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Form	330

** PUBLIC DISCLOSURE COPY **

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.



Department of the Treasury Internal Revenue Service

AF	A For the 2015 calendar year, or tax year beginning and ending							
B c	Check if applicable: C Name of organization D Employer identification number							
X	Addre	CENTER FOR PLANT CONSERVATION, INC.						
Name Doing business as 22-2527116								
	Initial return		Room/suite	E Telephone number	r			
	Final	15600 GAN DAGOMAL VALLEY PD			796-5686			
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	800,272.			
	Amen return		H(a) Is this a group re	eturn				
	Applied tion	^{ca-} F Name and address of principal officer: JOHN R CLARK		for subordinates	? Yes X No			
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) c	or 📃 527	If "No," attach a	list. (see instructions)			
		te: WWW.SAVEPLANTS.ORG		H(c) Group exemption				
		f organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1984 N	State of legal domicile: MA			
Pa	art I		-					
ø	1	Briefly describe the organization's mission or most significant activities: THE (CENTER	R FOR PLANT				
Activities & Governance		CONSERVATION (CPC) IS DEDICATED TO ENDING						
ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos						
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	19			
.⊙ ∞		Number of independent voting members of the governing body (Part VI, line 1b) \P			18			
ies	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)			0			
iviti	6	Total number of volunteers (estimate if necessary)		22				
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
ē	8	Contributions and grants (Part VIII, line 1h)		441,558.	527,951.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Bev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		89,349.	88,903.			
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,027.	16,815.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		562,934.	633,669.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		135,000.	136,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\rm .}$		217,338.	310,248.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ц.		Total fundraising expenses (Part IX, column (D), line 25) 82,12			000 007			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		272,654.	289,807.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		624,992.	736,055.			
		Revenue less expenses. Subtract line 18 from line 12		-62,058.	-102,386.			
s or			Be	ginning of Current Year	End of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	······	4,565,277.	4,407,910.			
et A nd E	21	Total liabilities (Part X, line 26)		361,697.	434,147.			
		Net assets or fund balances. Subtract line 21 from line 20		4,203,580.	3,973,763.			
	art II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	•	alties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is			
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	lich preparei	nas any knowledge.				

Sign Here	Signature of officer Date JOHN R CLARK, AUTHORIZED SIGNER Type or print name and title						
	Print/Type preparer's name	Preparer's signature	Date				
Paid	DAVID GRESHAM			$^{\text{II}}_{\text{self-employed}} \mathbb{P}00834239$			
Preparer	Firm's name 🕞 CBIZ MHM, LLC			Firm's EIN 36-4256931			
Use Only	y 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)							
532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2015)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2015) CENTER FOR PLANT CONSERVATION, INC. 22-2527116 Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	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?
	the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X 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 \$ 371,724 · including grants of \$ 136,000 ·) (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 \$)
	\sim
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 ► 371,724.
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CENTER FOR PLANT CONSERVATION, INC.

Pa	t 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		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? If "Yes," complete Schedule F, Parts I and IV	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? If "Yes," complete Schedule F, Parts II and IV	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? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III	19		x
	CULINEE SCHENNE (7 FALLIII	19		

Form **990** (2015)

532003 12-16-15

Form 990 (2					CONSERVATION,	INC.
Part IV Checklist of Required Schedules (continued)						

200 Did the organization operate on or more hospital facilities? If "Yes," complete Schedule H 200 X 21 Did the organization apportand match as copy of its audited francels istaments to this return? 200 X 21 Did the organization report more than SS,000 of grants or other assistance to any domestic organization or domestic granization report more than SS,000 of grants or other assistance to or for domestic organization is current and former officer, directors, trustees, level in P1 ("Net, "complete Schedule", Parts I and III 21 X 22 Did the organization report more than SS,000 of grants or other assistance to or for domestic organization's current and former officer, directors, trustees, leve emptypees, and highest compensation of the organization's current and former officer, directors, trustees, leve emptypees, and highest complexes and the proceed of the sessitication incomplexes and the proceed of the assessment bonds? 24 X 24 Did the organization match an escreward bond lesue with an outstanding at any time during the year! 246 24				Yes	No
11 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operation report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), Ime 27 II "Yes," complete Schedule (). Parts I and III 21 X 22 Did the organization never "Yes" to Part VIX. Sectom A, Ime 3, 4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? II "Yes," complete Schedule / 22 X 23 Did the organization never "Yes" to Part VIX. Sectom A, Ime 3, 4, or 5 about compensation of the organization is current and former officers, directors, trustees, key employees, and highest compensated employees? II "Yes," complete Schedule / 23 X 240 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100.000 as 01th last day of the year, that was issued after December 31, 2002? II "Yes," answer lines 24b through 24d and complete Schedule /, II "Wei," complete Schedule /, Part I 24a 24d 25a Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations. Did the organization are excess benefit transaction with a disqualified person during the year II "Yes," complete Schedule /, Part I 25a X 25a Did the organization aware that t engaged in an excess benefit transaction with a disqualified person II "Yes," complete Schedule L, Part I 25a X 25a Did the organization provide agra	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
domestic government on Part IX, column (A), line 7/R "res," complete Schedule I, Parts I and II. 21 X 22 Did the organization report methan 55:000 digrans or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "res," complete Schedule I, Parts I and III. 22 X 23 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or 5 about compensation of the organization scienter and Nome Offices, directory, totsless, level panyloves, and higher to Compensate dom Polyces? If "Yes," complete Schedule I, Part III. 23 X 24 Did the organization invest any proceeds of tax exempt bond issue with an outstanding principal amount of more than 5100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I' No", go to Ine 23a. 24d X 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X 26 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X 26 Section 501(eX3), 501(eX4), and 501(eX2) organizations. Do the organization engage in an excess benefit transaction with a disqualified person during the year? 24d X 26 Section 501(eX3), 501(eX4), and 501(eX2) organizations. Do the organization engage in an excess benefit transaction with a disqualified person? If Yes, "complete Schedule I, Part II 25a X 27 Did the organization aware that engaged in an excess benefit transa	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than 85.000 of gents or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer 7% or Cart VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employee, and highest compensated employees 71 "Yes," complete Schedule L, II 'We', to to line 25a X 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule A, II 'We', to to line 25a X 25 Did the organization means any proceeds of tax-exempt bonds beyond a temporary period exception? Zed 26 Did the organization means any more of tax-exempt bonds outstanding at any time during the year' Zed 26 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization area years benefit transaction with a disqualified person right prior year, and that the transaction ware that 1 engaged in an excess benefit transaction with a disqualified person right prior year, and that the thrane or reported on any of the organization set or 500 c 5200	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 II 'Yes,' complete Schedule I, Parts I and III 22 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 compensation employees? If 'Yes,' complete Schedule I, the '2s at the organization invest any proceeds of tax exempt bonds. Payon II 'Yes,'' ensurent files 24b through 24d and complete Schedule I, the '1s at day of the year, that was issued after December 31, 2002? If 'Yes,'' ensurent files 24b through 24d and complete Schedule I, I''' the 's through 24d and complete Schedule I, and to maintain an escrow account other than a refunding excirce wat any time during the year I''. 24a X 4 Did the organization nuest any proceeds of tax exempt bonds beyond a temporary period exception? 24d X 5 Did the organization are at an 'on bohal of' issuer for bonds outstanding at any time during the year I' 24d X 6 Did the organization are at the reaged on an excess benefit transaction with a disqualified person during the year I' I' Yes,'' complete Schedule L, Part I 25a X 25 Did the organization area that the reaged on any of the organization's point Forms 990 or 900 cr 2/II 'Yes,'' complete Schedule L, Part I 26 X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables to on or payables to any current or former officers, directors, trustees, key employees, outstantall contributor or amployee thereof, a grant selection commithe mem		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
23 Did the organization answer Yes' to Part VII, Section A, Ime 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If Yes, "complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that wais situed after December 31, 2002? If Yes," <i>answer lines 24b through 24d and complete Schedule K. If Not</i> ; to to line 25a 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 26 Did the organization as an 'on behaf of 'issuer for bonds outstanding at any time during the year? 24d 26 Schedule J, Bot (L)(A), and 501(c)(X9) organizations. Did the organization engage in an excess bandif transaction with a disqualified person in a prior year, and that the transaction negon any of the organization report any amount on Part X, Ime 5, d, or 22 for receivables from one givables to any current or former officer, director, trustee, key employees, indirect complete Schedule L, Part I 26 X 27 Did the organization report any amount on Part X, Ime 5, d, or 22 for receivables from or givables to any current or former officer, director, trustee, key employees, indirect complete Schedule L, Part IV 26 X 28 Was the organization approxipation and or other assistance to an officer, director, trustee, or exempt boods, conditions, and exceptions? 27 X 29 Did the organization provide a grant or of	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yas,' complete Schedule J 23 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? If 'Yas,' answer lines 24b through 24d and complete Schedule I, I'''so,'' to '''so,'' answer lines 24b through 24d and complete Schedule I, I'''so,'' complete Schedule I, Part I 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d X 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 24d X 25a X Did the organization avare that it engaged in a excess benefit transaction with a disqualified person? 25a X 25b Did the organization avare that it engaged in an excess benefit transaction with a disqualified person? 25b X 26d Did the organization avare that encess benefit transaction with a disqualified person? 25b X 27 Did the organization avare the encess benefit transaction with a disqualified person? 25b X 28 X 25b X<			22		X
Schedule J 23 X 24a Did the organization have a tax exempts bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes, "answer lines 24b through 24d and complete Schedule K. If Yos," go to line 25a 24a X 24b Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X 25 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Du the organization engage in an excess benefit transaction with a disqualified person (init price) year, and that the transaction has not been reported on any of the organization organization report any amount on Part X, line 5, 6, or 22 for receivables form or payBules to any complete Schedule L, Part II 25a X 27 Did the organization negort any amount on Part X, line 5, 6, or 22 for receivables form or payBules to any comment or former officers, director, trustes, key employees, highest complexes or desynalled persons RI 'Yes," complete Schedule L, Part II 26b X 28 Was the organization oryce agrant or other assistance to an officer, director, trustes, key employees, substantial any of these persons RI 'Yes," complete Schedule L, Part II 26a X 29 Did the organization provide a grant or other assistance to an officer, director, trustes, key employee, substantial and second bills 27 X 20 Did the organization negore RI 'Yes," complete Schedule L, Part IV 28a	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'Wo', go to line 25a 24a X b Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d 24d c Did the organization maintain an escrow account other than a refunding secrow at any time during the year? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization angue in a noccess benefit transaction with a disqualified person during the year? 24d 25a b Is the organization mainten at it engaged in an excess been than a disqualified person during the year? 25b X D Did the organization aver that it engaged in an excess benefit transaction with a disqualified person during the year? 25b X 25 Did the organization pert 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, nighest compensated employees, ordisounlife persons? If 'Yes,'' complete Schedule L, Part II 26a X 27 Did the organization aparty to a business transaction with one of a widthes presons? If 'Yes,'' complete Schedule L, Part II 26a X 28 A current or former officer, director, trustee, or key employe? If 'Yes,' complete Schedule L				37	
Is day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X Schedule K. If 'No', go to line 25a 24b 24b Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization mixest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization mixest any non-behalf of issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization lengage in an excess benefit transaction with a disqualified person in prove year, and that the transaction has not been reported on any of the organization rytes, "complete Schedule L, Part I 25a 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or has/ables to any current or former officers, directors, trustee, key employees, highest compensated employees, or disqualified person? If "Yes," complete Schedule L, Part II 26a 27 X X 26a 28 A current or former officer, director, trustee, key employees, highest compensated employee, substantal contributor or employee thereol, a grant selection committee member, or to 32% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 X 20 Did the organization provide a grant or other assistance to an officer, director, trustee, ley employee, substantal contributions? If "Yes," complete Schedule L, Part IV <			23	X	
Schedule K. If "No", go to line 25a 24a X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year (declease any tax-exempt bonds? 24d 24d 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? If "Yes," complete Schedule L, Part I 25a X 25b Is the organization aver that 1 engaged in an excess benefit transaction with a disqualified person or payables to any ortheor space schedule L, Part I 25b X 26b Did the organization aver the tense of the proper schedule L, Part I 25b X 27b Did the organization aver thered, a grant schedule L, Part II 26b X 27b Did the organization aver thered, a grant schedule L, Part II 26b X 28b A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 26b X 28b Did the organization aver to former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b X 28b X A family member of a current or former officer, director, trustee, or key employee? If "Yes,"	24a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behaff of' issuer for bonds outstanding at any time during the year? 24d 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 in a prior year, and that the transaction has not been reported on any of the organization sport or ports 930(br 930(b27)/11*Ves,* complete Schedule L, Part I 25b X 27 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables form or hayables to any current or forme officer, director, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,* complete Schedule L, Part II 26 X 27 Did the organization approves threach, agrant selection committee member, or to 35% controlled entity or family member of any of these persons? If 'Yes,* complete Schedule L, Part IV 26a X 28 A current or former officer, director, trustee, or key employee? If 'Yes,* complete Schedule L, Part IV 28a X 29 Did the organization receive more than 325,000 in hor cash contributions? If 'Yes,* complete Schedule L, Part IV 28a X 29 Did the organization receive more of			242		x
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 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> 32 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?<i>If</i> "Yes," <i>complete Schedule N, Part II</i> 32 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</i> "Yes," <i>complete Schedule R, Part I</i> 34 Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Part II, III, or IV, and Part V, line 1</i> 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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</i> "Yes," <i>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</i> "Yes," <i>complete Schedule R, Part V, line 2</i> 36 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</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 		contributions? If "Yes," complete Schedule M	30		Х
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38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		37		x
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Form 990 (2015)

