

Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning and ending																				
B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization CENTER FOR PLANT CONSERVATION, INC.</td> <td>D Employer identification number 22-2527116</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number 760-796-5686</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">15600 SAN PASQUAL VALLEY RD.</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code ESCONDIDO, CA 92027-7000</td> <td>G Gross receipts \$ 941,712.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: JOHN R CLARK SAME AS C ABOVE</td> <td> H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3"> I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 J Website: ▶ WWW.SAVEPLANTS.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ L Year of formation: 1984 M State of legal domicile: MA </td> </tr> </table>	C Name of organization CENTER FOR PLANT CONSERVATION, INC.		D Employer identification number 22-2527116	Doing business as		E Telephone number 760-796-5686	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	15600 SAN PASQUAL VALLEY RD.		City or town, state or province, country, and ZIP or foreign postal code ESCONDIDO, CA 92027-7000		G Gross receipts \$ 941,712.	F Name and address of principal officer: JOHN R CLARK SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527 J Website: ▶ WWW.SAVEPLANTS.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶ L Year of formation: 1984 M State of legal domicile: MA		
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Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE CENTER FOR PLANT CONSERVATION (CPC) IS DEDICATED TO ENDING PLANT EXTINCTION. THROUGH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	0
	6	Total number of volunteers (estimate if necessary)	30
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	527,951.
	9	Program service revenue (Part VIII, line 2g)	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	88,903.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,815.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	633,669.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	136,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	310,248.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,345.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	289,807.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	736,055.
19	Revenue less expenses. Subtract line 18 from line 12	-102,386.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	4,407,910.
	21	Total liabilities (Part X, line 26)	434,147.
	22	Net assets or fund balances. Subtract line 21 from line 20	3,973,763.

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	▶ Signature of officer				Date
	▶ JOHN R CLARK, PRESIDENT				Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name DAVID GRESHAM		Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00834239
	Firm's name ▶ CBIZ MHM, LLC			Firm's EIN ▶ 36-4256931	
	Firm's address ▶ 625 MARYVILLE CENTRE DR., SUITE 200 ST. LOUIS, MO 63141			Phone no. 314-692-2249	

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐

- 1**
- Briefly describe the organization's mission:

PROMOTION, CONSERVATION & PRESERVATION OF PLANTS

- 2**
- Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
- ☐
- Yes
- ☒
- No

If "Yes," describe these new services on Schedule O.

- 3**
- Did the organization cease conducting, or make significant changes in how it conducts, any program services?
- ☐
- Yes
- ☒
- No

If "Yes," describe these changes on Schedule O.

- 4**
- Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a**
- (Code:) (Expenses \$
- 366,032.**
- including grants of \$
- 123,500.**
-) (Revenue \$)

THE CENTER FOR PLANT CONSERVATION NATIONAL COLLECTION OF ENDANGERED PLANTS IS THE WORLD'S LARGEST CONSERVATION COLLECTION OF RARE PLANTS. WITH NEARLY 800 SPECIES MAINTAINED IN SEED BANKS AND AS LIVING PLANTS UNDER THE CARE OF OUR PARTICIPATING INSTITUTIONS, THESE SPECIES ARE SAFEGUARDED FROM EXTINCTION. A MONUMENTAL ACHIEVEMENT, THE NATIONAL COLLECTION SERVES AS A MODEL FOR OTHER CONSERVATION PROGRAMS THE WORLD OVER. OUR VISION IS A WORLD WHERE ALL RARE PLANTS ARE SIMILARLY CARED FOR TO ENSURE THAT NO SPECIES GOES EXTINCT.

- 4b**
- (Code:) (Expenses \$ including grants of \$) (Revenue \$)

- 4c**
- (Code:) (Expenses \$ including grants of \$) (Revenue \$)

- 4d**
- Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

- 4e**
- Total program service expenses
- 366,032.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X

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Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
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>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
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? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations?		X
<i>If "Yes," complete Schedule N, Part I</i>		
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 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?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
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).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
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?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b 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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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 ☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	19			
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		18		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				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?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
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?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 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 **MA, CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **MELISSA ROSHNAYE - 619-600-5310**
7755 CENTER AVENUE, SUITE 1225, HUNTINGTON BEACH, CA 92647

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARY RANDOLPH BALLINGER TRUSTEE	2.50	X						0.	0.	0.
(2) SHARON BLACKBURN TRUSTEE	2.50	X						0.	0.	0.
(3) JOSEPHINE BUSH TRUSTEE	2.50	X						0.	0.	0.
(4) GERALDINE (BEAN) CARROLL TRUSTEE	2.50	X						0.	0.	0.
(5) DR. JOHN R. CLARK PRESIDENT	70.00	X		X				0.	175,433.	0.
(6) ANN COBURN TRUSTEE	2.50	X						0.	0.	0.
(7) SPENCER CREWS TRUSTEE	2.50	X						0.	0.	0.
(8) ARABELLA DANE SECRETARY	2.50	X		X				0.	0.	0.
(9) DANA DIRICKSON FIRST VICE CHAIR	2.50	X		X				0.	0.	0.
(10) NANCY DOYLE TRUSTEE	2.50	X						0.	0.	0.
(11) CHRISTOPHER DUNN TRUSTEE	2.50	X						0.	0.	0.
(12) DON FALK TRUSTEE	2.50	X						0.	0.	0.
(13) DIANA FISH TRUSTEE	2.50	X						0.	0.	0.
(14) ERICA LEISENRING TRUSTEE	2.50	X						0.	0.	0.
(15) SUZANNE LOOMIS TRUSTEE	2.50	X						0.	0.	0.
(16) ANDREW S. LOVE, JR. VICE CHAIR	2.50	X		X				0.	0.	0.
(17) JANINE LUKE TRUSTEE	2.50	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LINDSAY MARSHALL TRUSTEE	2.50	X						0.	0.	0.
(19) LUCINDA MCDADE TRUSTEE	2.50	X						0.	0.	0.
(20) JOHN MCPHEETERS TREASURER	2.50	X		X				0.	0.	0.
(21) SCOT MEDBURY TRUSTEE	2.50	X						0.	0.	0.
(22) BARBARA MILLEN TRUSTEE	2.50	X						0.	0.	0.
(23) LADEEN MILLER TRUSTEE	2.50	X						0.	0.	0.
(24) TOM OTT TRUSTEE	2.50	X						0.	0.	0.
(25) JANET POOR TRUSTEE	2.50	X						0.	0.	0.
(26) DR. PETER H. RAVEN CHAIR	2.50	X		X				0.	0.	0.
1b Sub-total								0.	175,433.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	175,433.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(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	1a	1,728.			
	b	Membership dues	1b	5,024.			
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	272,420.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	351,462.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		630,634.			
Program Service Revenue	2 a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest, and other similar amounts)		71,318.			71,318.
4	Income from investment of tax-exempt bond proceeds						
5	Royalties						
Other Revenue	6 a	Gross rents	(i) Real				
	b	Less: rental expenses	(ii) Personal				
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	201,925.			
	b	Less: cost or other basis and sales expenses	(ii) Other				
	c	Gain or (loss)		131,191.			
	d	Net gain or (loss)		70,734.			70,734.
	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
	Miscellaneous Revenue			Business Code			
11 a	MISCELLANEOUS REVENUE	110000	37,835.	37,835.			
b						
c						
d	All other revenue						
e	Total. Add lines 11a-11d		37,835.				
12	Total revenue. See instructions.		810,521.	37,835.	0.	142,052.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	123,500.	123,500.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	167,985.		167,985.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	271.		271.	
c Accounting	25,622.		25,622.	
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, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	6,025.		6,025.	
14 Information technology	10,351.	10,031.	320.	
15 Royalties				
16 Occupancy				
17 Travel	35,767.	28,851.	5,571.	1,345.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	43,936.	33,649.	10,287.	
20 Interest	6,629.		6,629.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	3,624.		3,624.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSE	145,058.	145,058.	0.	0.
b CONSULTANTS	123,333.	0.	100,000.	23,333.
c CONTRACT LABOR	22,033.	0.	22,033.	0.
d PRINTING & PUBLICATIONS	11,654.	11,575.	79.	0.
e All other expenses	19,527.	13,368.	492.	5,667.
25 Total functional expenses. Add lines 1 through 24e	745,315.	366,032.	348,938.	30,345.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	401,473.	2	418,050.
	3 Pledges and grants receivable, net	57,091.	3	59,767.
	4 Accounts receivable, net	4,878.	4	14,727.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	2,609,739.	11	2,905,830.
	12 Investments - other securities. See Part IV, line 11	1,334,729.	12	1,609,009.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0.	15	3,864.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,407,910.	16	5,011,247.	
Liabilities	17 Accounts payable and accrued expenses	143,383.	17	103,251.
	18 Grants payable		18	
	19 Deferred revenue	130,009.	19	130,009.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	160,755.	25	283,577.
	26 Total liabilities. Add lines 17 through 25	434,147.	26	516,837.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	411,953.	27	425,883.
	28 Temporarily restricted net assets	1,452,250.	28	1,943,967.
	29 Permanently restricted net assets	2,109,560.	29	2,124,560.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	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	
	33 Total net assets or fund balances	3,973,763.	33	4,494,410.
	34 Total liabilities and net assets/fund balances	4,407,910.	34	5,011,247.

