** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For th	ne 2020 calendar year, or tax year beginning and en	nding		
В	Check i applical	f C Name of organization		D Employer identifi	cation number
	Addr	ge CENTER FOR PLANT CONSERVATION INC.			
	Nam chan	ge Doing business as		22-25271	16
	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	om/suite	E Telephone numbe	
	Final retur	1 13000 BAN PADQUAD VALUET RD		(760)796	
	termi ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	868,787.
Ļ	retur			H(a) Is this a group re	
L	Appl tion pend			for subordinates	
		SAME AS C ABOVE		H(b) Are all subordinates in	
		tempt status: X 501(c)(3) 501(c) ()			list. See instructions
		ite: WWW · SAVEPLANTS · ORG		H(c) Group exemptio	
	art I	organization, Casal	IL Year o	TTOTMATION: 1904 N	State of legal domicile: MA
_	1	Briefly describe the organization's mission or most significant activities: SAFEGU	TARN :	AND CONSERV	F TMPERTLED
Governance	1	NATIVE PLANTS BY ADVANCING SCIENCE-BASED I	ORACTI	TOES CONNE	CTING AND
nac	2	Check this box if the organization discontinued its operations or disposed			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		l l	22
රි	4	Number of independent voting members of the governing body (Part VI, line 1b)			21
Activities &	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0
itie	6	Total number of volunteers (estimate if necessary)			21
Ġ	1 -	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	1	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		686,567.	523,908.
aua	9	Program service revenue (Part VIII, line 2g)		80,951.	84,881.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		245,118.	203,849.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-202.	-93.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,012,434.	812,545.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		222,500.	150,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		361,978.	321,976.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 47,604		0.	0.
쏪	b		_	363,058.	297,841.
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		947,536.	770,317.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		64,898.	42,228.
<u>_ g</u>	19	Revenue less expenses. Subtract line 18 from line 12		inning of Current Year	
ets or	20	Total agests (Part V. line 16)	Deg	9,127,475.	End of Year 9,136,790.
Net Assets Fund Baland	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)	·····	3,152,511.	3,003,888.
Net /	22	Net assets or fund balances. Subtract line 21 from line 20		5,974,964.	6,132,902.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules ar	nd statemei	nts, and to the best of my	knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which			
		AVII An Manual		1/8/	2,2021
Sig	n	Signature of officer		Date	7
Hei	re	JOYCE MASCHINSKI, CEO/PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	Da	0,100,1	PTIN
Pai	d	REBECCA CHRISTIANSEN REBECCA CHRISTIAN		0/22/21 self-employe	P01219191
	parer	Firm's name EVERGREEN ALLIANCE PROFESSIONAL C	CORP.	Firm's EIN	86-1400078
Use	Only	Firm's address 4332 CERRITOS AVE, SUITE A105			4 200 0440
_		LOS ALAMITOS, CA 90720		Phone no.71	4-372-8110
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No

Form	1990 (2020) CENTER FOR PLANT CONSERVATION INC. 22-2527116	Page 2
Pai	rt III 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:	
	SAFEGUARD AND CONSERVE IMPERILED NATIVE PLANTS BY ADVANCING	
	SCIENCE-BASED PRACTICES, CONNECTING AND EMPOWERING PLANT	
	CONSERVATIONISTS, AND INSPIRING PEOPLE TO PROTECT BIODIVERSITY FOR	
	FUTURE GENERATIONS.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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	d
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 535,352 • including grants of \$ 150,500 •) (Revenue \$ 70,83	31.)
	PARTNER RESOURCES: ACCESS TO CUTTING EDGE TOOLS, DATA, AND INFORMATION	ON
	THROUGH OUR EXCLUSIVE PI-ONLY WEB PORTAL. THROUGH THE PI PORTAL,	
	MEMBERS CAN DISSEMINATE CONSERVATION KNOWLEDGE ON OUR NATIONAL	
	COLLECTION PLANT PROFILES, WHICH RECEIVE THOUSANDS OF VISITORS EACH	
	YEAR. THE PI PORTAL ALSO PROVIDES A REPOSITORY OF CRITICAL CONSERVAT	ION
	DOCUMENTS INCLUDING THE MOST UP TO DATE CPC CONSERVATION PROTOCOLS.	
	ADDITIONAL CPC DATA ASSETS INCLUDE THE POLLINATORS OF RARE PLANTS	
	DATABASE AND THE RARE PLANT REINTRODUCTION DATABASE, WHICH MEMBERS A	RE
	ENCOURAGED TO CONTRIBUTE TO AND UTILIZE TO EXTEND THE SCIENCE OF	
	CONSERVATION.	
4b	(Code:) (Expenses \$3,590 • including grants of \$) (Revenue \$14,0	<u>50.</u>)
	NATIONAL MEETING: EVERY YEAR, THE CENTER FOR PLANT CONSERVATION	
	CONVENES A MEETING OF ITS PARTICIPATING INSTITUTIONS. THE CONSERVATIONS	ON_
	PROFESSIONALS WORKING AT THE BOTANIC GARDENS AND PLANT CONSERVATION	
	ORGANIZATIONS DEDICATED TO SAVING PLANTS FROM EXTINCTION COME TOGETH	ER
	FOR A THREE-DAY CONFERENCE TO SHARE AND LEARN FROM EACH OTHER THE	
	CUTTING-EDGE SCIENCE AND TECHNOLOGY USED TO SAVE RARE AND ENDANGERED	
	FLORA. THE CONFERENCE CONSISTS OF WORKSHOPS, PRESENTATIONS AND FIELD	
	TRIPS.	
4-		
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses > 538,942.	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			3,7
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
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 donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
h	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	מוו	21	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	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	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			,,
	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	<u> </u>