532004 12-16-15

	990 (2015) CENTER FOR PLANT CONSERVATION, INC. 22-2527 t V Statements Regarding Other IRS Filings and Tax Compliance	116	Р	age 5
Fai	Check if Schedule O contains a response or note to any line in this Part V			
1.	Enter the number reported in Day 2 of Form 1006. Enter 0, if not applicable		Yes	No
-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a1Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	x	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	IC		
Zđ				
h	filed for the calendar year ending with or within the year covered by this return 2a U If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b		20		
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	30		<u> </u>
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		x
b	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
D	If "Yes," enter the name of the foreign country:			
5-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	F -		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	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	6-		x
	any contributions that were not tax deductible as charitable contributions?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	C 1-		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-		x
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		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	-		x
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. 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.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
-	Note. See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand 13c			v
	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		(2015)
		⊢orm	1 990	(2015)

532005 12-16-15

Form 990 (2015)

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.

Section A. Governing Body and Management 1a Inter the number of voting members of the governing body at the end of the tax year 1a 19 11 Inter the number of voting members and the governing body, at the governing body, of it he governing to the governing body of the governing to the governing body, at the governing to the governing body of the governing body? 2 2 Did the organization have members or stochholders, or other persons who had the power to elect or appoint one of the governing body? 3 3 Did the organization have members or stochholders? 6 4 Did the organization have members or the governing body? 7 5 Did the organization have members or the governing body? 7 6 Did the organization charge on stochholders? 6 7 Did the organization charge on stochholders? 7 8 Did the organization charge on stochholders? 7 9 Is the any office, director, trustes, or		X
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 0. Ib Erich the number of voting members included in line 1a, above, who are independent		
If there are material differences in voting rights among members of the governing body, or if the governing body. Image: Standard Standa	Yes	N
body delegated trad authority to an excutte committee or smillsr committee, region in Schedule 0. 1b 18 D Erter the number of voting members included in line 1a, above, who are independent. 1b 18 D D any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship or a form form 900 was filed? 2 3 Did the organization have any significant changes to its governing documents since the prior Form 900 was filed? 3 4 Did the organization have members, stockholders, or other persons who had the power to elect or apport one or more members of the governing body? 6 5 Did the organization have members, stockholders, or other persons who had the power to elect or apport one or more members of the governing body? 7 6 Did the organization ontermoraneous/ document the metings held or written actions underaken durin the view the following: 8 7 Did the organization nave members of the governing body? 8 8 8 Did the organization nave income avaitable of the governing body? 8 9 Is the arg writtee, and the provise list of the Part VII. Section A, who cannot be reached at the organization or writtee or the provise		
b Enter the number of voting members included in line 1a, above, who are independent 1b 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 employees to a management company or other person? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officer, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization have members stockholders? 6 7 Did the organization have members stockholders? 7 8 Did the organization contemporaneously document the meetings held or written actions undertaken ducing the year by the following: 7 8 The governing body? 8a 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization have members stockholders? 7 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A who cannot be reached at the organization have written policies and procedures governing body? 8a 9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A section B		
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 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? 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? C Disclosure 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶MA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) availat for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X 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 finar 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: ▶ 	X	
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exempt status with respect to such arrangements? 16b Section C. Disclosure 17 17 List the states with which a copy of this Form 990 is required to be filed ▶MA 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) availate for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website X 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 finar 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: ▶		
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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:	cial	
20 State the name, address, and telephone number of the person who possesses the organization's books and records:	5.41	
1101 LUCAS AVENUE, SUITE 202, SAINT LOUIS, MO 63101		
	990	(20
32006 12-16-15 Forn	1990	<i>י</i> (20
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Part VII	Co	ompensation of Officers, Directors, Trustees, Ke	ey Employees, Highest Compensated
	์ Em	mployees, and Independent Contractors	

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)	(B)	(C)		(D)	(D) (E)					
Name and Title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	box,	unle	ss pe	rson	is botl	h an	compensation	compensation	amount of
	week		er an	dad	recto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the organization	organizations	compensation
	hours for related	e or d	tee			sated		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen				and related
	below	idual	Institutional trustee	ar.	Key employee	est co oyee	er			organizations
	line)	Indiv	In stit	Officer	Keye	Highest compensated employee	Former			
(1) DR. JOHN R. CLARK	70.00							N		
PRESIDENT & CEO		Х		Х				77,659.	0.	8,567.
(2) DR. PETER H. RAVEN	2.50									
CHAIR		Х		X	(0.	0.	0.
(3) ANDREW S. LOVE	2.50									
VICE CHAIR		Х		х				0.	0.	0.
(4) DANA DIRICKSON	2.50		· •							
VICE CHAIR		Х		х				0.	0.	0.
(5) JOHN MCPHEETERS	2.50									
TREASURER		Х		Х				0.	0.	0.
(6) ARABELLA DANE	2.50									
SECRETARY		Х		Х				0.	0.	0.
(7) SHARON BLACKBURN	2.50									
TRUSTEE	•	Х						0.	0.	0.
(8) JOSEPHINE BUSH	2.50									
TRUSTEE		Х						0.	0.	0.
(9) SPENCER CREWS	2.50									
TRUSTEE		Х						0.	0.	0.
(10) SUZANNE LOOMIS	2.50									
TRUSTEE		Х						0.	0.	0.
(11) ERICA LEISENRING	2.50									_
TRUSTEE		Х						0.	0.	0.
(12) NANCY DOYLE	2.50									-
TRUSTEE		Х						0.	0.	0.
(13) JANINE LUKE	2.50									
TRUSTEE		Х						0.	0.	0.
(14) LUCINDA MCDADE	2.50									-
TRUSTEE		Х						0.	0.	0.
(15) SCOT MEDBURY	2.50									-
TRUSTEE		Х						0.	0.	0.
(16) TOM OTT	2.50							_		-
TRUSTEE		Х						0.	0.	0.
(17) JANET L. MEAKIN POOR	2.50							_	_	_
TRUSTEE		Х						0.	0.	0.
532007 12-16-15						-				Form 990 (2015)

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	990 (2015) CENTER F(OR PLANT	C (201	NS1	ERV	VA	CIO	ON, INC.	22-252	711	6 р	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)	-		
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	erson	1 than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estimate amount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	o a	mpensa from th rganizat and relat ganizati	ie tion ted
(18) TRUS	MARY ANN STREETER TEE	2.50	x						0.	0			0.
(19) TRUS	LYNDE UIHLEIN TEE	2.50	x						0.	0			0.
(20) TRUS	CHIPPER WICHMAN TEE	2.50	x						0.	0			0.
	LADEEN M. MILLER	2.50	x						0.	0			0.
(22) TRUS	BARBARA MILLEN TEE	2.50	x						0.	0			0.
	KATHRYN KENNEDY ER PRESIDENT & ED	0.00						x	53,296.	0			0.
							(\mathbf{N}				
					((
1b	Sub-total								130,955.	0		8,5	67.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								130,955.	0		8,5	67.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	iose	liste	ed a	bove	e) wł	סו no r	eceived more than \$100),000 of reportable			0
3	Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	mplc	oyee	or	highest compensated e	mployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su			e compensation and other compensation from the organization					3	X			
5	and related organizations greater than \$15 Did any person listed on line 1a receive or a										4		X
Sec	rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors	plete Schedul	e J f	for si	uch	pers	son .	<u></u>			5	X	
1	Complete this table for your five highest co the organization. Report compensation for	-									nsatio	ו from	
	(A) Name and business	address	N	ONE	Ξ				(B) Description of s	services	Comp	(C) pensatio	n
2	Total number of independent contractors (i	includina but n	ot li	mite	d to	tho	se lis	ster	above) who received n	nore than			
	\$100,000 of compensation from the organi	•				(0		, ······		Forr	m 990 (2015)