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Part XI Reconciliation of Net AssetsCheck 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	810,521.
2	Total expenses (must equal Part IX, column (A), line 25)	2	745,315.
3	Revenue less expenses. Subtract line 2 from line 1	3	65,206.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,973,763.
5	Net unrealized gains (losses) on investments	5	455,441.
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	4,494,410.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

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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.)

Section A. Public Support

Calendar year (or fiscal year beginning 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.")	732,732.	509,367.	441,556.	527,951.	630,634.	2842240.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	732,732.	509,367.	441,556.	527,951.	630,634.	2842240.
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)						339,740.
6 Public support. Subtract line 5 from line 4.						2502500.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	732,732.	509,367.	441,556.	527,951.	630,634.	2842240.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	66,718.	71,828.	85,281.	71,741.	71,318.	366,886.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	29,670.	83,979.	32,027.	16,815.	37,835.	200,326.
11 Total support. Add lines 7 through 10						3409452.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	73.40 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	76.68 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 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		► <input type="checkbox"/>
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		► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2016

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

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

Section A. Public Support

Calendar year (or fiscal year beginning 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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
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						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

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%, and 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 1/3%, 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 ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> 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.		
2a		
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.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
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.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1
2	Enter 85% of line 1	2
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3
4	Enter greater of line 2 or line 3	4
5	Income tax imposed in prior year	5
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).	

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported 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	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
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			
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.			
4 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			
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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**OTHER INCOME**

2012 AMOUNT: \$ 29,670.

2013 AMOUNT: \$ 83,979.

2014 AMOUNT: \$ 32,027.

2015 AMOUNT: \$ 16,815.

2016 AMOUNT: \$ 37,835.

PUBLIC
DISCLOSURE
COPY

Schedule A

**Identification of Excess Contributions
Included on Part II, Line 5**

2016

**** Do Not File ****

***** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
DANIEL & POLLY PIERCE	120,331.	52,142.
ANDREW S. LOVE	178,060.	109,871.
JULIA B. LEISENRING	89,105.	20,916.
AMERICAN SOCIETY FOR THE ROYAL BOTANIAL GARDENS	225,000.	156,811.
Total Excess Contributions to Schedule A, Part II, Line 5		339,740.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

CENTER FOR PLANT CONSERVATION, INC.

Employer identification number

22-2527116

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization	Employer identification number
CENTER FOR PLANT CONSERVATION, INC.	22-2527116

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 21,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CENTER FOR PLANT CONSERVATION, INC.

22-2527116

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 25,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
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		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

22-2527116

Part II

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$ _____	_____

Name of organization	Employer identification number
CENTER FOR PLANT CONSERVATION, INC.	22-2527116

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2016

Open to Public Inspection

Name of the organization

CENTER FOR PLANT CONSERVATION, INC.

Employer identification number

22-2527116

Part I 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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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 impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 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)?

☐ Yes ☐ No

9 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 conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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

(ii) Assets included in Form 990, Part X

2 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:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2016

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,160,484.	4,364,758.	4,211,546.	3,539,170.	3,255,948.
b Contributions	15,000.	17,790.	36,389.	65,120.	35,075.
c Net investment earnings, gains, and losses	597,493.	-38,528.	283,803.	766,738.	400,383.
d Grants or scholarships					
e Other expenditures for facilities and programs	201,925.	183,536.	166,980.	159,482.	152,236.
f Administrative expenses					
g End of year balance	4,571,052.	4,160,484.	4,364,758.	4,211,546.	3,539,170.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ 13.32 %

b Permanent endowment ☐ 46.48 %

c Temporarily restricted endowment ☐ 40.21 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ☐ 0.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, 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 value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) KCM MIDCAP CORE FUND, LLC	729,629.	END-OF-YEAR MARKET VALUE
(B) GATES CAPITAL MANAGEMENT	355,664.	END-OF-YEAR MARKET VALUE
(C) HOT CREEK INVESTORS, LP	523,716.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,609,009.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) LINE OF CREDIT	160,324.	
(3) DUE TO ZOOLOGICAL SOCIETY OF SAN		
(4) DIEGO	123,253.	
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	283,577.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,580,226.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	455,441.
b	Donated services and use of facilities	2b	314,264.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	769,705.
3	Subtract line 2e from line 1	3	810,521.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	810,521.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,059,579.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	314,264.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	314,264.
3	Subtract line 2e from line 1	3	745,315.
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	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	745,315.

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.

PART V, LINE 4:

PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS.

PART X, LINE 2:

SCHEDULE D, PART X, 2: ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX

POSITIONS: NO PROVISION IS INCLUDED IN THE FINANCIAL STATEMENTS FOR INCOME

TAXES AS THE CENTER QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE.

