
| (a) De | N/A I 'Yes' on Form 990 scription |), Part IV, line 11d. See Form 990, Part) (b) Boo | X, line 15. k value |
| (a) De | |), Part IV, line 11d. See Form 990, Part (b) Boo | X, line 15. k value |
| (a) De (1) (2) | |), Part IV, line 11d. See Form 990, Part) (b) Boo | X, line 15. k value |
| (a) De (1) (2) (3) | |), Part IV, line 11d. See Form 990, Part) (b) Boo | X, line 15. k value |
| (a) De (1) (2) (3) (4) | |), Part IV, line 11d. See Form 990, Part) (b) Boo | X, line 15. k value |
| (a) De (1) (2) (3) (4) (5) | |), Part IV, line 11d. See Form 990, Part (b) Boo | X, line 15. k value |
| (a) De (1) (2) (3) (4) | |), Part IV, line 11d. See Form 990, Part) (b) Boo | X, line 15. k value |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) | |), Part IV, line 11d. See Form 990, Part) (b) Boo | X, line 15. k value |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) | |), Part IV, line 11d. See Form 990, Part) (b) Boo | X, line 15. k value |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) | scription | (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (d) must equal Form 990, Part X, column (d) must equal | scription |), Part IV, line 11d. See Form 990, Part (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. | B) line 15) | (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on I | B) line 15) | (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on Factor (a) Description of liability | B) line 15) | (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on Fig. (a) Description of liability (1) Federal income taxes | B) line 15) | (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) | B) line 15) | (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) | B) line 15) | (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) | B) line 15) | (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) | B) line 15) | (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' on the complete in the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) | B) line 15) | (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (expectation) Part X Other Liabilities. Complete if the organization answered 'Yes' on fectors (expectation) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) | B) line 15) | (b) Boo | X, line 15.k value |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' on factorial income taxes (2) (3) (4) (5) (6) (7) (8) (9) | B) line 15) | (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (expression) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) | B) line 15) | (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Part X Other Liabilities. Complete if the organization answered 'Yes' on F (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) | B) line 15) | (b) Boo | X, line 15. |
| (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (expression) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) | B) line 15) Form 990, Part IV, line 1 (b) Book value | (b) Boo | k value |

| Schedule D (Form 990) 2016 | THE | CONCEDUATION | ALLTANCE |
|----------------------------|---------|---------------|----------|
| 30NEGUIE D (FORM 990) /016 | 1 11 11 | I DMSFRVATION | ALL ANTE |

94-3100867

Page 4

| THE COMBENIES AND THE COMBENIES | | <u> </u> | |
|-----------------------------------------------------------------------------|-------------------------|----------------|--|
| Part XI Reconciliation of Revenue per Audited Financial State | ements With Revenue per | r Return. N/A | |
| . Complete if the organization answered 'Yes' on Form 9 | 90, Part IV, line 12a. | | |
| 1 Total revenue, gains, and other support per audited financial statements | · · | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. | | | |
| a Net unrealized gains (losses) on investments | 2 a | | |
| b Donated services and use of facilities | 2 b | | |
| c Recoveries of prior year grants | 2 c | - | |
| d Other (Describe in Part XIII) | 2 d | | |
| e Add lines 2a through 2d | | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 | 1 1 | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII) | 4 b | | |
| c Add lines 4a and 4b. | | 4 c | |
| 5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line | e 12) | 5 | |
| Part XII Reconciliation of Expenses per Audited Financial Sta | tements With Expenses p | er Return. N/A | |
| Complete if the organization answered 'Yes' on Form 9 | 990, Part IV, line 12a. | | |
| 1 Total expenses and losses per audited financial statements | | 1 | |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a Donated services and use of facilities | 2 a | | |
| b Prior year adjustments | 2 b | | |
| c Other losses | 2 c | | |
| d Other (Describe in Part XIII) | 2 d | | |
| e Add lines 2a through 2d | | 2 e | |
| 3 Subtract line 2e from line 1 | | 3 | |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a Investment expenses not included on Form 990, Part VIII, line 7b | 4 a | | |
| b Other (Describe in Part XIII) | 4 Ь | | |
| c Add lines 4a and 4b. | | 4 c | |
| 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, Iir | ne 18) | 5 | |
| Part XIII Supplemental Information. | | | |