532008 12-16-15

	n 990 (i		ANT CONS	ERVATION,	INC.	22-2527	116 Page 9
Pa	rt VII	Statement of Revenue					
		Check if Schedule O contains a response of	or note to any lir				
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1 a	Federated campaigns 1a	1,744.				0.12 0.11
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b	-				
а,		Fundraising events 1c					
Gift lar ,		Related organizations 1d					
is, (Government grants (contributions) 1e	201,123.				
rion S	f	All other contributions, gifts, grants, and				4	
ibu		similar amounts not included above 1f	325,084.				
ontr od O	g	Noncash contributions included in lines 1a-1f: \$					
aŭ	h	Total. Add lines 1a-1f		527,951.			*
			Business Code				
ice	2 a						
erv ue	b				C		
n S /en	С)	
Bey	d						
Program Service Revenue	e						
-	f	All other program service revenue					
	<u>д</u> 3	Total. Add lines 2a-2f Investment income (including dividends, intere					
	3	other similar amounts)		71,741.			71,741.
	4	Income from investment of tax-exempt bond p		/			/
	5	Royalties					
	-	(i) Real	(ii) Personal				
	6 a	Gross rents	(.)				
		Less: rental expenses	<u>^</u>	$\mathbf{\nabla}$			
		Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 183,765.					
	b	Less: cost or other basis					
		and sales expenses 166,603.	-				
		Gain or (loss) 17,162.		17 1 ()			17 160
		Net gain or (loss)	····· ►	17,162.			17,162.
ne	8 a	Gross income from fundraising events (not					
ven		including \$ of					
Re		contributions reported on line 1c). See					
Other Revenue	h	Part IV, line 18 a Less: direct expenses b					
Ð		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
		Part IV, line 19 a					
	b	Less: direct expenses b					
	с	Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
		and allowances a					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory					
			Business Code		16 015		
		MISCELLANEOUS REVENUE	110000	16,815.	16,815.		
	b						
	с с						
		All other revenue	•	16,815.			
	е 12	Total revenue. See instructions.		633,669.		0.	88,903.
53200	9 12-16		····· F				Form 990 (2015)
55200				9			

Part IX Statement of Functional Expenses

CENTER FOR PLANT CONSERVATION, INC.

	Check if Schedule O contains a respon		this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	136,000.	136,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				1
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		42 442	40.440	
	trustees, and key employees	86,226.	43,113.	43,113.	
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	224,022.	55,056.	118,394.	50,572
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes			Ŧ	
11	Fees for services (non-employees):				
а	Management	0.005			
b	0	9,965.		9,965.	
С	Accounting	14,950.		14,950.	
d	, .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	25 222	17 666		17
17	Travel	35,332.	17,666.		17,666
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,605.	24,605.	E C C 1	
20	Interest	6,661.		6,661.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 757		1 757	
23	Insurance	1,757.		1,757.	
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 0.)	00 054			^
a	PROGRAM EXPENSE	88,854.	88,854.	0.	0
b	CONSULTANTS	42,418.	0.	42,418.	0
С	CONTRACT LABOR	23,021.	4,604.	18,417.	0
d	TRAINING	13,578.	0.	13,578.	12 000
	All other expenses	28,666.	1,826.	12,943.	13,897
25	Total functional expenses. Add lines 1 through 24e	736,055.	371,724.	282,196.	82,135
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 Figure if following SOP 98-2 (ASC 958-720)				Form 990 (201

532010 12-16-15

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Form **990** (2015)

08131130 795268 04231T

11 2015.05000 CENTER FOR PLANT CONSERVATI 04231T1

	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	280,674.	2	401,473
3	Pledges and grants receivable, net	70,579.	3	57,091
4	Accounts receivable, net	7,570.	4	4,878
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	1
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 $_{\ldots\ldots}$		6	
7	Notes and loans receivable, net		7	•
8	Inventories for sale or use		-8	
9	Prepaid expenses and deferred charges		9	
10	a 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	2,687,162.	11	2,609,73
12	Investments - other securities. See Part IV, line 11	1,519,292.	12	1,334,72
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	4,565,277.	16	4,407,91
17	Accounts payable and accrued expenses	68,795.	17	143,38
18	Grants payable	107 770	18	120 00
19	Deferred revenue	127,778.	19	130,00
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	165,124.	25	160,75
26	Schedule D Total liabilities. Add lines 17 through 25	361,697.	25 26	434,14
20	Organizations that follow SFAS 117 (ASC 958), check here X and	501,057.	20	
	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	437,496.	27	411,95
28	Temporarily restricted net assets	1,674,314.	28	1,452,25
29	Permanently restricted net assets	2,091,770.	29	2,109,56
120	Organizations that do not follow SFAS 117 (ASC 958), check here		20	
	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	4,203,580.	33	3,973,76
		, , • • •		

Form	990 (2015) CENTER FOR PLANT CONSERVATION, INC.	22-2	527116	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>3,6</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,0	
3	Revenue less expenses. Subtract line 2 from line 1	3	-10		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,20		
5	Net unrealized gains (losses) on investments	5	-12	7,4	31.
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	3,97	3,7	63.
Pa	rt XII Financial Statements and Reporting	\frown			
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Scheduk				37
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			v	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		0	Х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Λ	
0-	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S				
38			3a		x
h	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	uirad audit	Ja		- 23
U	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		Зb		
	or addits, explain why in Schedule of and describe any steps taken to undergo such addits			990	(2015)
			1 Onn	550	,2013)
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits				

SCHEDULE A	
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(Form	990	or	990-	·ΕΖ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

2015	
Open to Public	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

nformation about Schedule A	(Form 990 or 990-EZ) and its instructions	is atwww.irs.gov/form990.

Nan	Name of the organization Employer identification number									
		CENT	ER FOR PLA	NT CONSERVAT	ION,	INC.		2	2-2527116	
Pa	rt I	Reason for Public	Charity Status (/	All organizations must co	omplete th	is part.) Se	e instructions			
The	organ	ization is not a private found	lation because it is: ((For lines 1 through 11, o	check only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	on 170(b)(1	I)(A)(i).			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:								
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	nit describ	ed in	
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					\sim		
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		>	
7	Х	An organization that norma	lly receives a substa	intial part of its support	from a gov	ernmental	unit or from th	ne general	public described in	
		section 170(b)(1)(A)(vi). (C	omplete Part II.)				(1			
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)		\cdot			
9		An organization that norma	lly receives: (1) more	e than 33 1/3% of its sup	port from	contributio	ons, membersl	hip fees, a	nd gross receipts from	
		activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of i	ts support	from gross investment	
		income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	esses acqu	ired by the org	ganization	after June 30, 1975.	
		See section 509(a)(2). (Cor	mplete Part III.)							
10		An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50)9(a)(4).			
11		An organization organized a	and operated exclus	ively for the benefit of, t	perform	the functio	ons of, or to ca	rry out the	purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) c	r section	509(a)(2).	See section 5	09(a)(3). C	heck the box in	
		lines 11a through 11d that	describes the type c	of supporting organization	n and con	nplete lines	s 11e, 11f, and	l 11g.		
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), ty	ypically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trustee	es of the s	upporting	
		organization. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	ts supporte	ed organizatio	n(s), by ha	ving	
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manag	ge the sup	ported	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte						y integrate	ed with,	
		its supported organization	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppor	ted organi	zation(s)	
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	l an attenti	veness	
		requirement (see instruct	ions). You must con	nplete Part IV, Section	s A and D,	, and Part	V.			
е		Check this box if the orga					a Type I, Type I	II, Type III		
		functionally integrated, or		nally integrated support	ing organi	zation.				
		er the number of supported o								
g		vide the following information i) Name of supported	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the o	rganization	(v) Amount of	monotany	(vi) Amount of	
	,	organization		(described on lines 1-9	listed	in your	support (-	other support (see	
		o gamenon		above (see instructions))	÷ ÷	document?	instructio	-	instructions)	
					Yes	No				

Total LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

Form 990 or 990-EZ. 532021 09-23-15

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Schedule A (Form 990 or 990-EZ) 2015 CENTER FOR PLANT CONSERVATION, INC. 22-2527116 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	970,533.	732,732.	509,367.	441,556.	527,951.	3,182,139.
2	Tax revenues levied for the organ-						
	ization'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 \dots						*
4	Total. Add lines 1 through 3	970,533.	732,732.	509,367.	441,556.	527,951.	3,182,139.
5	The portion of total contributions						
	by each person (other than a				C	$\mathbf{\nabla}$	
	governmental unit or publicly					1	
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						329,540.
	Public support. Subtract line 5 from line 4.						2,852,599.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2011 970, 533.	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	970,533.	732,732.	509,367.	441,556.	527,951.	3,182,139.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	15 610	66,718.	71 0 0 0	05 001	71 7/1	211 216
	and income from similar sources	45,648.	00,/10.	71,828.	85,281.	/1,/41.	341,216.
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	34,484.	29,670.	83,979.	32,027.	16 015	196,975.
	assets (Explain in Part VI.)	54,404.	29,070.	05,919.	52,027.	10,015.	
	Total support. Add lines 7 through 10					40	3,720,330.
	Gross receipts from related activities, First five years. If the Form 990 is for			d fourth or fifth to		12	
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2015 (14	76.68 %
	Public support percentage from 2014					15	80.52 %
	33 1/3% support test - 2015. If the c						· -
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2014. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
b	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th						
	organization meets the "facts-and-cire	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organization						s ►
					Sche	dule A (Form 990	or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 CENTER FOR PLANT CONSERVATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to					$\mathbf{\nabla}$	
	or expended on its behalf				(1	
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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			S			
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		0				
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 fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here				-		
Se	ction C. Computation of Publ	lic Support Pe	rcentage				
15	Public support percentage for 2015 (line 8, column (f) d	ivided by line 13, o	column (f))		15	%
16	Public support percentage from 2014	1 Schedule A, Part	III, line 15			16	%
See	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	015 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2015. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	ind stop here. The	organization qual	lifies as a publicly s	supported organiz	ation	
b	33 1/3% support tests - 2014. If the						
	line 18 is not more than 33 1/3%, che	eck this box and s t	t op here. The orga	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organization						
	23 09-23-15					edule A (Form 990	
				15		-	•

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the 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? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **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)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 CENTER FOR PLANT CONSERVATION, INC. Part IV Supporting Organizations (continued)

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	Cupperting organizatione (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	4		
	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,	_		
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		Vee	N
4	Were a majority of the organization's directors of trustees during the tay year also a majority of the directors		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		
Sec	tion D. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	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		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.			
а	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 <i>Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

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Schedule A (Form 990 or 990-EZ) 2015

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						-		_		,

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. See

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

Sect	ion 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		K
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see

instructions).