Department of the Treasury
Internal Revenue Service

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

CENTER FOR PLANT CONSERVATION, INC.

Employer identification number	
--------------------------------	--

22-2527116

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☒ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☒ No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
JACKIE MCDOUGALL - 4820 BLUE SAGE ROAD, PASO ROBLES, CA	CONSULTING		X	17,000.	23,333.	-6,333.
Total				17,000.	23,333.	-6,333.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

CA, MA

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

Schedule G (Form 990 or 990-EZ) 2016

SEE PART IV FOR CONTINUATIONS

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 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 other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| 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 books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: JACKIE MCDOUGALL

(I) ADDRESS OF FUNDRAISER: 4820 BLUE SAGE ROAD, PASO ROBLES, CA 93446

Part IV Supplemental Information *(continued)*

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**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.**

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

CENTER FOR PLANT CONSERVATION, INC.

Employer identification number
22-2527116

Part I 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?

☒ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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
AMY B. GREENWELL ETHNOBOTANICAL GARDEN - 82-6188 MAMALAHOA HWY - CAPTAIN COOK, HI 96704-1053	99-0161980	501(C)(3)	-3,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
ATLANTA BOTANICAL GARDEN 1345 PIEDMONT AVE NE ATLANTA, GA 30309	58-1313284	501(C)(3)	500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
BOK TOWER GARDENS 1151 TOWER BOULEVARD LAKE WALES, FL 33853-3412	23-1352009	501(C)(3)	10,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
BROOKLYN BOTANIC GARDEN 1000 WASHINGTON AVENUE BROOKLYN, NY 11225-1008	11-2417338	501(C)(3)	2,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
CHICAGO BOTANIC GARDEN 1000 LAKE COOK ROAD GLENCOE, IL 60022-1168	36-2225482	501(C)(3)	2,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
DENVER BOTANIC GARDENS 909 YORK STREET DENVER, CO 80206-3751	84-0440359	501(C)(3)	5,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2016)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
DESERT BOTANICAL GARDEN 1201 N. GALVIN PARKWAY, PAPGO PARK PHOENIX, AZ 85008-3437	86-0136925	501(C)(3)	4,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
FAIRCHILD TROPICAL GARDEN 10901 OLD CUTLER ROAD CORAL GABLES, FL 33156-4233	59-0668480	501(C)(3)	3,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
THE HOLDEN ARBORETUM 9500 SPERRY ROAD KIRTLAND, OH 44094-5172	34-0750346	501(C)(3)	8,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
LADY BIRD JOHNSON WILDFLOWER CENTER - 4801 LA CROSSE AVENUE - AUSTIN, TX 78739-1702	74-6000203	501(C)(3)	1,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
LAURITZEN GARDENS 100 BANCROFT STREET OMAHA, NE 68108-1752	47-0659701	501(C)(3)	1,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
HAROLD L. LYON ARBORETUM 3860 MANOA ROAD HONOLULU, HI 96822	23-7429693	501(C)(3)	5,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
NATIONAL TROPICAL BOTANICAL GARDEN 3530 PAPALINA ROAD KALAHEO, HI 96741-9599	52-6057064	501(C)(3)	4,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
NEW ENGLAND WILD FLOWER SOCIETY 180 HEMENWAY ROAD FRAMINGHAM, MA 01701-2699	04-2104768	501(C)(3)	11,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
THE NEW YORK BOTANICAL GARDEN 200TH STREET AND KAZIMIROFF BOULEVA BRONX, NY 10458-5126	13-1693134	501(C)(3)	1,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA ARBORETUM 100 FREDERICK LAW OLMSTED WAY ASHEVILLE, NC 28806-9315	56-1712373	501(C)(3)	1,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
NORTH CAROLINA BOTANICAL GARDEN P.O. BOX 3375 CHAPEL HILL, NC 27599-3375	56-6001393	501(C)(3)	8,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
RAE SELLING BERRY SEED BANK AND PLANT CONSERVATION PROGRAMS - PO BOX 751 - ESM - PORTLAND, OR 97207	48-1278529	501(C)(3)	14,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
RED BUTTE GARDEN AND ARBORETUM, UNIVERSITY OF UTAH - 300 WAKARA WAY - SALT LAKE CITY, UT 84102-1214	87-6000525	501(C)(3)	5,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
SAN ANTONIO BOTANICAL GARDEN 555 FUNSTON SAN ANTONIO, TX 78209-6631	74-6002070	501(C)(3)	2,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
SANTA BARBARA BOTANIC GARDEN 1212 MISSION CANYON ROAD SANTA BARBARA, CA 93105-2126	95-1644628	501(C)(3)	2,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
THE ARBORETUM AT FLAGSTAFF 4001 S. WOODY MOUNTAIN ROAD FLAGSTAFF, AZ 86001-8776	94-2788812	501(C)(3)	6,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
MERCER BOTANIC GARDENS 22306 ALDINE WESTFIELD ROAD HUMBLE, TX 77338	76-0655270	501(C)(3)	4,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
THE MISSOURI BOTANICAL GARDEN 4344 SHAW BOULEVARD ST. LOUIS, MO 63110-2226	43-0666759	501(C)(3)	12,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
THE MORTON ARBORETUM 4100 ILLINOIS ROUTE 53 LISLE, IL 60532-1293	36-1505770	501(C)(3)	1,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
UNIVERSITY OF CALIFORNIA BOTANICAL GARDEN AT BERKELEY - 200 CENTENNIAL DRIVE #5045 - BERKELEY, CA 94720-5045	94-6002123	501(C)(3)	1,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
UNIVERSITY OF WASHINGTON BOTANIC GARDENS - BOX 354115 - SEATTLE, WA 98195-4115	91-6001537	501(C)(3)	2,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
WAIMEA ARBORETUM FOUNDATION 59-250 PUPUKEA ROAD HALEIWA, HI 96712	99-0174948	501(C)(3)	5,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
UNIVERSITY OF MINNESOTA LANDSCAPE ARBORETUM - 3675 ARBORETUM DRIVE - CHASKA, MN 55318	23-7081057	501(C)(3)	500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS

Part III**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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV**Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MONITORING THE USE OF GRANT FUNDS IN THE U.S.: INSTITUTIONS INVOICE CPC

WITH SUPPORTING DOCUMENTATION FOR THEIR EXPENSES FOR THE RELATED ACTIVITY.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

CENTER FOR PLANT CONSERVATION, INC.

Employer identification number

22-2527116

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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

[illegible]

Part III Supplemental Information

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

▶ Information about Schedule O (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

CENTER FOR PLANT CONSERVATION, INC.

Employer identification number

22-2527116

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR ROBUST NETWORK OF LEADING BOTANIC GARDENS AND ARBORETA, OUR CPC
PARTICIPATING INSTITUTIONS, WE USE THE BEST SCIENCE AND PRACTICES TO
AFFECT REAL CONSERVATION OUTCOMES. CONTRIBUTIONS TO CPC ARE USED FOR A
VARIETY OF PROGRAMS INCLUDING MAINTAINING THE CPC NATIONAL COLLECTION
OF ENDANGERED PLANTS AS WELL AS USED TO SUPPORT COORDINATING EFFORTS OF
THE CPC NATIONAL OFFICE.