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

BAA

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

| Name of the organization | | | | | | Employer identifica | ation number |
|----------------------------------------------------------------------------------|--------------------------------------------------|---------------|-----------------------------|---------------------------------------|-------------|------------------------------|---------------------|
| THE CONSERVATION ALLIANC | E | | | | | 94-310086 | 7 |
| Part I Fundraising Activities. Comple Form 990-EZ filers are not re | ete if the organiza | ation answe | ered 'Yes' o art. | on Form 990, Part IV, line | ÷ 17. | | |
| 1 Indicate whether the organization | | | | owing activities Check | all that | apply | |
| a 🔲 Mail solicitations | | | е | Solicitation of non- | governn | nent grants | |
| b nternet and email solicitation | s | | f | Solicitation of gove | rnment | grants | |
| c Phone solicitations | | | a | X Special fundraising | events | | |
| d n-person solicitations | | | 3 | - | | | |
| | or oral agracmon | t with any ii | ndividual (i | natudina officera director | re truete | oc orkey | |
| 2 a Did the organization have a written of employees listed in Form 990, Pa | rt VII) or entity | in connect | ion with p | rofessional fundraising | service: | 505, Of Ney 57 . | Yes X No |
| b If 'Yes,' list the 10 highest paid in compensated at least \$5,000 by t | dividuals or enti | ities (fundi | | | | | ser is to be |
| | | (35) | | · · · · · · · · · · · · · · · · · · · | (v) Ar | nount paid to | (vi) Amount paid to |
| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | | fundraiser dy or control | (iv) Gross receipts | (or | retained by) | (or retained by) |
| or entity (idiloraliser) | 1 | of contr | ibutions? | from activity | | aiser listed in olumn (i) | organization |
| | <u> </u> | Yes | No | | | - | |
| 1 | } | | | | 1 | | |
| | ļ | ļ | | | | | |
| 2 | | | | | | | |
| | <u> </u> | | | | | | |
| | 1 | 1 | | | | | |
| 3 | | 1 | | | | | |
| | | | | | | | |
| 4 | | | | | | | |
| | <u> </u> | | | | | | |
| 5 | - | | | | | | |
| | | | | | | | |
| 6 | | İ | | | | | |
| | | | | | | | |
| 7 | | | | | | | |
| , | | | | | | | ļ |
| | | | | | | | |
| 8 | | | | | | | |
| | | | | | | | |
| 9 | | | | | ļ | | |
| | | | | | | | |
| 10 | | 1 | | | | | |
| | <u></u> | | | | | | |
| Total | | | > | | | | 0. |
| 3 List all states in which the organizat | ion is registered | or licensed | to solicit c | ontributions or has been | notified | it is exempt from | |
| or licensing | - | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | - - | | |

| Par | | Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts great events. | event contributions | swered 'Yes' on Fo and gross income | orm 990, Part IV, II on Form 990-EZ, | ne 18, or reported lines 1 and 6b. |
|-----------------|----------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|-----------------------------------------|------------------------------------------------------------|
| RE | | | (a) Event #1 OUTDOOR RETAIL (event type) | (b) Event #2 | (c) Other events NONE (lotal number) | (d) Total events (add column (a) through column (c)) |
| REVEZUE | 1 | Gross receipts | 127,109. | | | 127,109. |
| Ē | 2 | Less: Contributions | | | · | |
| | 3 | Gross income (line 1 minus line 2) | 127,109. | | | 127,109. |
| | 4 | Cash prizes | | | · · · · · · · · · · · · · · · · · · · | |
| _ | 5 | Noncash prizes | | | *************************************** | |
| DIRECT | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| E X P | 8 | Entertainment | | | | |
| EXPENSES | 9 | Other direct expenses | 49,174. | | | 49,174. |
| Š | 1 | Direct expense summary Add lines 4 thr | • | | • | 49,174. |
| D | | Net income summary Subtract line 10 fro | | -l | + 1\/ line 10 or re | 77,935. |
| Par | T III | Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a. | ition answered Yes | s on Form 990, Par | rt iv, lille 19, or re | ported more than |
| REVENUE | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add column (a) through column (c)) |
| Ë | 1 | Gross revenue | | | | |
| | 2 | Cash prizes | | | | |
| DIRECT | 3 | Noncash prizes | | | | |
| Č S T E S | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | Yes % | Yes% | Yes 8 | , |
| | 7 | Direct expense summary, Add lines 2 thr | rough 5 in column (d) | | • | |
| | 8 | Net gaming income summary. Subtract li | ine 7 from line 1, colum | nn (d) | • | |
| t | alsth olf'N | | g activities in each of th | nese states? | | Yes No |
| | | e any of the organization's gaming license es,' explain | | or terminated during the | | Yes No |
| BΔΔ | | | TEF 437021 (| 20/23/16 | Schedule G (FO | rm 990 or 990-EZ) 2016 |