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Schedule A (Form 990 or 990 EZ) 2015 CENTER FOR PLANT CONSERVATION, INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
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	ne organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	·	(i)	(ii)	(iii)
.	_ _	Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
с				
d	From 2013			
е	From 2014	S		
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
с	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

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Schedule A	(Form 990 or 990-EZ) 201	5 CENTER	FOR	PLANT	CONSERVATION,	INC.	22-2527116 Page 8
	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Prov. , 2, 3b, 3c, 4b, lines 2 and 3; I	vide the 4c, 5a, 6 Part IV, S	explanations 6, 9a, 9b, 9c Section E, lin	s required by Part II, line 10; , 11a, 11b, and 11c; Part IV	Part II, line 17a c , Section B, lines art V, line 1; Part V	r 17b; Part III, line 12; 1 and 2; Part IV, Section C, /, Section B, line 1e; Part V,
	(See instructions.)					-	
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2028 09-23-1	_					Cabady	le A (Form 990 or 990-EZ) 20 ⁻

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Schedule A

Identification of Excess Contributions Included on Part II, Line 5

22-2527116

2015

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
DANIEL & POLLY PIERCE	117,369.	42,962.
EDWARD K. LOVE FOUNDATION	245,630.	171,223.
JULIA B. LEISENRING	114,169.	39,762.
AMERICAN SOCIETY FOR THE ROYAL BOTANIAL GARDENS	150,000.	75,593.
5		
Total Excess Contributions to Schedule A, Part II, Line 5		329,540.

** PUBLIC DISCLOSURE COPY **

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				
Name of the organizatio	n	Employer identification number				
C	ENTER FOR PLANT CONSERVATION, INC.	22-2527116				
Organization type (check	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	1				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	5				
	527 political organization	\sim				
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					
Note. Only a section 501(General Rule For an organizati	n is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling by one contributor. Complete Parts I and II. See instructions for determining a contributor	g \$5,000 or more (in money or				
Special Rules						
sections 509(a)(⁻ any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amoun Z, line 1. Complete Parts I and II.	, or 16b, and that received from				
year, total contri	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from outions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educ f cruelty to children or animals. Complete Parts I, II, and III.	•				
year, contribution is checked, ente purpose. Do not	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from hs <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled m r here the total contributions that were received during the year for an <i>exclusively</i> religious complete any of the parts unless the General Rule applies to this organization because i ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box s, charitable, etc., t received <i>nonexclusively</i>				

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2015)

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2015)
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Employer identification number

22-2527116

CENTER FOR PLANT CONSERVATION, INC.

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		\$ 14,863.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$53,060.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	(b) Name, address, and ZIP + 4		(d) Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
No.		Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
No. 4 (a) No.	Name, address, and ZIP + 4	Total contributions \$ 12,000. (c) Total contributions	Type of contribution Person X Payroll Image: Contribution Noncash Image: Contribution (Complete Part II for noncash contributions.) (d) Type of contribution X Person X Payroll Image: Complete Part II for Noncash Image: Complete Part II for (Complete Part II for Complete Part II for
No. 4 (a) No. 5 (a)	(b) Name, address, and ZIP + 4	Total contributions \$ 12,000. (c) Total contributions \$ 25,000. (c) Total contributions \$ 25,000. \$ 75,000.	Type of contribution Person X Payroll Image: Complete Part II for noncash contributions.) (d) Type of contribution Person X Payroll Image: Complete Part II for noncash Noncash Image: Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (Complete Part II for noncash contributions.) (d) Complete Part II for noncash contributions.)

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Employer identification number

22-2527116

CENTER FOR PLANT CONSERVATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	7
(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
23453 10-26-15		\$	990, 990-EZ, or 990-PF) (20

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rt III	R FOR PLANT CONSERVATIO	ibutions to organizations described in	22-2527116 n section 501(c)(7), (8), or (10) that total more than \$1,000 f
	the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious	Dlumns (a) through (e) and the following the second s	ng line entry. For organizations
	Use duplicate copies of Part III if additiona	I space is needed.	
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
		(e) Transfer of gift	\circ
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
No. om			
om Irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
-			
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
Na			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
No			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
Γ		(e) Transfer of gift	
	Transferee's name, address, ar	d ZIP + 4	Relationship of transferor to transferee
F			
		[

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SCHEDULE [)
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Department of the Treasury Internal Revenue Service

(Form 990)

 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.



Name of the organization

Employer identification number

	CENTER FOR PLANT C		22-2527116
Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	r Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 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	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Pa		anization answered "Yes" on Form 990 Par	
1	Purpose(s) of conservation easements held by the organizat		
•	Preservation of land for public use (e.g., recreation or of		cally important land area
	Protection of natural habitat		
		Preservation of a certifie	
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	med conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b			
с	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the or	rganization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conser	vation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	n easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)	
9	In Part XIII, describe how the organization reports conservat	-	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
Dec	conservation easements.	Ant Historical Transmuss on Oth	au Oinsilau Assats
Pa	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1 a	If the organization elected, as permitted under SFAS 116 (As		
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (As		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c 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 tre	easures, or other similar assets for financial g	ain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$
LHA 53205	For Paperwork Reduction Act Notice, see the Instruction	is for Form 990.	Schedule D (Form 990) 2015
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		25	

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Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Ot	her Similar Asse	ets(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant use of its	collection	item	S
	(check all that apply):		<u> </u>					
а	Public exhibition	d		hange programs				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co					rt XIII.		
5	During the year, did the organization solicit o					_		7
Des	to be sold to raise funds rather than to be ma					Yes		No
Par	t IV Escrow and Custodial Arran		te if the organizatio	n answered "Yes" o	on Form 990, Part IV	line 9, or		
	reported an amount on Form 990, Pa							
та	Is the organization an agent, trustee, custodi							٦
	on Form 990, Part X?				L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:			A		
	De sinsis e la lan es					Amount		
	Beginning balance							
	Additions during the year							
	Distributions during the year							
f	Ending balance					N _e		
	Did the organization include an amount on Fe				• • • • • • • • • • • • • • • • • • • •	Yes		∣No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it							
1 41		(a) Current year	(b) Prior year	(c) Two years back		(e) Four	Veare	hack
1a	Beginning of year balance	4,364,758.	4,211,546.				-	397.
	Contributions	17,790.	36,389.	, ,	, ,			815.
	Net investment earnings, gains, and losses	-38,528.	283,803.		,		,	584.
	Grants or scholarships			,		•	,	
	Other expenditures for facilities							
e		183,536.	166,980.	159,482	. 152,236		172	680.
£	Administrative expenses	105,550.	100,500.	100,102	. 101,100	•	±,2,	
	End of year balance	4,160,484.	4,364,758.	4,211,546	. 3,539,170	3	255	948.
g 2	Provide the estimated percentage of the curr	· •			. 0,000,110	· · · · ·	200,	510.
	Board designated or quasi-endowment	14.63	%	a)) Helu as.				
	Permanent endowment 50.70	%						
		4.67 %						
C	The percentages on lines 2a, 2b, and 2c sho							
20	Are there endowment funds not in the posse		tion that are hold a	nd administered for	r the organization			
Ja		ssion of the organiza	alion that are new a	ind administered to	i the organization	Ŀ	Yes	No
	by: (i) unrelated organizations						165	X
								X
b	If "Yes" on line 3a(ii), are the related organizations							
4	Describe in Part XIII the intended uses of the					30 _		
	t VI Land, Buildings, and Equipm							
	Complete if the organization answere		. Part IV. line 11a. S	See Form 990. Part	X. line 10.			
	Description of property	(a) Cost or ot	· · · ·		Accumulated	(d) Book	value	<u>e</u>
	and the property	basis (investm			lepreciation	(,		-
	Land							
b	Buildings							
	Leasehold improvements							
d	Equipment							
	Other							
	Add lines 1a through 1e. (Column (d) must e		X, column (B). line 1	/0c.)	►			0.
				,	Schedul	e D (Form	990)	2015

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Sched	ule D (Form 990) 201	5 CENTER	FOR	PLANT	CONSER	VATI	ON,	INC.	22	-2527116	Page 3
Part	VII Investment	ts - Other Securi	ties.								
		e organization answer									
		category (including name o	f security)	(b) Bo	ook value	(c	c) Metho	od of valuati	on: Cost or end	d-of-year market	value
(1) Fin	ancial derivatives										
	osely-held equity inter	rests				_					
(3) Ot		DONDO			15 704				MADUD	573 T TTT	
(A)	ENDOWMENT				45,794	• EI			MARKET		
(B)		CORE FUND			592,577 272,628				MARKET		
(C)		INVESTORS,			123,720 123,730				MARKET		
(D)	HOI CREEK	INVESTORS,	шг	-	±23,730	•	ND-C			VALUE	
(E) (F)										<u> </u>	
(G)											
(C) (H)											
	Col. (b) must equal Forr	m 990, Part X, col. (B) lin	e 12.) 🕨	1,3	334,729	•					
		ts - Program Rel									
	Complete if the	e organization answer	ed "Yes"	on Form 99	90, Part IV, lin	e 11c. S	ee Forr	n 990, Part)	(, line 13.		
		on of investment			ook value	(c) Meth	od of valuati	on: Cost or end	d-of-year market	value
(1)											
(2)											
(3)								\mathbf{X}			
(4)											
(5)						•	\mathbf{X}				
(6)											
(7)											
(8)											
(9)	Col. (b) must squal Form	m 000 Dart V. aal. (D) lin	. 12 \								
Part		n 990, Part X, col. (B) lin	e 13.) 🗩								
1 art		e organization answer	ed "Yes"	on Form 90	0 Part IV lin	e 11d S	See Forr	n 990 Part)	(line 15		
		c organization answer		Description				11 000, 1 art /	(, iii le 10.	(b) Book v	alue
(1)			,)						
(2)											
(3)											
(4)											
(5)				—							
(6)			$\mathbf{\nabla}$								
(7)			Ť								
(8)											
(9)											
		ial Form 990, Part X, c	ol. (B) lin	e 15.)			<u></u>		►		
Part		Y Y									
		e organization answer		on Form 99	90, Part IV, lin				, Part X, line 25	j	
<u>1.</u>		a) Description of liabil	ity			(b) Boo	ok value				
(1)	Federal income taxe	es REDIT				1	60,7	55			
(2)	DINE OF C						00,7	<u> </u>			
(3)								_			
(4)											
(6)											
(7)											
(8)											
(9)											
` <i>`</i> /	(Column (b) must eau	ual Form 990, Part X, c	ol. (B) lin	e 25.)	>	1	60,7	55.			
		x positions. In Part XII	()	,					ial statements	that reports the	
		or uncertain tax positic									XIII X