	n 990 (CENTE					
Pa	rt IV	Ch	ecklist	of Required	Sc	hedule	S (contii	nue	d
00	D:-14				4	NE 000 -			

Pal	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 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 "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
07		20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			X
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3,7
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	L_	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance	•	•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	Ī		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	х	
	(garriening) minimige to prize minimies		990	(0000)

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Edu Form Celebration (1997) and the statements of the form of the statement of th				Yes	No
b If a least one is reported on line 2a, did the organization file all required to e-file (see Instructions) Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions) 3	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Dix Brown the organization have unrelated business gross income of \$1,000 or more during the year? 4b If Yes', his it filed a Form 9907 for this year? If Whi? to file all, your provide an explanation on Schedule O. 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a bank account, securities account, or other financial accountly or the foreign country. 5c If Yes' is lost the the name of the foreign country. 5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5c Was the organization have foreign country. 5c Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization is of the organization the rorm 8804 or any contributions that were not tax deductible? 6c Boses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when or tax deductible? 6c Boses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 6c Boses the organization receive a payment in excess of \$5's made partly as a contribution and partly for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, indicate the number of forms 8882 filed during the year. 6d If Yes, indicate the number of forms 8882 filed during the year. 7c If Wes, indicate the number of forms 8882 filed during the year. 8d Did the organization received an contribution of qualified intellectual property, did the organization file a form 1084-07. 8d Sposoring organizations enabled a contribution of qualified intellectual property, did the organization file a form 1084-07. 8d Sposoring organizations enabled a contribution of a contribution	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
b If Yes, "has it flied a Form 990 T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authorly over, a financial account in a foreign country (secund as a bank account, secundies account, or other financial account)? 5 If 'Yes," inter the name of the foreign country \(\) Yes, "enter the name of the foreign country \(\) Yes, "enter the name of the foreign country \(\) Yes, "interest may be a prohibited tax shelter transaction at any time during the tax year? 5 A Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 B X Dick any taxable party notify the organization file Form 888617 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 B X 5 If 'Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions or 170(c). 6 B Washington that may receive deductible contributions under section 170(c). 8 D If 'Yes," idd the organization notify the done of the value of the goods or services provided? 7 Organizations that may receive deductible contributions under section 170(c). 8 D If 'Yes," idd the organization notify the done of the value of the goods or services provided? 7 Tyes," idd the organization receive a payment in excess of \$15 made party as a committed and party for goods and services provided to the payer? 7 Tyes," idd the organization received a contribution of underly, to pay premiums on a personal benefit contract? 7 Tyes," idd the organization received a contribution of payment and the year of the year of the organization file and the year of the organization file and the year of the organization has been admittable in the year of the year organization file and ye		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country P	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
the interval of the contributions are part of the foreign country (such as a bank account, securities account, or other financial account)? b if 1'Yes, 'retret the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction? 5c I 'Yes' to line 5a or 5b, did the organization file Form 8888-17? 6a Does the organization shall that it was or is a party to a prohibited tax shefter transaction? 6b I 'Yes' to line 5a or 5b, did the organization file Form 8888-17? 7c Organization shall may receive deductible as charitable contributions? 6b I 'Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organization shall many receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 made party as a contribution of payment in the contributions under section 170(c). 8d Did the organization received a payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7d Did the organization received a payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7a Did the organization received a contribution of the value of the goods or services provided? 7a Did the organization network payment in excess of \$75 made party as a contribution of the value of the goods or services provided? 7b I'Yes, 'did the organization network payment in excess of \$75 made party as a contribution of the organization property of which it was required to the payment of the organization network payment in payme	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country ▶ Sae instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b ID did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line Sar of Sb, did the organization file Form 88867? 5c Des the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5c Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c Organizations that may receive deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882? 6d If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c X 6 If ID did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to adnor, donor advised rung the year? 9 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised rung the year? 9 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization m	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12ca Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c Liter the amount of reserves on hand 13c Liter the amount of reserves on hand 13c If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.			9a		
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	b		14b		
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					v
	16		16		Λ
		If "Yes," complete Form 4720, Schedule O.	Form	000	(2020)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	4		
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 22	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			37
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		τ,	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			7.7
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	40.		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	х	
12a		12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	х	
10		13	X	
13 14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14	X	
		14		
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
•	The organization's CEO, Executive Director, or top management official	15a	х	
a h	Other officers or key employees of the organization	15b	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ioa		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶AK, AL, AR, CA, CO, CT, FL, GA, H	,IL	, KS	, KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(
	for public inspection. Indicate how you made these available. Check all that apply.	, - - y	,	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
	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			
	THE ORGANIZATION - (760)796-5686			
	15600 SAN PASQUAL VALLEY RD, ESCONDIDO, CA 92027			
3200	SEE SCHEDULE O FOR FULL LIST OF STATES	Form	990	(2020)