94-3100867

Page 2

Schedule G (Form 990 or 990-EZ) 2016 THE CONSERVATION ALLIANCE

| Schedule G (Form 990 or 990-EZ) 2016 THE CONSERVATION ALLIANCE | 94-3100867 | Page 3 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------|
| 11 Does the organization conduct gaming activities with nonmembers? | Yes | No |
| 12. Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or othe administer charitable gaming? | er entity formed to Yes | No |
| 13 Indicate the percentage of gaming activity conducted in. | 1 1 | |
| a The organization's facility | 13a | % |
| b An outside facility . | 13b | % |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events in | books and records: | |
| Name • | | |
| Address • | | |
| 15a Does the organization have a contract with a third party from whom the organization receives bild 'Yes,' enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party c If 'Yes,' enter name and address of the third party: | es gaming revenue? and the amount | No |
| Name • | | |
| Address ► | | |
| 16 Gaming manager information | | |
| Name • | | |
| Gaming manager compensation ► \$ | | |
| Description of services provided | · | |
| Director/officer Employee Independent contractor | r | |
| 17 Mandatory distributions | | |
| a Is the organization required under state law to make charitable distributions from the gaming processtate gaming license? | eds to retain the | □No |
| b Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year ► \$ | | <u>, , , , , , , , , , , , , , , , , , , </u> |
| Supplemental Information. Provide the explanations required by Part and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. All information. See instructions | : I, line 2b, columns (III) and (iso provide any additional | v); |
| | | |

TEEA3703L 09/23/16

Schedule G (Form 990 or 990-EZ) 2016

BAA

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

| OMB No 1545-0047 | 2016 | The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s |
|------------------|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

| THE CONSERVATION ALLIANCE | 94-3100867 | i | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|---|
| Randing General Information on Grants and Assistance | | | |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? | | ĭĭYes | Ž |
| 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States | SEE PART IV | 1 |] |

Example Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------------|--------------------------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------------|---------------------------------------|------------------------------------|
| (1) SEE ATTACHED SCHEDULE | | | | | | | |
| | | | 1,610,000. | 0 | | | PROTECT WILD |
| (2) | | | | | | | |
| | | | | | | | |
| (3) | | | | | | | |
| | | | | | | | |
| (4) | | | | | | | |
| | | | | | | | |
| (5) | | | | | | | |
| | | | | | | | |
| (9) | | | | | | | : |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | - | | - | | |
| 6 | | | | | | i i | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | |
| (8) | | | | | | | |
| | | | | | _ | | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | 3) and government o | rganizations listed i | n the line 1 table | | | • | 12 |
| 3 Enter total number of other organizations listed in the line 1 table | tions listed in the line | 1 table | | | | • | 0 |

Schedule I (Form 990) (2016)

TEEA3901L 11/03/16

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

Schedule I (Form 990) (2016) THE CONSERVATION ALLIANCE

Ratific Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| can be appreated if additional space is fleeded. | מכבר וא ווכבתכת. | | | | • |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| | | | | | |
| 2 | | | | | |
| ĸ | | | | | |
| 4 | | | | | |
| L. | | | | | |
| 9 | | | | | |
| 7 | | | | | |
| Partiv Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | ide the information | required in Part I, | line 2; Part III, col | lumn (b); and any othe | r additional information. |

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

PERIODIC INSPECTION AND GRANT ACCEPTANCE PROCESS.

Schedule I (Form 990) (2016)

BAA

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

THE CONSERVATION ALLIANCE

94-3100867

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT OF THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW.

THE BOARD IS RESPONSIBLE FOR APPROVAL OF THE 990 PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THE BOARD OF DIRECTORS ARE REQUIRED TO ADDRESS ISSUES IF

THEY ARISE.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF DIRECTORS DETERMINES COMPENSATION AT REGULAR BOARD MEETINGS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

INFORMATION IS AVAILABLE UPON REQUEST AND ON WWW.GUIDSTAR.ORG.

FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCESS

THE BOARD OF DIRECTORS ASSUMES DIRECT RESPOSIBILITY FOR THE AUDIT PROCESS.