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_	edule D (Form 990) 2015 CENTER FOR PLANT CONSERVATION			252/116 Page	4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements	With Revenue per	Retur	า.	
	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	506,238	8.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments2a	-127,431	•		
b	Donated services and use of facilities 2t	b			
с	Recoveries of prior year grants 20	;			
d	Other (Describe in Part XIII.) 20	1 k			
е	Add lines 2a through 2d		2e	-127,431	
3	Subtract line 2e from line 1		3	633,669	•
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	a	_		
b	Other (Describe in Part XIII.) 4t				
С	Add lines 4a and 4b			0	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	633,669	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements			irn.	-
Pa	Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	With Expenses pe			
Ра 1	Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	With Expenses pe		irn. 736,055	
	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	With Expenses pe	er Retu		
1	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	With Expenses pe	er Retu		
1 2	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	With Expenses pe	er Retu		
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c	With Expenses pe	er Retu		
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2c	With Expenses pe	er Retu	736,055	
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2c Add lines 2a through 2d 2d	With Expenses pe		736,055	
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2c Add lines 2a through 2d Subtract line 2e from line 1	With Expenses pe		736,055	
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	With Expenses pe		736,055	
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2c Add lines 2a through 2d 3ubtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a	With Expenses pe		736,055	
1 2 6 6 8 4	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2c Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Other (Describe in Part XIII.) 4a	With Expenses pe		736,055 0 736,055	
1 2 a b c d e 3 4 a	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2c Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b 4a Add lines 4a and 4b 4b	With Expenses pe	2e 3	736,055 0 736,055 0).).
1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2c Add lines 2a through 2d 2d Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Other (Describe in Part XIII.) 4a Add lines 2a through 2d 4a Subtract line 2e from line 1 4a Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Other (Describe in Part XIII.) 4a	With Expenses pe	2e 3	736,055 0 736,055).).

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.

532054 09-21-15 0 E 0 E 4 4 4

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organization	d Individua	ls in the Ŭn i ' on Form 990, Pa	ited States		OMB No. 1545-0047 2015 Open to Public
Department of the Treasury Internal Revenue Service		Information	ion about Schedule I	•		at www.irs.gov/form99	о.	Inspection
Name of the organization				· · ·				Employer identification number
			ONSERVATION	, INC.			\mathbf{O}	22-2527116
	formation on Grants a							
	ation maintain records t						sistance, and the selec	
	ward the grants or assis							X Yes No
	V the organization's pro					opization anoward "	(aall on Form 000, Dar	IV line 21 for any
	at received more than \$	-				anization answered	res on Form 990, Pan	TV, III e 21, IOF any
	dress of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
	ernment	(2) 2	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
AMY B. GREENWELL 1 GARDEN - 82-6188 1 CAPTAIN COOK, HI 9	MAMALAHOA HWY -	99-0161980	501(C)(3)	3,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
ATLANTA BOTANICAL 1345 PIEDMONT AVE ATLANTA, GA 30309		58-1313284	501(C)(3)	500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
BOK TOWER GARDENS 1151 TOWER BOULEV LAKE WALES, FL 33		23-1352009	501(C)(3)	10,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
BROOKLYN BOTANIC (1000 WASHINGTON A BROOKLYN, NY 1122	VENUE	11-2417338	501(C)(3)	2,500.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
CHICAGO BOTANIC G 1000 LAKE COOK RO GLENCOE, IL 60022	AD	36-2225482	501(C)(3)	2,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
DENVER BOTANIC GAN 909 YORK STREET DENVER, CO 80206-:	\circ	84-0440359	501(C)(3)	5,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
	er of section 501(c)(3) a er of other organization: Reduction Act Notice	s listed in the line	1 table	e line 1 table				Schedule I (Form 990) (2015)

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

22-2527116 Page 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 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)	5,000.	0.		<u> </u>	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
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
LYON ARBORETUM ASSOCIATION 2438 FERDINAND AVENUE 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
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)

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

22-2527116 Page 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 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.	C	\mathbf{S}	PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
NORTH CAROLINA BOTANICAL GARDEN P.O. BOX 3375 CHAPEL HILL, NC 27599-3375	56-6001393	501(C)(3)	8,000.	0.	V.G		PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
PORTLAND STATE UNIVERSITY FOUNDATION - 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 SATA 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
THE ARNOLD ARBORETUM OF HARVARD UNIVERSITY - 125 ARBORWAY - JAMAICA PLAIN, MA 02130-3500	04-2103580	501(C)(3)	6,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
THE MERCER SOCIETY 22306 ALDINE WESTFIELD ROAD HUMBLE, TX 77338	76-0655270	501(C)(3)	4,000.	0.			PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS

Schedule I (Form 990)

Schedule I (Form 990) CENTER FOR PLANT CONSERVATION, INC.

22-2527116 Page 1

Part II Continuation of Grants and Other		overnments and Orga		nited States (Sch	edule I (Form 990). Pa		12-2527110 Pag
(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 MISSOURI BOTANICAL GARDEN 4344 SHAW BOULEVARD ST. LOUIS, MO 63110-2226	43-0666759	501(C)(3)	12,500.	0.		<u> </u>	PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS
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.	9 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
			2				
		C ·					
_	P						
2							

Schedule I (Form 990)

Part III

				\mathbf{A}	*
			2		
		(S.		
		5			
Part IV Supplemental Information. Provide the information requ	uired in Part I, Iir	ne 2, Part III, column	(b), and any other a	dditional information.	
PART I, LINE 2:		2			
MONITORING THE USE OF GRANT FUNDS	IN THE U	.s.: INSTI	TUTIONS IN	VOICE CPC	
WITH SUPPORTING DOCUMENTATION FOR	THEIR EX	PENSES FOR	THE RELAT	ED ACTIVITY.	

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

(e) Method of valuation (book, FMV, appraisal, other)

(b) Number of

recipients

532102 10-28-15

(f) Description of non-cash assistance

Page 2

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00)47	
(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2015				
	Compensated Employees			LU	IU	,	
Dena	Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				o Publ	lic	
	Department of the Treasury nternal Revenue Service ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.				Inspection		
Nan	ne of the organizatio		Employer i			mber	
		CENTER FOR PLANT CONSERVATION, INC.	22-2	52711	6		
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or o	harter travel Housing allowance or residence for perso	nal use				
	Travel for com	panions Payments for business use of personal re	sidence				
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s				
	Discretionary	spending account Personal services (e.g., maid, chauffeur, c	hef)	Ť			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	Did the organizatio	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,)				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked in line 1a?		2			
3		ny, of the following the filing organization used to establish the compensation of the organization					
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat	ion to				
	establish compens	ation of the CEO/Executive Director, but explain in Part III.					
	Compensation	n committee X Written employment contract					
		compensation consultant Compensation survey or study					
	Form 990 of o	ther organizations X Approval by the board or compensation of	ommittee				
		\sim					
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re			4a	x		
а							
b		ceive payment from, a supplemental nonqualified retirement plan?				X	
c Participate in, or receive payment from, an equity-based compensation arrangement?						X	
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	0						
-		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
~	contingent on the r			50		x	
		ation?				X	
b		ation? r 5b, describe in Part III.		50			
A		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	าท				
0	contingent on the r						
2	•			6a		x	
h	Any related organiz	ation?		6b		X	
~		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payment	S				
·		nes 5 and 6? If "Yes," describe in Part III		7		x	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t					
-	•	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9		d the organization also follow the rebuttable presumption procedure described in					
-		1 53.4958-6(c)?		9			
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990) 2015	
	-			•			

532111 10-14-15

22-2527116

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation		Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) DR. JOHN R. CLARK	(i)	77,659.	0.	0.	0.	8,567.	86,226.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KATHRYN KENNEDY	(i)	53,296.	0.	0.	0.	0.	53,296.	
FORMER PRESIDENT & ED	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(iii) (i)							
X	(i) (ii)							
	(ii)							
	(i) (ii)							
	1(0)							

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.

PART I, LINE 4A:
KATHRYN KENNEDY - \$53,296
JOHN R. CLARK
FOR THE ENTIRE TAX PERIOD, JOHN R. CLARK RECEIVED \$86,226 IN
COMPENSATION FROM UNRELATED ORGANIZATIONS AS FOLLOWS:
FOR THE MONTHS OF JANUARY TO OCTOBER OF THE TAX PERIOD, THE CENTER FOR
PLANT CONSERVATION ("CPC"), HAD A COOPERATIVE AGREEMENT WITH THE
MISSOURI BOTANICAL GARDEN ("GARDEN") IN REGARDS TO PAYROLL
ADMINISTRATION. THE GARDEN ADMINISTERED THE PAYROLL FOR JOHN R. CLARK
AS CEO AND CPC REIMBURSED THE GARDEN FOR SUCH COSTS. THE AMOUNT TO
REPORT ON FORM 990, PART VII AND SCHEDULE J IS \$86,226.
BEGINNING OCTOBER 31, 2015, CPC TERMINATED THE AGREEMENT WITH THE
GARDEN AND ENTERED A NEW COOPERATIVE AGREEMENT WITH THE SAN DIEGO ZOO
("SDZG"). UNDER THIS AGREEMENT, JOHN R. CLARK IS TO SERVE IN A JOINT
POSITION AS PRESIDENT AND EXECUTIVE DIRECTOR OF CPC AND DIRECTOR OF

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.

PLANT CONSERVATION FOR SDZG AND SHALL DEVOTE EQUAL TIME TO EACH OF SUCH						
ROLES. SDZG SHALL BE RESPONSIBLE FOR THE SALARY, BENEFITS AND RELATED						
COSTS OF EMPLOYING JOHN R. CLARK, AND CPC SHALL NOT BE RESPONSIBLE FOR						
REIMBURSING SDZG FOR SUCH SALARY, BENEFITS OR COSTS. THEREFORE, NO						
AMOUNTS PAID TO JOHN R. CLARK FROM SDZG ARE INCLUDED IN THE OFFICER						
COMPENSATION AMOUNT.						
KATHRYN KENNEDY						
FOR 2015, KATHRYN KENNEDY RECEIVED \$53,296 IN SEVERANCE PAY FROM THE						
MISSOURI BONTANICAL GARDEN AS A RESULT OF HER TIME AS FORMER PRESIDENT						
AND EXECUTIVE DIRECTOR OF CPC.						