FORM 990, PART VI, SECTION B, LINE 11B:

ONCE THE FORM 990 IS COMPLETE, WE MAKE A COPY AND SEND TO THE FINANCE
COMMITTEE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL TRUSTEES ARE GIVEN A NEW CONFLICT OF INTEREST FORM TO SIGN EACH YEAR.
ORIGINALS ARE FILED AT THE CPC NATIONAL OFFICE.

FORM 990, PART VI, SECTION B, LINE 15:

ALL CPC STAFF ARE EMPLOYEES OF THE SAN DIEGO ZOO GLOBAL THROUGH AN
OPERATING AGREEMENT. THERE IS A WRITTEN ANNUAL REVIEW PROCESS AND ANALYSIS
OF COMPARABLE SALARY SURVEY, WITH DOCUMENTS FILED IN THE ZOO'S HUMAN
RESOURCES DEPARTMENT. SALARY INCREASES ARE RECOMMENDED IN WRITING AND
REVIEWED BY THE ZOO'S DEPARTMENT OF HUMAN RESOURCES AS WELL AS THE CHAIRMAN
OF THE CPC BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION C, LINE 19:

THE DOCUMENTS ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization

CENTER FOR PLANT CONSERVATION, INC.

Employer identification number

22-2527116

FORM 990, PART VI, SECTION B, LINE 13

AN EMPLOYEE ETHICS AND HOTLINE POLICY HAS BEEN ESTABLISHED IN ORDER FOR
EMPLOYEES TO REPORT ACTIVITIES THAT MAY BE UNLAWFUL, MAY LEAD TO
INCORRECT FINANCIAL REPORTING, DO NOT COMPLY WITH THE ORGANIZATION'S
POLICIES, OR COULD OTHERWISE BE CONSIDERED SERIOUS IMPROPER CONDUCT.

AN INDEPENDENT THIRD PARTY IS USED TO RECEIVE EMPLOYEE ALLEGATIONS,
PROVIDE INVESTIGATIONS, AND SUBMIT RECOMENDATIONS ABOUT THE APPROPRIATE
CORRECTIVE ACTIONS. REPORTS OF ALLEGED VIOLATIONS ARE KEPT
CONFIDENTIAL AND PROTECTED FROM REPRISAL.

FORM 990, PART VI, SECTION B, LINE 14

CPC HAS ESTABLISHED A DOCUMENT RETENTION POLICY, SETTING THE STANDARD
FOR DOCUMENT RETENTION AND DESTRUCTION. THE GUIDELINES AND REGULATIONS
OF THIS POLICY ARE MADE KNOWN TO AND OBSERVED BY ALL STAFF IN THE
PERFORMANCE OF THEIR JOB DUTIES. A COPY OF THE DOCUMENT RETENTION
POLICY MAY BE OBTAINED FROM THE CPC OFFICE.

FORM 990, PART IX, LINE 7

CPC HAS A COOPERATIVE AGREEMENT IN PLACE WITH SAN DIEGO ZOO GLOBAL
(SDZG) FOR PAYROLL ADMINISTRATION. UNDER THE AGREEMENT, SDZG WILL
ADMINISTER THE PAY ROLL FOR CPC AND CPC SHAL REIMBURSE SDZG FOR SUCH
SALARIES, BENEFITS AND OTHER COSTS ASSOCIATED WITH THE PAYROLL
ADMINISTRATION. SDZG IS ALSO RESPONSIBLE FOR ALL PAYROLL TAX FILINGS,
INCLUDING W-2 FORMS FOR THE STAFF.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at** www.irs.gov/form8868 .

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions.	CENTER FOR PLANT CONSERVATION, INC.	Employer identification number (EIN) or 22-2527116
	Number, street, and room or suite no. If a P.O. box, see instructions. 15600 SAN PASQUAL VALLEY RD.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ESCONDIDO, CA 92027-7000	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MELISSA ROSHNAYE - 7755 CENTER AVENUE, SUITE 1225 -

- The books are in the care of ► **HUNTINGTON BEACH, CA 92647**

Telephone No. ► **619-600-5310**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☒ calendar year **2016** or► ☐ tax year beginning , and ending .

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

December 31, 2016

Prepared For:

Center for Plant Conservation, Inc.
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

Prepared By:

CBIZ MHM, LLC
625 Maryville Centre Dr., Suite 200
St. Louis, MO 63141

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total tax	\$	10
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	10

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Franchise Tax Board

Mail Tax Return and Check (if applicable) To:

Franchise Tax Board
P.O. Box 942857
Sacramento, CA 94257-0501

Return Must be Mailed On or Before:

November 15, 2017

Special Instructions:

TAXABLE YEAR
2016

California Exempt Organization Annual Information Return

628941 11-30-16
FORM
199

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)	
Corporation/Organization name CENTER FOR PLANT CONSERVATION, INC.	
California corporation number 4006309	
FEIN 22-2527116	
Street address (suite or room) 15600 SAN PASQUAL VALLEY RD.	
PMB no.	
City ESCONDIDO	State CA
ZIP code 92027-7000	
Foreign country name	Foreign province/state/county
Foreign postal code	

<p>A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D Final Information Return?</p> <p><input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized</p> <p>Enter date: (mm/dd/yyyy)</p> <p>E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other</p> <p>F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990-PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series</p> <p>G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H Is this organization in a group exemption? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name?</p> <p>I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>K Is the organization exempt under R&TC Section 23701g? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$</p> <p>L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required. <input type="checkbox"/></p> <p>M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>P Is a federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date filed with IRS</p>
--	--

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	311,078.00
	2 Gross dues and assessments from members and affiliates	2	5,024.00
	3 Gross contributions, gifts, grants, and similar amounts received	3	625,610.00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	941,712.00
	5 Cost of goods sold	5	00
	6 Cost or other basis, and sales expenses of assets sold	6	131,191.00
	7 Total costs. Add line 5 and line 6	7	131,191.00
	8 Total gross income. Subtract line 7 from line 4	8	810,521.00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	9	745,315.00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	65,206.00
Filing Fee	11 Total payments	11	00
	12 Use tax. See General Instruction K	12	00
	13 Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15 Filing fee \$10 or \$25. See General Instruction F	15	10.00
	16 Penalties and Interest. See General Instruction J	16	00
	17 Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	10.00
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer	Title PRESIDENT	Date
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address	PTIN P00834239	
	CBIZ MHM, LLC 625 MARYVILLE CENTRE DR., SUITE 200 ST. LOUIS, MO 63141	FEIN 36-4256931	
		Telephone 314-692-2249	
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part II

Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

628951 11-30-16

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	71,318. 00
	3	Dividends	•	3	00
	4	Gross rents	•	4	00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	•	6	201,925. 00
	7	Other income	•	7	37,835. 00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	•	8	311,078. 00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	123,500. 00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	•	11	0. 00
	12	Other salaries and wages	•	12	167,985. 00
	13	Interest	•	13	6,629. 00
	14	Taxes	•	14	00
	15	Rents	•	15	00
	16	Depreciation and depletion (See instructions)	•	16	00
	17	Other Expenses and Disbursements	•	17	447,201. 00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	•	18	745,315. 00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