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

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

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

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

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

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle	ss pe	ition more rson	than	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOYCE MASCHINSKI	40.00	.,		77				170 260	0	24 201
CEO/PRESIDENT	40.00	Х		Х				179,369.	0.	24,201.
(2) MAUREEN WILMOT	40.00	1		х				123,826.	0.	25,982.
(3) BARBARA MILLEN	2.00			Δ				123,020.	0.	23,362.
CHAIR (AS OF 10/2020)	2.00	X		х				0.	0.	0.
(4) LUCINDA MCDADE	2.00	122							0.	<u></u>
TREASURER	2700	x		x				0.	0.	0.
(5) GERALDINE (BEAN) CARROLL	2.00	┢								
SECRETARY		X		x				0.	0.	0.
(6) LYNDE UIHLEIN	2.00							-		
TRUSTEE		Х						0.	0.	0.
(7) NANCY DOYLE	2.00									
TRUSTEE		Х						0.	0.	0.
(8) SPENCER CREWS	2.00									
TRUSTEE		Х						0.	0.	0.
(9) MARY RANDOLPH BALLINGER	2.00									
TRUSTEE		Х						0.	0.	0.
(10) DANA DIRICKSON	2.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(11) CHRISTOPHER DUNN	2.00	ļ								
TRUSTEE		Х						0.	0.	0.
(12) RUTH EVANS	2.00	ļ								•
TRUSTEE	1 0 00	Х						0.	0.	0.
(13) DIANA FISH	2.00	١,,								_
TRUSTEE	1 2 00	Х						0.	0.	0.
(14) ANDREW LOVE	2.00	Į.,							_	_
TRUSTEE	2 00	Х						0.	0.	0.
(15) JANINE LUKE TRUSTEE	2.00	X						0.	0.	0.
(16) LINDSAY MARSHALL	2.00	┢					\vdash	0.	0.	<u> </u>
TRUSTEE	2.00	X						0.	0.	0.
(17) SCOT MEDBURY	2.00	12						0.	0.	<u></u>
TRUSTEE	2.00	X						0.	0.	0.
020007 10 02 02	1	1 23		_	<u> </u>				<u></u>	Form 990 (2020)