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Complete to p Form 99	tal Information provide information for 0 or 990-EZ or to provi Attach to Form	responses to specifi de any additional info n 990 or 990-EZ.	c questions on ormation.		OMB No. 1545-0047 2015 Open to Public
Internal Revenue Service Name of the organization	Information about Schee	dule O (Form 990 or 990-E	Z) and its instructions is	s at www.irs.gov/		Inspection dentification number
	CENTER FOR	PLANT CONSE	RVATION, IN	IC.	22-25	27116
FORM 990, PAR	RT I, LINE 1,	DESCRIPTION	OF ORGANIZA	ATION MIS	SION:	
OUR ROBUST NI	ETWORK OF LEAD	ING BOTANIC	GARDENS ANI	ARBORET	A, OUR	CPC
PARTICIPATIN	G INSTITUTIONS	, WE USE THE	BEST SCIEN	ICE AND P	RACTICE	S TO
AFFECT REAL (CONSERVATION O	UTCOMES. CON	TRIBUTIONS	TO CPC A	RE USED	FOR A
VARIETY OF PH	ROGRAMS INCLUD	ING MAINTAIN	ING THE CPC	C NATIONA	L COLLE	CTION
OF ENDANGEREI	D PLANTS AS WE	LL AS USED T	O SUPPORT C	COORDINAT	ING EFF	ORTS OF
THE CPC NATIO	ONAL OFFICE.)	
				$\overline{\langle \cdot \rangle}$		
	RT VI, SECTION	A LINE 7A:				
	OF THE CORPORA	-		BODY		
THE MEMBERS (JF THE CORFORA	IION ARE IIIE	GOVERNING			
	RT VI, SECTION					
THE MEMBERS (OF THE CORPORA	TION ARE THE	GOVERNING	BODY.		
FORM 990, PAR	RT VI, SECTION	B, LINE 11:				
ONCE THE FORM	M 990 IS COMPL	ETE, WE MAKE	A COPY AND	SEND TO	THE FI	NANCE
COMMITTEE MEN	MBERS.	v				
FORM 990, PA	RT VI. SECTION	B, LINE 120	:			
	ARE GIVEN A N				STGN F	ACH YEAR.
	E FILED AT THE				DIGN	
ORIGINALS ARI	S FILED AI INE	CPC NATIONA	L OFFICE.			
		. 				
FORM 990, PAI	RT VI, SECTION	B, LINE 15:				
ALL CPC STAF	F ARE EMPLOYEE	S OF THE MIS	SOURI BOTAN	NICAL GAR	DEN THR	OUGH AN
OPERATING AGE	REEMENT. THERE	IS A WRITTE	N ANNUAL RE	EVIEW PRO	CESS AN	D ANALYSIS
	E SALARY SURVE					S HUMAN 990 or 990-EZ) (2015
532211 09-02-15			38	00110		
131130 795268	04231T	2015.05000	CENTER FOR	PLANT CO	ONSERVA	FI 04231T1

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization CENTER FOR PLANT CONSERVATION, INC.	Employer identification number 22-2527116
RESOURCES DEPARTMENT. SALARY INCREASES ARE RECOMMENDED IN	WRITING AND
REVIEWED BY THE GARDEN'S DEPARTMENT OF HUMAN RESOURCES AS	WELL AS THE
CHAIRMAN OF THE CPC BOARD OF TRUSTEES.	
FORM 990, PART VI, SECTION C, LINE 19:	1
THE DOCUMENTS ARE AVAILABLE UPON REQUEST.	0
	$\mathbf{O}^{\mathbf{X}}$
FORM 990, PART VI, SECTION B, LINE 13	
AN EMPLOYEE ETHICS AND HOTLINE POLICY HAS BEEN ESTABLISHED	D IN ORDER FOR
EMPLOYEES TO REPORT ACTIVITIES THAT MAY BE UNLAWFUL, MAY	LEAD TO
INCORRECT FINANCIAL REPORTING, DO NOT COMPLY WITH THE ORG	ANIZATION'S
POLICIES, OR COULD OTHERWISE BE CONSIDERED SERIOUS IMPROP	ER CONDUCT.
AN INDEPENDENT THIRD PARTY IS USED TO RECEIVE EMPLOYEE AL	LEGATIONS,
PROVIDE INVESTIGATIONS, AND SUBMIT RECOMENDATIONS ABOUT T	HE APPROPRIATE
CORRECTIVE ACTIONS. REPORTS OF ALLEGED VIOLATIONS ARE KE	РТ
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 THE MISSOURI BOTANICAL

GARDEN ("GARDEN") FOR PAYROLL ADMINSTRATION. UNDER THE AGREEMENT, THE

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization CENTER FOR PLANT CONSERVATION, INC.	Employer identification number 22-2527116
GARDEN ESTABLISHED A DEPARTMENT THAT CARRIES OUT THE PROG	RAMMATIC
MISSION FOR CPC. THE GARDEN WILL ADMINISTER THE PAYROLL F	OR THE
DEPARTMENT AND CPC SHALL REIMBURSE THE GARDEN FOR SUCH SA	LARY, BENEFITS
AND OTHER COSTS ASSOCIATED WITH THE PAYROLL ADMINISTRATIC	N. THE GARDEN
IS ALSO RESPONSIBLE FOR ALL PAYROLL TAX FILINGS, INCLUDED	FORMS W-2 FOR
THE STAFF.	
532212 09-02-15 Scher 40	dule O (Form 990 or 990-EZ) (2015)

• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

_	Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).					
	· · · · · · · · · · · · · · · · · · ·				ng number, see ins	tructions
Type print	or Name of exempt organization or other filer, see inst	tructions.		Employer	r identification num	oer (EIN) or
•	File by the CENTER FOR PLANT CONSERVATION, INC.				22-252711	L6
due da filing yo return.			tions.	Social se	curity number (SSN	1)
instruc	ions. City, town or post office, state, and ZIP code. For a ESCONDIDO, CA 92027-7000	a foreign add	lress, see instructions.			
Enter	the Return code for the return that this application is for (file a separa	te application for each return)			01
Appli	cation	Return	Application			Return
Is Fo		Code	Is For			Code
-	990 or Form 990-EZ	01				0000
-	990-BL	02	Form 1041-A			08
	4720 (individual)	03	Form 4720 (other than individual)			09
-	990-PF	04	Form 5227			10
-	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	990-T (trust other than above)	06	Form 8870			12
	P. Do not complete Part II if you were not already grant			viously file	ed Form 8868.	
• If t	 For calendar year 2015, or other tax year beginning, and ending, and ending If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period 					
8a	If this application is for Forms 990-BL, 990-PF, 990-T, 472 nonrefundable credits. See instructions.	20, or 6069,	enter the tentative tax, less any	8a	\$	0.
b	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 and any amount paid					0.
С	Balance due. Subtract line 8b from line 8a. Include your	payment wit	h this form, if required, by using			
	EFTPS (Electronic Federal Tax Payment System). See ins		-	8c	\$	0.
	Signature and Verific	ation mus	st be completed for Part II o	only.		
Under it is tri	penalties of perjury, I declare that I have examined this form, incl ie, correct, and complete, and that I am authorized to prepare this	uding accomp s form.	panying schedules and statements, and to	o the best o	f my knowledge and b	elief,
Signat	ure 🕨 Title 🕨	AUTHO	RIZED SIGNER	Date		
					Form 8868 (R	ev. 1-2014)

523842 04-01-15 Page 2

TAX RETURN FILING INSTRUCTIONS

MASSACHUSETTS FORM PC

FOR THE YEAR ENDING

DECEMBER 31, 2015

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 due or refund	BALANCE DUE OF \$250.00
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) 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 THE 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.

Office Use Only:	Fiscal Year
------------------	-------------

		OF MASSACHUSET	TS	
NON-PROFIT ORGANI ONE	ZATIONS ASHBUI	TORNEY GENERAL 5/PUBLIC CHARITIES DIV RTON PLACE CHUSETTS 02108	(617) 727-2200, ext. 21	
803101	I, IVIA33A	CHU3E113 02106	www.mass.gov/ago/char	rities
	For	m PC	Check all items at	tached
Report for the Fiscal Period: $01/01/15$ to $12/3$	1/15		(if applicable)	lacheu
Attorney General's Account #: 018621			Filing Fee or Electronic Pa Confirmation	yment #
Federal ID #: <u>22-2527116</u>			Copy of IRS F	Return
Electronic Payment Confirmation #:			Audited Finar Statements/F	Review
When did the organization first engage in			Amended Art By-Laws	icles/
charitable work in Massachusetts?		04/04/1984	Schedule A-1	
Has the organization applied for or been granted IRS tax exempt status?		X Yes No	Schedule A-2 Schedule RO	
If yes, date of application OR date of determination lette	r.	04/04/1984		
IRS Exemption under 501(c):		3		
If exempt under 501(c), are contributions to the organiza tax deductible as charitable contributions?	ition	Yes X No		
Organization Data	()			
Name: CENTER FOR PLANT CONSERVATI	ON, IN	с.		
Mailing Address: 15600 SAN PASQUAL VALL)			
City: ESCONDIDO	S	State: CA	ZIP: <u>92027-7000</u>	
Phone Number: 760-796-5686		Fax Number:		
Email:		Website: WWW.SAVEPL	ANTS.ORG	
In the table below, please enter the appropriate codes from the	e correspon	ding tables found in the instruction	ons.	
Enter up to 2 codes from Table 3 for your organization's main		-		
Category	Code	Cat	egory	Code
County (Table 1)	13	Organization Purpose Code 1		28
Type of Organization (Table 2)	3	Organization Purpose Code 2		8
Please check box if final return prior to dissolution:				
		Office Us	e Only: Payment Received	
Form PC Rev. 11/2015 ⁵⁷⁸⁰⁰¹ 01-27-16	Page	1 of 14		
131130 795268 04231T 2015	5.05000	2) CENTER FOR PLAN	IT CONSERVATI 042	31т1

CENTER FOR PLANT CONSERVATION, INC. 22-2527116

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	X	Testamentary Trust	
	Unincorporated Association		Inter Vivos Trust	
	Other (please describe):			0
	Nas your organization related to any other organization(s) during the complete the Schedule RO on pages 13 and 14.	repoi	ting year (see definition of "Related Organ	ization")? <i>If yes, please</i> Yes No
5. E	Enter your summary of financial data:			
	Financial Data			Amounts
А.	Contributions, gifts, grants, and similar amounts received			326,828.
В.	Gross support and revenue			633,669.
C.	Program services and similar amounts paid out		5	371,724.
D.	Fundraising expenses		S ⁻	82,135.
E.	Management and general expenses		,	282,196.
F.	Payments to affiliates			0.
G.	Total expenses			736,055.
Н.	Net assets or fund balances at the end of the year			4,407,910.