Assets	(a)	(b)	(c)	(d)
1 Cash		401,473.	•	418,050.
2 Net accounts receivable		4,878.	•	14,727.
3 Net notes receivable			•	
4 Inventories			•	
5 Federal and state government obligations			•	
6 Investments in other bonds			•	
7 Investments in stock			•	
8 Mortgage loans			•	
9 Other investments	STMT 7	3,944,468.	•	4,514,839.
10 a Depreciable assets				
b Less accumulated depreciation	()	()		
11 Land			•	
12 Other assets	STMT 8	57,091.	•	63,631.
13 Total assets		4,407,910.		5,011,247.
Liabilities and net worth				
14 Accounts payable		143,383.	•	103,251.
15 Contributions, gifts, or grants payable			•	
16 Bonds and notes payable			•	
17 Mortgages payable			•	
18 Other liabilities	STMT 9	290,764.		413,586.
19 Capital stock or principal fund			•	
20 Paid-in or capital surplus. Attach reconciliation			•	
21 Retained earnings or income fund		3,973,763.	•	4,494,410.
22 Total liabilities and net worth		4,407,910.		5,011,247.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	•	65,206.	7 Income recorded on books this year not included in this return.	•
2 Federal income tax	•		8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	65,206.
6 Total. Add line 1 through line 5		65,206.		

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
AMERICAN SOCIETY FOR THE ROYAL BOTANIC GARDENS	1000 N WEST STREET, SUITE 1200 WILMINGTON, DE 19801	11/01/16	75,000.
ANDREW S. LOVE	212 S. CENTRAL, SUITE 201 ST. LOUIS, MO 63105-3506	05/18/16	25,000.
DANIEL & POLLY PIERCE	354 WESTFIELD STREET DEDHAM, MA 02026-5631	12/09/16	25,000.
F. THOMAS OTT	750 S HANLEY RD APT 56 ST. LOUIS, MO 63105	09/08/16	30,000.
JOHN MCPHEETERS	410 N NEWSTEAD AVE APT 15E ST. LOUIS, MO 63108-2642	10/17/16	15,000.
JOSEPHINE B. BUSH	146 HARTFORD TURNPIKE HAMDEN, CT 06517	09/13/16	21,000.
LYNDE UIHLEIN	1122 N. ASTOR STREET MILWAUKEE, WI 53202-3327	12/09/16	25,000.
TOTAL INCLUDED ON LINE 3			216,000.

FORM 199

GROSS AMOUNT FROM SALE OF ASSETS

STATEMENT 2

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
			PURCHASED	
	COST OR OTHER BASIS	DEPREC.	EXPENSE OF SALE	
			GROSS SALES PRICE	
	131,191.	0.	0.	201,925.
TOTAL TO FORM 199, PAGE 2, LN 6	131,191.	0.	0.	201,925.

FORM 199

OTHER INCOME

STATEMENT 3

DESCRIPTION

AMOUNT

MISCELLANEOUS REVENUE

37,835.

TOTAL TO FORM 199, PART II, LINE 7

37,835.

FORM 199

CASH CONTRIBUTIONS, GIFTS, GRANTS
AND SIMILAR AMOUNTS PAID

STATEMENT 4

ACTIVITY CLASSIFICATION: PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS

DONEES NAME

DONEES ADDRESS

RELATIONSHIP

AMOUNT

AMY B. GREENWELL
ETHNOBOTANICAL
GARDEN

82-6188 MAMALAHOA HWY -
CAPTAIN COOK, HI 96704-1053

NONE

-3,500.

DONEES NAME

DONEES ADDRESS

RELATIONSHIP

AMOUNT

ATLANTA BOTANICAL
GARDENS

1345 PIEDMONT AVE NE -
ATLANTA, GA 30309

NONE

500.

DONEES NAME

DONEES ADDRESS

RELATIONSHIP

AMOUNT

BROOKLYN BOTANIC
GARDEN

1000 WASHINGTON AVENUE -
BROOKLYN, NY 11225-1008

NONE

2,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RAE SELLING BERRY SEED BANK AND PLANT CO	P.O. BOX 751- ESM - PORTLAND, OR 97207	NONE	14,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
BOK TOWER GARDENS	1151 TOWER BOULEVARD - LAKE WALES, FL 33853-3412	NONE	10,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
CHICAGO BOTANIC GARDEN	1000 LAKE COOK ROAD - GLENCOE, IL 60022-1168	NONE	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF WASHINGTON BOTANIC GARDENS	UNIVERSITY OF WASHINGTON BOX 354115 - SEATTLE, WA 98195-4115	NONE	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DENVER BOTANIC GARDENS	909 YORK STREET - DENVER, CO 80206-3751	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
DESERT BOTANICAL GARDEN	1201 N. GALVIN PARKWAY - PHOENIX, AZ 85008-3437	NONE	4,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE ARBORETUM AT FLAGSTAFF	4001 S. WOODY MOUNTAIN ROAD - FLAGSTAFF, AZ 86001-8776	NONE	6,000.

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DISCLOSURE
COPY

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
FAIRCHILD TROPICAL BOTANIC GARDEN	10901 OLD CUTLER ROAD - CORAL GABLES, FL 33156-4233	NONE	3,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
HAROLD L. LYON ARBORETUM	3860 MANOA ROAD - HONOLULU, HI 96822-1139	NONE	5,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE HOLDEN ARBORETUM	9500 SPERRY ROAD - KIRTLAND, OH 44094-5172	NONE	8,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LAURITZEN GARDENS	100 BANCROFT STREET - OMAHA, NE 68108	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
LADY BIRD JOHNSON WILDFLOWER CENTER	4801 LA CROSSE AVENUE - AUSTIN, TX 78735-1702	NONE	1,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MISSOURI BOTANICAL GARDEN	P.O. BOX 299 - ST. LOUIS, MO 63166-0299	NONE	12,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
MERCER BOTANIC GARDENS	22306 ALDINE WESTFIELD ROAD - HUMBLE, TX 77338-1071	NONE	4,000.

PUBLIC
DISCLOSURE
COPY

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE MORTON ARBORETUM	4100 ILLINOIS ROUTE 53 - LISLE, IL 60532-1293	NONE	1,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE NORTH CAROLINA ARBORETUM	100 FREDERICK LAW OLMSTED WAY - ASHEVILLE, NC 28806-9315	NONE	1,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NORTH CAROLINA BOTANICAL GARDEN	UNIVERSITY OF NORTH CAROLINA - CHAPEL HILL, NC 27599-3375	NONE	8,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NEW ENGLAND WILD FLOWER SOCIETY	GARDEN IN THE WOODS - FRAMINGHAM, MA 01701-2699	NONE	11,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
NATIONAL TROPICAL BOTANICAL GARDEN	3530 PAPALINA ROAD - KALAHEO, HI 96741-9599	NONE	4,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
THE NEW YORK BOTANICAL GARDEN	2900 SOUTHERN BLVD - BRONX, NY 10458-5126	NONE	1,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
RED BUTTE GARDEN AND ARBORETUM	UNIVERSITY OF UTAH - SALT LAKE CITY, UT 84108	NONE	5,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SAN ANTONIO BOTANICAL GARDEN	555 FUNSTON - SAN ANTONIO, TX 78209-6631	NONE	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
SANTA BARBARA BOTANIC GARDEN	1212 MISSION CANYON ROAD - SANTA BARBARA, CA 93105-2126	NONE	2,000.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF CALIFORNIA BOTANICAL GARDE	200 CENTENNIAL DRIVE #5045 - BERKELEY, CA 94720-5045	NONE	1,500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
UNIVERSITY OF MINNESOTA LANDSCAPE ARBORE	3675 ARBORETUM DRIVE - CHASKA, MN 55318	NONE	500.

<u>DONEES NAME</u>	<u>DONEES ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AMOUNT</u>
WAIMEA VALLEY	59-864 KAMEHAMEHA HIGHWAY - HALEIWA, HI 96712-9406	NONE	5,500.

TOTAL FOR THIS ACTIVITY	123,500.
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TOTAL INCLUDED ON FORM 199, PART II, LINE 9	123,500.
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DISCLOSURE
COPY

FORM 199

COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
MARY RANDOLPH BALLINGER 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
SHARON BLACKBURN 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
JOSEPHINE BUSH 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
GERALDINE (BEAN) CARROLL 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
ANN COBURN 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
SPENCER CREWS 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
ARABELLA DANE 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	SECRETARY 2.50	0.
DANA DIRICKSON 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	FIRST VICE CHAIR 2.50	0.
NANCY DOYLE 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
CHRISTOPHER DUNN 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
DON FALK 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.

DIANA FISH 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
ERICA LEISENRING 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
SUZANNE LOOMIS 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
ANDREW S. LOVE, JR. 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	VICE CHAIR 2.50	0.
JANINE LUKE 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
LINDSAY MARSHALL 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
LUCINDA MCDADE 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
JOHN MCPHEETERS 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TREASURER 2.50	0.
SCOT MEDBURY 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
BARBARA MILLEN 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
LADEEN MILLER 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.
TOM OTT 15600 SAN PASQUAL VALLEY RD. ESCONDIDO, CA 92027-7000	TRUSTEE 2.50	0.

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CENTER FOR PLANT CONSERVATION, INC.

22-2527116

JANET POOR
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE
2.50

0.

DR. PETER H. RAVEN
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

CHAIR
2.50

0.

POLLY REED
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE
2.50

0.

ED SCHNEIDER
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE
2.50

0.

MARY ANN STREETER
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE
2.50

0.

LYNDE UIHLEIN
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

VICE CHAIR
2.50

0.

CHIPPER WICHMAN
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE
2.50

0.

TOTAL TO FORM 199, PART II, LINE 11

0.

FORM 199	OTHER EXPENSES	STATEMENT 6
DESCRIPTION		AMOUNT
PROGRAM EXPENSE		145,058.
CONSULTANTS		123,333.
CONTRACT LABOR		22,033.
PRINTING & PUBLICATIONS		11,654.
LEGAL FEES		271.
ACCOUNTING FEES		25,622.
OFFICE EXPENSES		6,025.
INFORMATION TECHNOLOGY		10,351.
TRAVEL		35,767.
CONFERENCES AND CONVENTIONS		43,936.
INSURANCE		3,624.
ALL OTHER EXPENSES		19,527.
TOTAL TO FORM 199, PART II, LINE 17		447,201.

FORM 199	OTHER INVESTMENTS	STATEMENT 7
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PUBLICLY TRADED SECURITIES	2,609,739.	2,905,830.
ENDOWMENT BONDS	45,794.	0.
KCM MIDCAP CORE FUND, LLC	592,577.	729,629.
GATES CAPITAL MANAGEMENT	272,628.	355,664.
HOT CREEK INVESTORS, LP	423,730.	523,716.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	3,944,468.	4,514,839.

FORM 199	OTHER ASSETS	STATEMENT 8
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PLEDGES AND GRANTS RECEIVABLE	57,091.	59,767.
OTHER ASSETS	0.	3,864.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	57,091.	63,631.

FORM 199

OTHER LIABILITIES

STATEMENT 9

DESCRIPTION	BEG. OF YEAR	END OF YEAR
LINE OF CREDIT	160,755.	160,324.
DUE TO ZOOLOGICAL SOCIETY OF SAN DIEGO	0.	123,253.
DEFERRED REVENUE	130,009.	130,009.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	290,764.	413,586.

FORM 199

FUND BALANCES

STATEMENT 10

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	411,953.	425,883.
TEMPORARILY RESTRICTED ASSETS	1,452,250.	1,943,967.
PERMANENTLY RESTRICTED ASSETS	2,109,560.	2,124,560.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	3,973,763.	4,494,410.

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TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

December 31, 2016

Prepared For:

Center for Plant Conservation, Inc.
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

Prepared By:

CBIZ MHM, LLC
625 Maryville Centre Dr., Suite 200
St. Louis, MO 63141

Amount of Tax:

Balance due of \$75

Make Check Payable To:

Attorney General Registry of Charitable Trusts

Mail Tax Return To:

Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

Return Must Be Mailed On Or Before:

November 15, 2017

Special Instructions:

The report should be signed and dated by an authorized individual(s).

A copy of the federal return is also provided. In conjunction with Form RRF-1 this comprises the Annual Report to be filed with the California Attorney General's Registry of Charitable Trusts.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

<http://ag.ca.gov/charities/>

ANNUAL
REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 0252362

CENTER FOR PLANT CONSERVATION, INC.

Name of Organization

15600 SAN PASQUAL VALLEY RD.

Address (Number and Street)

ESCONDIDO, CA 92027-7000

City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 4006309

Federal Employer I.D. No. 22-2527116

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)

Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2016 ending 12/31/2016) list:
Gross annual revenue \$ 810,521. Total assets \$ 5,011,247.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number 760-796-5686

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

JOHN R CLARK

PRESIDENT

Signature of authorized officer

Printed Name

Title

Date

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

December 31, 2016

Prepared For:

Center for Plant Conservation, Inc.
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

Prepared By:

CBIZ MHM, LLC
625 Maryville Centre Dr., Suite 200
St. Louis, MO 63141

Amount of Tax:

Balance due of \$250

Make Check Payable To:

Not applicable

Mail Tax Return To:

Non-Profit Org/Public Charities Div
Office of the Attorney General
One Ashburton Place
Boston, MA 02108

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

Payment for the balance due must be made electronically via the Commonwealth of Massachusetts website at:

www.mass.gov/ago/epay

All the necessary attachments should be included with Form PC before filing.

**THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION
ONE ASHBURTON PLACE
BOSTON, MASSACHUSETTS 02108**

(617) 727-2200, ext. 2101
www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: 01/01/16 to 12/31/16Attorney General's Account #: 018621Federal ID #: 22-2527116

Electronic Payment Confirmation #: _____

When did the organization first engage in
charitable work in Massachusetts?04/04/1984Has the organization applied for or been granted
IRS tax exempt status?☒ Yes ☐ No

If yes, date of application OR date of determination letter:

04/04/1984

IRS Exemption under 501(c):

3If exempt under 501(c), are contributions to the organization
tax deductible as charitable contributions?☐ Yes ☒ No

Organization Data

Name: CENTER FOR PLANT CONSERVATION, INC.Mailing Address: 15600 SAN PASQUAL VALLEY RD.City: ESCONDIDOState: CAZIP: 92027-7000Phone Number: 760-796-5686

Fax Number: _____

Email: _____ Website: WWW.SAVEPLANTS.ORG

In the table below, please enter the appropriate codes from the corresponding tables found in the instructions.
Enter **up to 2** codes from Table 3 for your organization's main purpose(s)

Category	Code	Category	Code
County (Table 1)	<u>13</u>	Organization Purpose Code 1	<u>28</u>
Type of Organization (Table 2)	<u>3</u>	Organization Purpose Code 2	<u>8</u>

Please check box if final return prior to dissolution: ☐

Check all items attached

(if applicable)

- ☒ Filing Fee or Printout of
Electronic Payment
Confirmation
- ☒ Copy of IRS Return
- ☐ Audited Financial
Statements/Review
- ☐ Amended Articles/
By-Laws
- ☒ Schedule A-1
- ☒ Schedule A-2
- ☐ Schedule RO
- ☐ Schedule VCO
- ☐ Probate Account

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created? 04/04/1984
2. Where was the organization created? BOSTON, MASSACUSETTS
3. What is the form of organization? (check one)

Corporation <input checked="" type="checkbox"/>	Testamentary Trust <input type="checkbox"/>
Unincorporated Association <input type="checkbox"/>	Inter Vivos Trust <input type="checkbox"/>

Other (please describe): _____

4. Was your organization related to any other organization(s) during the reporting year (see definition of "Related Organization")? If yes, please complete the Schedule RO on pages 13 and 14. ☐ Yes ☐ No
5. Enter your summary of financial data:

Financial Data		Amounts
A.	Contributions, gifts, grants, and similar amounts received	358,214.
B.	Gross support and revenue	810,521.
C.	Program services and similar amounts paid out	366,032.
D.	Fundraising expenses	30,345.
E.	Management and general expenses	348,938.
F.	Payments to affiliates	0.
G.	Total expenses	745,315.
H.	Net assets or fund balances at the end of the year	5,011,247.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
1.	JOHN R CLARK PRESIDENT	70.00	121,642.	16,040.	37,751.
2.					
3.					
4.					
5.					

7. Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your response to 6? If yes, please provide explanation (attach separate sheet). ☐ Yes ☒ No

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	MILTON L. DINKEL	100,000.	MANAGEMENT CONSULTING
2.	JACKIE MCDOUGALL	23,333.	DEVELOPMENT CONSULTING
3.	STEFANI CLARK-JIJON	6,025.	OFFICE SUPPORT
4.	CATHY BENNETT	6,000.	NEWSLETTER EDITOR/WEB
5.	STORY BANK PRODUCTION	5,575.	VIDEO PRODUCTION

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number) :

Bank	Address	Phone Number
COMMERCE BANK	8000 FORSYTH BOULEVARD, CLAYTON, MO 63105	800-453-2265
HEARTLAND BANK	212 SOUTH CENTRAL, CLAYTON, ME 63105	314-512-8500

10. What is the organization's accounting method? ☐ Cash ☒ Accrual

☐ Other (specify): _____

11. If organization's mailing address is a P.O. Box, list the organization's full street address:

Address: _____

City: _____ State: _____ ZIP Code: _____

12. Contact Person Name: MELISSA ROSHNAYE

Street Address: 7755 CENTER AVENUE, SUITE 1225

City: HUNTINGTON BEACH State: CA ZIP Code: 92647

Phone Number: 619-600-5310

13. During the fiscal year reported here, did your organization solicit contributions or have funds solicited on its behalf?

☒ Yes ☐ No

14. At any time during the fiscal year following the year reported here, will your organization, or others acting on its behalf, solicit contributions?

☒ Yes ☐ No

If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement.

15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization.

a religious organization	<input type="checkbox"/>
an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. <i>(The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)</i>	<input type="checkbox"/>

16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates.
17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives of organization.

STATEMENT 1

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

☒ Yes ☐ No

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

FORM PC

OFFICERS, DIRECTORS, TRUSTEES AND EXECUTIVES

STATEMENT 1

NAME AND ADDRESSTITLE

MARY RANDOLPH BALLINGER
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

SHARON BLACKBURN
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

JOSEPHINE BUSH
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

GERALDINE (BEAN) CARROLL
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

ANN COBURN
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

SPENCER CREWS
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

ARABELLA DANE
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

SECRETARY

DANA DIRICKSON
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

FIRST VICE CHAIR

NANCY DOYLE
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

CHRISTOPHER DUNN
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

DON FALK
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

DIANA FISH
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

ERICA LEISENRING
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

SUZANNE LOOMIS
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

ANDREW S. LOVE, JR.
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

VICE CHAIR

JANINE LUKE
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

LINDSAY MARSHALL
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

LUCINDA MCDADE
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

JOHN MCPHEETERS
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TREASURER

SCOT MEDBURY
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

BARBARA MILLEN
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

LADEEN MILLER
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

TOM OTT
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

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JANET POOR
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

DR. PETER H. RAVEN
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

CHAIR

POLLY REED
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

ED SCHNEIDER
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

MARY ANN STREETER
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

LYNDE UIHLEIN
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

VICE CHAIR

CHIPPER WICHMAN
15600 SAN PASQUAL VALLEY RD.
ESCONDIDO, CA 92027-7000

TRUSTEE

PUBLIC
DISCLOSURE
COPY

20. Has this organization or any of its officers, directors, or employees:

If yes, please attach an explanation.

(a) Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions? ☐ Yes ☒ No

(b) Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency? ☐ Yes ☒ No

(c) Been the subject of a proceeding regarding any solicitation or registration? ☐ Yes ☒ No

(d) Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency? ☐ Yes ☒ No

21. Have any restrictions been removed during the year from donor-restricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

22. Have donor-restricted funds been loaned to unrestricted funds?

If yes, please attach an explanation.

☐ Yes ☒ No

23. This question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Related Parties" (see *instructions and definition sections*). Report only if payments made or promised to any individual are in excess of four months salary or \$100,000, whichever dollar amount is less.