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
	JOHN R. CLARK				
1.	PRESIDENT & CEO	70.00	77,659.	8,567.	0.
	KATHRYN KENNEDY				
2.	FORMER PREDIENT & E.D.	0.00	53,296.	Ο.	0.
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).

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CENTER FOR PLANT CONSERVATION, INC.

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	
			AUDIT & FINANCIAL
1.	MAYER HOFFMAN MCCANN, PC	14,950.	SERVICES
2.			
3.			
			1
4.			
5.			

22-2527116

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

Bank	Address		Phone Number
	8000 FORSYTH BOULEV	/ARD, CLAYTON,	
	MO 63105		800-453-2265
	212 SOUTH CENTRAL,	CLAYTON, ME	
HEARTLAND BANK	63105		314-512-8500
10. What is the organization's accounting method?	Cash X Accrual		
	Other (specify):		
11. If organization's mailing address is a P.O. Box, list	t the organization's full street address	::	
Address:			
City:	5	_ State: ZI	P Code:
12. Contact Person Name: DANIEL SILLS			
Street Address: 1101 LUCAS AVENU	E, SUITE 202		
City: ST. LOUIS		State: MO ZI	P Code: 63101
Phone Number: 314-499-8249			
2 ³ V			

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13.	solicited on its behalf?	X 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? 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 provided of th	X Yes	No No
	the solicitation certificate requirement.		

INC.

22-2527116

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.

FOR PLANT CONSERVATION,

a	religious organization]
a	n organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from	1	
m	nore than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpai	id	
v	olunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.)]

- 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

CENTER

- 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?

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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.

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X Yes

No

FORM PC	OFFICERS, DI	RECTORS,	TRUSTEES	AND EXE	CUTIVES	STATEMENT	1
NAME AND ADDRE	SS			TITLE			
DR. JOHN R. CL 15600 SAN PASQ ESCONDIDO, CA	UAL VALLEY RD.			PRESI	DENT & CEO		
KATHRYN KENNED 15600 SAN PASQ ESCONDIDO, CA	UAL VALLEY RD.			FORME	R PRESIDEN	F & ED	
DR. PETER H. R. 15600 SAN PASQ ESCONDIDO, CA	UAL VALLEY RD.			CHAIR	CO	×	
ANDREW S. LOVE 15600 SAN PASQ ESCONDIDO, CA	UAL VALLEY RD.			VICE	CHAIR		
DANA DIRICKSON 15600 SAN PASQ ESCONDIDO, CA	UAL VALLEY RD.		C	VICE	CHAIR		
JOHN MCPHEETER 15600 SAN PASQ ESCONDIDO, CA	UAL VALLEY RD.		, O	T REAS	URER		
ARABELLA DANE 15600 SAN PASQ ESCONDIDO, CA		5	5	SECRE	TARY		
SHARON BLACKBU 15600 SAN PASQ ESCONDIDO, CA	UAL VALLEY RD.	2		TRUST	EE		
JOSEPHINE BUSH 15600 SAN PASQ ESCONDIDO, CA	UAL VALLEY RD.			TRUST	EE		
SPENCER CREWS 15600 SAN PASQ ESCONDIDO, CA	UAL VALLEY RD.			TRUST	EE		
SUZANNE LOOMIS 15600 SAN PASQ ESCONDIDO, CA	UAL VALLEY RD.			TRUST	EE		
ERICA LEISENRI 15600 SAN PASQ ESCONDIDO, CA	UAL VALLEY RD.			TRUST	EE		

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

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

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

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

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

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

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

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

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

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

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

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

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TRUSTEE

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TRUSTEE

TRUSTEE

		CENTER FOR PLANT CONSERVATION, INC.	22-2527116		
20.		this organization or any of its officers, directors, or employees: s, <i>please attach an explanation</i> .			
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?		Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?		Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?		Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with any governmen agency or in a case before a court or administrative agency?	t	Yes	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, <i>please attach an explanation</i> .	8	Yes	X No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.		Yes	X No
23.	Part	question involves "Termination of Employment or Changes of Control Compensatory Arrange ies" (see instructions and definition sections). Report only if payments made or promised to ar ur months salary or \$100,000, whichever dollar amount is less.		ted	
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to an in Related Party definition, sections (a) or (b), which payments are not reported in Question 6		Yes	X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections such an agreement?	s (a) or (b), containing	Yes	X No
		u answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the unt of any payments made or value transferred, and describing the terms of each agreement.	individual(s) involved, stat	ing the	



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CENTER FOR PLANT CONSERVATION, INC.

22-2527116

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:		
А.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a		V
	related party?	Yes	X No
В.	Has your organization leased assets to or leased assets from a related party?	Yes	X No
<u> </u>			
C.	Has your organization been indebted to a related party?	Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	L Yes	X No
E.	Has your organization made or held an investment in a related party?	Yes	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation		X No
	or other value in return?	L Yes	
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	🗌 Yes	X No
١.	Has your organization transferred income or assets to or for use by a related party?	Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material		X No
	financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Ves	L▲ NO
К.	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?	Yes	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person		
	or organization?	Yes	X No
М.	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?	X Yes	
	STATEMENT 2		

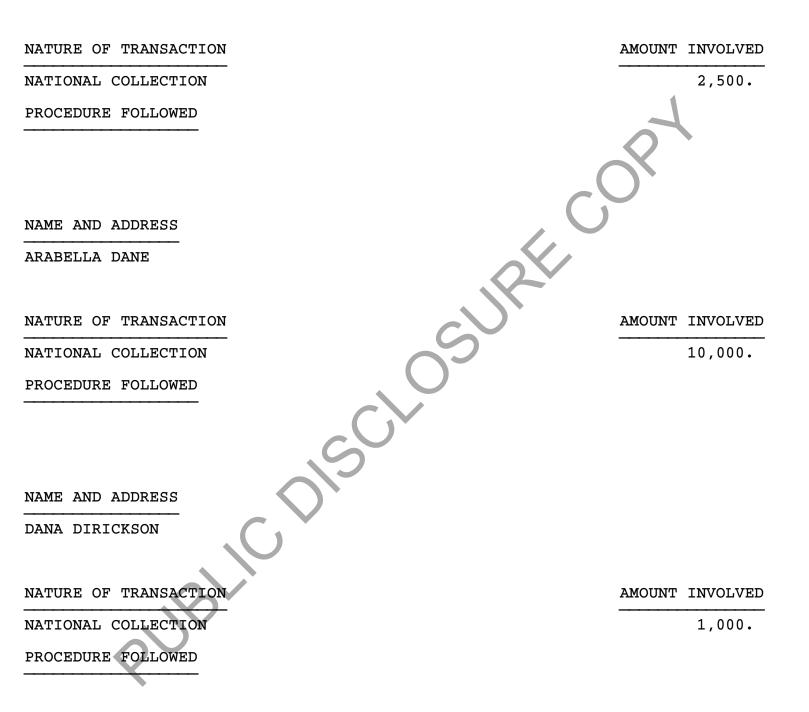
STATEMENT 2

2,

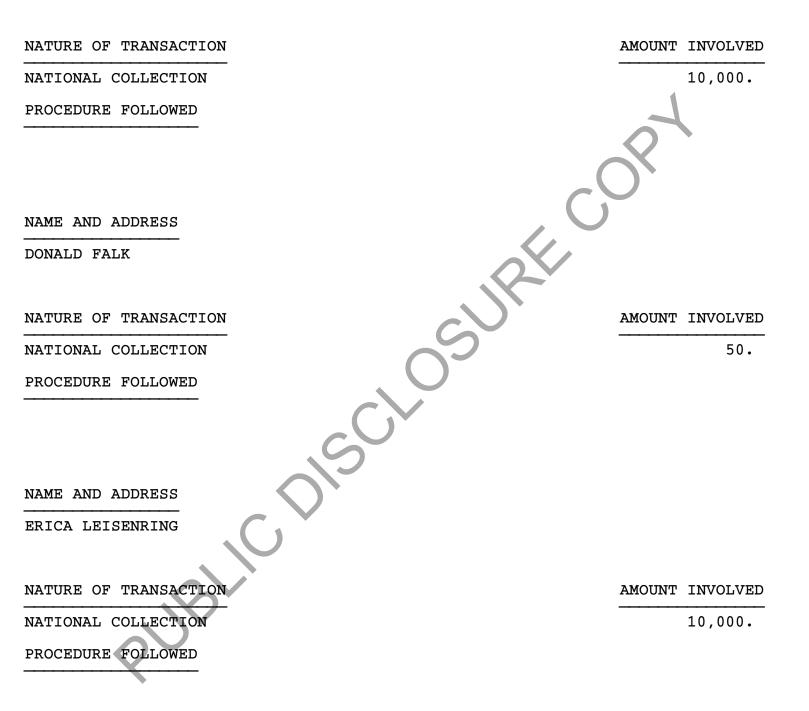
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FORM PC	PAGE	6,	LINE	24		STA	FEMENT	2
NAME AND ADDRESS								
SHARON BLACKBURN								
NATURE OF TRANSACTION						AMOUNT	INVOLV	ED
NATIONAL COLLECTION						~	10,000	•
PROCEDURE FOLLOWED					G	5		
NAME AND ADDRESS				C				
JONATHAN BUSH				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
NATURE OF TRANSACTION			C	2		AMOUNT	INVOLV	ED
NATIONAL COLLECTION							1,000	•
PROCEDURE FOLLOWED	015							
NAME AND ADDRESS	•							
JOSEPHINE BUSH								
NATURE OF TRANSACTION						AMOUNT	INVOLV	ED
NATIONAL COLLECTION							10,000	•
PROCEDURE FOLLOWED								