(a) Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above? ☐ Yes ☒ No

(b) Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement? ☐ Yes ☒ No

*If you answered **yes** for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, stating the amount of any payments made or value transferred, and describing the terms of each agreement.*

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is yes, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

During the year:			
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
B.	Has your organization leased assets to or leased assets from a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
C.	Has your organization been indebted to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
D.	Has your organization allowed a related party to be indebted to it?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
E.	Has your organization made or held an investment in a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
F.	Has your organization furnished goods, services, or facilities to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
H.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
I.	Has your organization transferred income or assets to or for use by a related party?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATEMENT 2

FORM PC

PAGE 6, LINE 24

STATEMENT 2

NAME AND ADDRESS

SHARON BLACKBURN

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWEDAMOUNT INVOLVED

10,000.

NAME AND ADDRESS

JOSEPHINE BUSH

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWEDAMOUNT INVOLVED

21,000.

NAME AND ADDRESS

SPENCER CREWS

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWEDAMOUNT INVOLVED

2,500.

PUBLIC
DISCLOSURE
COPY

NAME AND ADDRESS

ARABELLA DANE

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

10,500.

NAME AND ADDRESS

DANA DIRICKSON

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

1,600.

NAME AND ADDRESS

NANCY DOYLE

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

10,000.

PUBLIC
DISCLOSURE
COPY

NAME AND ADDRESS

DONALD FALK

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

25.

NAME AND ADDRESS

ERICA LEISENRING

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

5,000.

NAME AND ADDRESS

SUZANNE LOOMIS

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

1,000.

PUBLIC
DISCLOSURE
COPY

NAME AND ADDRESS

ANDREW LOVE

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

25,000.

NAME AND ADDRESS

JANINE LUKE

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

10,000.

NAME AND ADDRESS

LUCINDA MCDADE

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

117.

PUBLIC
DISCLOSURE
COPY

NAME AND ADDRESS

JOHN MCPHEETERS

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

15,000.

NAME AND ADDRESS

BARBARA MILLEN

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

2,000.

NAME AND ADDRESS

MARY ANN STREETER

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

10,000.

PUBLIC
DISCLOSURE
COPY

NAME AND ADDRESS

LYNDE UIHLEIN

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

25,000.

NAME AND ADDRESS

CHIPPER WICHMAN

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

1,000.

NAME AND ADDRESS

MARY RANDOLPH BALLINGER

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

10,050.

PUBLIC
DISCLOSURE
COPY

NAME AND ADDRESS

GERALDINE CARROLL

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

12,500.

NAME AND ADDRESS

JOHN CLARK

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

1,000.

NAME AND ADDRESS

ANN COBURN

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

1,500.

PUBLIC
DISCLOSURE
COPY

NAME AND ADDRESS

CHRISTOPHER DUNN

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

50.

NAME AND ADDRESS

DIANA FISH

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

10,000.

NAME AND ADDRESS

LINDSAY MARSHALL

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

10,000.

PUBLIC
DISCLOSURE
COPY

NAME AND ADDRESS

SCOT MEDBURY

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

1,000.

NAME AND ADDRESS

LADEEN MILLER

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

2,000.

NAME AND ADDRESS

F. THOMAS OTT

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

30,000.

PUBLIC
DISCLOSURE
COPY

NAME AND ADDRESS

JANET POOR

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

100.

NAME AND ADDRESS

PETER RAVEN

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

250.

NAME AND ADDRESS

POLLY REED

NATURE OF TRANSACTION

NATIONAL COLLECTION

PROCEDURE FOLLOWED

AMOUNT INVOLVED

10,000.

PUBLIC
DISCLOSURE
COPY

NAME AND ADDRESS

ED SCHNEIDER

NATURE OF TRANSACTION

NATIONAL COLLECTION

AMOUNT INVOLVED

1,000.

PROCEDURE FOLLOWED

PUBLIC
DISCLOSURE
COPY

Signature Required

Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: JOHN R CLARK

Title: PRESIDENT

Name of Preparer: CBIZ MHM, LLC

Address 625 MARYVILLE CENTRE DR., SUITE 200

City ST. LOUIS State MO ZIP Code 63141

Phone Number 314-692-2249

Schedule A-1

Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

TREASURER & BOARD OF DIRECTORS

Name and Title: _____

Address **SEE ATTACHED LIST** _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

BOARD OF TRUSTEES

Name and Title: _____

Address **SEE ATTACHED LIST** _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

Types of solicitation activities in which you expect to engage (check all that apply):

Mass Mailing	<input type="checkbox"/>	Via the Internet	<input type="checkbox"/>
Door-to-door	<input type="checkbox"/>	Raffle, beano, bingo or gaming event	<input type="checkbox"/>
Entertainment event	<input type="checkbox"/>	Sale of goods other than by telephone	<input type="checkbox"/>
Telemarketing without sale of goods or ads	<input type="checkbox"/>	Individual Mailings	<input checked="" type="checkbox"/>
Telemarketing with sale of goods	<input type="checkbox"/>	Corporate solicitations	<input checked="" type="checkbox"/>
Telemarketing with sale of ads	<input type="checkbox"/>	Grant Proposals	<input checked="" type="checkbox"/>

☐ Other (specify): _____

Identify the method or methods you expect to use for the fundraising (check all that apply):

Professional solicitor*	<input type="checkbox"/>	Own employees	<input checked="" type="checkbox"/>
Professional fundraising counsel*	<input type="checkbox"/>	Volunteers	<input checked="" type="checkbox"/>
Commercial co-venturer*	<input type="checkbox"/>		

* Provide applicable names and addresses:

Professional Solicitor Name: _____

Address _____

City _____ State _____ ZIP Code _____

Professional Fundraising Counsel Name: _____

Address _____

City _____ State _____ ZIP Code _____

Commercial Co-Venturer Name: _____

Address _____

City _____ State _____ ZIP Code _____

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

TREASURER & BOARD OF DIRECTORS

Name and Title: _____

Address **SEE ATTACHED LIST** _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Identify the individuals who will have final responsibility for the charity's distribution of contributions:

BOARD OF TRUSTEES

Name and Title: _____

Address **SEE ATTACHED LIST** _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Name and Title: _____

Address _____

City _____ State _____ ZIP Code _____

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature: _____ Date: _____

Printed Name: JOHN R CLARK

Title: PRESIDENT

Signature: _____ Date: _____

Printed Name: _____

Title: _____

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Schedule RO

1. Please read the instructions and definition of "Related Organization" carefully before completing this section. (If you have more than five Related Organizations, please attach a list.)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Name:		Primary purpose or activity:		
FYE	A. Donor restricted funds (-) liabilities	B. 3rd party restricted funds (-) liabilities	C. Unrestricted funds (-) liabilities	D. Total net assets (A+B+C)

Schedule RO ctd.

2. List the total compensation paid by your organization and/or any other related organization to your chief executive (e.g., executive director) and to the four other current or former directors, trustees, officers, or employees within the system of related organizations identified at question 1, on page 13, receiving the highest aggregate compensation (*see instructions*). Use additional lines below to itemize by compensation source.

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

Name:		Title:	
Income Source:	Salary and Other Income:	Benefits Plan:	Other Compensation:

3. Is asset and/or compensation information for religious organizations and/or certain non-charitable entities related to foundations excluded pursuant to instructions?

Yes ☒ No