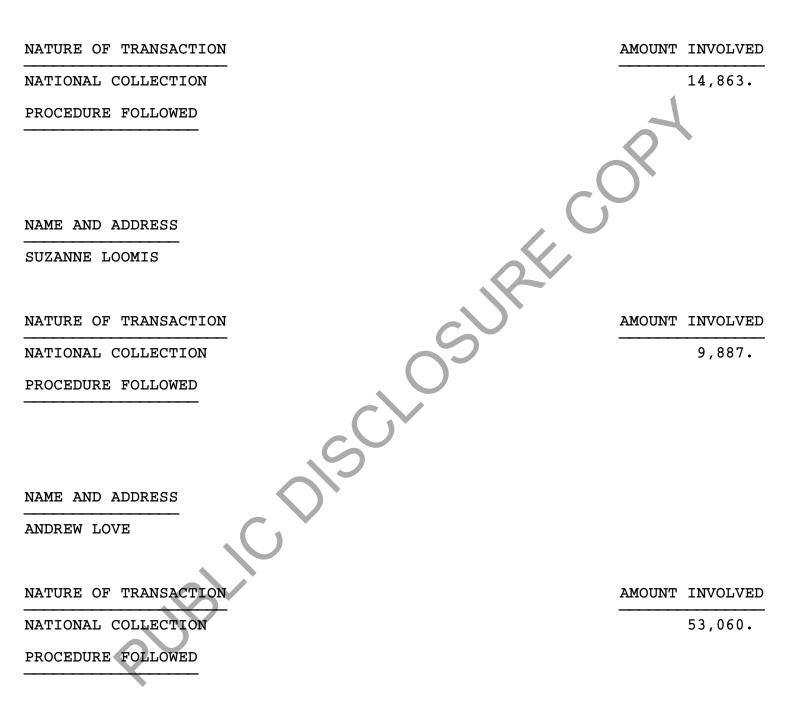
SPENCER CREWS



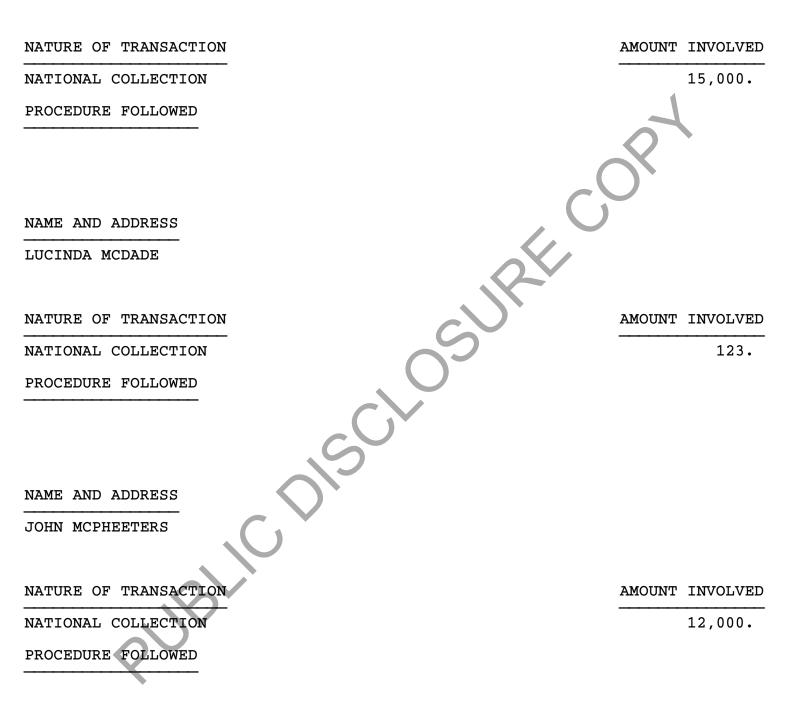
NANCY DOYLE



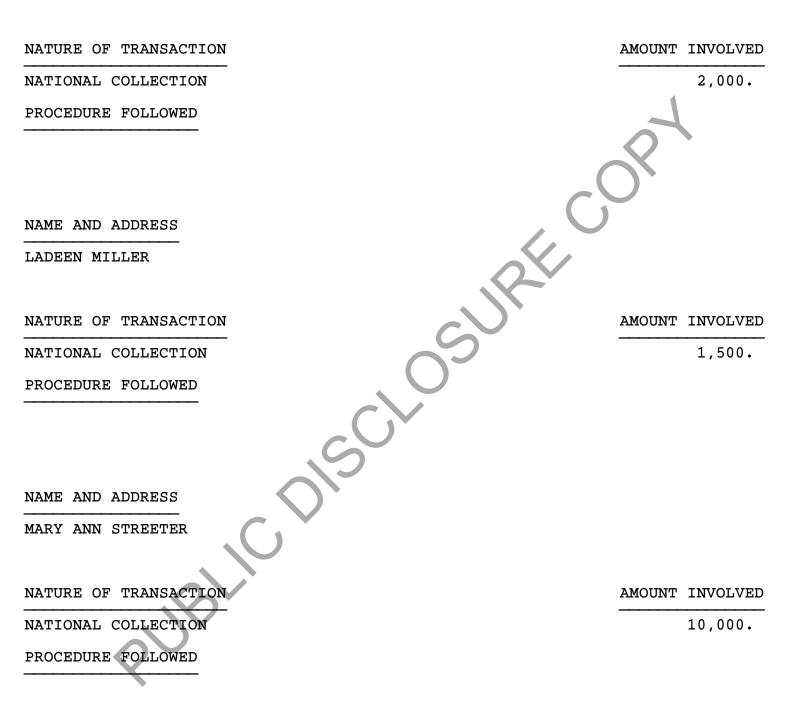
JULIA BISSELL LEISENRING



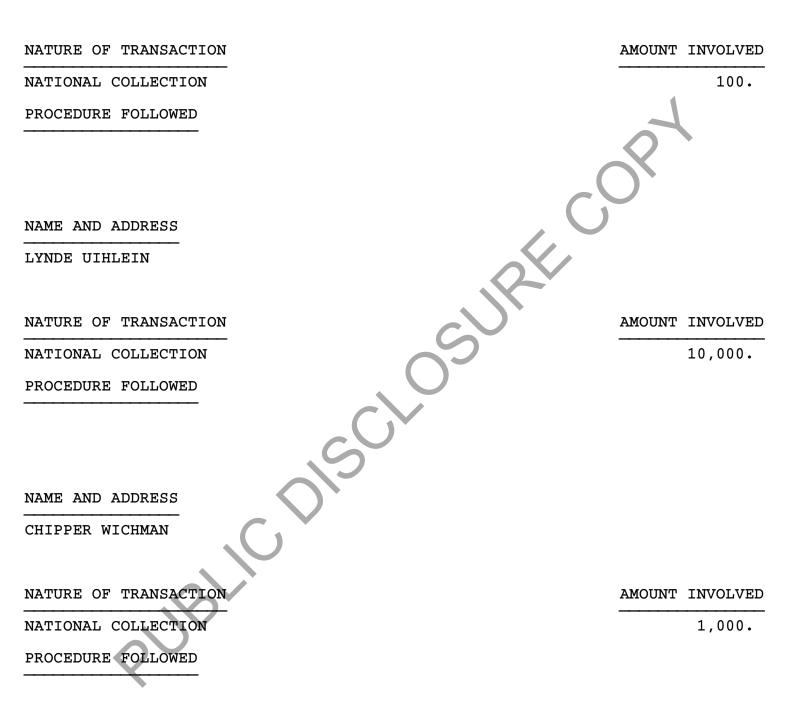
JANINE LUKE



BARBARA MILLEN



WILLIAM TRUSLOW



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: AUTHORIZED SIGNER
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
PUBLIC

CENTER FOR PLANT CONSERVATION, INC.

Schedule A-1

22-2527116

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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	Via the Internet
Door-to-door	Raffle, beano, bingo or gaming event
Entertainment event	Sale of goods other than by telephone
Telemarketing without sale of goods or ads	Individual Mailings
Telemarketing with sale of goods	Corporate solicitations
Telemarketing with sale of ads	Grant Proposals
Other (specify):	
Identify the method or methods you expect to use for the fundraising (chec	
Professional solicitor*	Own employees
Professional fundraising counsel*	Volunteers X
Commercial co-venturer*	
* Provide applicable names and addresses: Professional Solicitor Name:	0
Address	
City	State ZIP Code
Professional Fundraising Counsel Name:	
Address	
City	State ZIP Code
Commercial Co-Venturer Name:	
Address	
City	State ZIP Code

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22-2527116 CENTER FOR PLANT CONSERVATION, INC.

Schedule A-1 ctd.

Solicitation Activities During Fiscal Year Covered By This Report

Name and Title:		
Address SEE ATTACHED LIST		
City	State	ZIP Code
Name and Title:		1
Address		
City	State	ZIP Code
Name and Title:		,0
Address		
City	State	ZIP Code
, the individuals who will have final responsible	ility for the charity's distribution of contributions	
		•
BOARD OF TRUSTE	ES	
BOARD OF TRUSTE	ES	
BOARD OF TRUSTE		
BOARD OF TRUSTE lame and Title:	State	
	State	ZIP Code
BOARD OF TRUSTE	State	ZIP Code
BOARD OF TRUSTE	State	ZIP Code
BOARD OF TRUSTE Vame and Title: Address SEE ATTACHED LIST Dity Vame and Title:	State	ZIP Code

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CENTER FOR PLANT CONSERVATION, INC.

22-2527116

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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	Via the Internet
Door-to-door	Raffle, beano, bingo or gaming event
Entertainment event	Sale of goods other than by telephone
Telemarketing without sale of goods or ads	Individual Mailings
Telemarketing with sale of goods	Corporate solicitations
Telemarketing with sale of ads	Grant Proposals
Other (specify):	
Identify the method or methods you expect to use for the fundraising (check	
Professional solicitor*	Own employees
Professional fundraising counsel*	Volunteers X
Commercial co-venturer*	
* Provide applicable names and addresses: Professional Solicitor Name:	5
Address	
City	State ZIP Code
Professional Fundraising Counsel Name:	
Address	
City	State ZIP Code
Commercial Co-Venturer Name:	
Address	
City	State ZIP Code

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2015.05000 CENTER FOR PLANT CONSERVATI 04231T1

22-2527116 CENTER FOR PLANT CONSERVATION, INC.

Schedule A-2 ctd.

Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

entify the individuals who will have final responsibility TREASURER & BOAR		
Name and Title:		
Address SEE ATTACHED LIST		
City	State	ZIP Code
Name and Title:		1
Address		
City	State	ZIP Code
Name and Title:		,0
Address		\mathbf{V}
City	State	ZIP Code
entify the individuals who will have final responsibility BOARD OF TRUSTEE;	s	
Name and Title:	. 0	
City	State	ZIP Code
Name and Title:	S	
Address		
City	State	ZIP Code
Name and Title:		
Address		
City	State	ZIP Code

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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: AUTHORIZED SIGNER	
Signature:	Date:
Printed Name:	
Title:	
	05
G	
$\mathbf{Q}^{\mathbf{v}}$	
$\overline{\mathbf{v}}$	

Form PC 578012 01-27-16

Rev. 11/2015

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)
				-1

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 (·) liabilities	D. Total net assets (A+B+C)

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

Name:	C.V	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)
	<u> </u>			

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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:	
			\sim	
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?

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