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

(A) Name and title	(B) Average hours per		not c	Pos heck	itior more	than		(D) Reportable compensation	(E) Reportable compensation			(F) timate	-
	week (list any hours for related organizations below line)	tee or director		officer Officer	irecto		stee)	from the	from related organization (W-2/1099-MIS	d s	com fr org and	other pensa om the anizat d relat	tion e ion ed
(18) CLARK MITCHELL TRUSTEE	2.00	Х						0.		0.			0.
(19) JOSEPH WOOLSTON	2.00	^					┢	0.		0.			0.
TRUSTEE		х						0.		0.			0.
(20) ALLISON ALBERTS	2.00												
TRUSTEE		Х						0.		0.			0.
(21) ALISON LUCKMAN	2.00												
TRUSTEE		Х						0.		0.			0.
(22) DAMON WAITT	2.00												
TRUSTEE		Х						0.		0.			0.
(23) NANCY YLVISAKE	2.00												
TRUSTEE		Х						0.		0.			0.
(24) TOM OTT	2.00									_			_
TRUSTEE (THROUGH 1/2020)		Х						0.		0.			0.
(25) SHAREON BLACKBURN	2.00	,,								^			^
TRUSTEE (THROUGH 10/2020)	2.00	Х				-	<u> </u>	0.		0.			0.
(26) JODY BUSH TRUSTEE (THROUGH 10/2020)	2.00	X						0.		0.			0.
							┖	303,195.		0.	5	0,1	
1b Subtotal								0.		0.		0,1	0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)								303,195.		0.	5	0,1	
Total number of individuals (including but n							ho r	<u> </u>	L 0.000 of reportab			- , -	
compensation from the organization	or minica to th	1000	11000	Ju u	JO V.	C) **	1101	cocived more than proc	,,ooo or reportab				2
												Yes	No
3 Did the organization list any former officer,	•		•		•	-	_	•	•				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	•								-				37
and related organizations greater than \$150											4		X
5 Did any person listed on line 1a receive or a											5	х	
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scriedui	e J 1	OI SI	JCII	pers	SOIT					5	21	
Complete this table for your five highest co	mpensated inc	dene	ende	ent c	onti	ract	ors t	that received more than	\$100,000 of con	nnens	ation f	rom	
the organization. Report compensation for	-	-								npone	ation i		
(A)	,							(B)			(C	;)	
Name and business	address	NC	INC	3				Description of s	services	C	ompe		n
							_						
							_						
							\dashv						
2 Total number of independent contractors (i	ncluding but n	ot lii	mite	d to		_	stec	d above) who received n	nore than				
\$100,000 of compensation from the organic	zation >				(0							

032008 12-23-20

SEE PART VII, SECTION A CONTINUATION SHEETS

orm 990 CENTER FO									22-252	7110
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours)) Pos	C) ition	ı		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organizatior and related organization
27) MARY ANN STREETER RUSTEE (THROUGH 10/2020)	2.00	x						0.	0.	(
NOSTEE (THROUGH 10/2020)		A						0.	0.	

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Check if Schedule O contains a response	or note to arry in	(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
σω								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns 1a					
G G			Membership dues 1b					
ifts, r A			Fundraising events 1c Related organizations 1d					
i, nila			Related organizations 1d Government grants (contributions) 1e	174,284.				
ons			All other contributions, gifts, grants, and	1/1/2010				
ber		'	similar amounts not included above	349,624.				
ort		a	Noncash contributions included in lines 1a-1f	10,667.				
Cor		_	Total. Add lines 1a-1f		523,908.			
				Business Code				
ø.	2	а	PARTNER RESOURCES	900099	70,831.	70,831.		
rvic		b	NATIONAL MEETING	900099	14,050.	14,050.		
Se		С						
am		d						
Program Service Revenue		е						
<u>-</u>		f	All other program service revenue					
		g	Total. Add lines 2a-2f		84,881.			
	3		Investment income (including dividends, interest		74 020			E4 020
			other similar amounts)		74,939.			74,939.
	4		Income from investment of tax-exempt bond p	•				
	5		Royalties(i) Real					
	_	_		(ii) Personal				
			Gross rents 6a Less: rental expenses 6b					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	·	_	assets other than inventory 7a 184, 426.					
		b	Less: cost or other basis					
ne			and sales expenses					
Revenue		С	Gain or (loss) 7c 128, 910.					
. Be		d	Net gain or (loss)	>	128,910.			128,910.
her	8	а	Gross income from fundraising events (not					
ŏ			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
			Net income or (loss) from fundraising events	P				
	9	а	Gross income from gaming activities. See Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	•				
			Gross sales of inventory, less returns					
			and allowances 10a	633.				
		b	Less: cost of goods sold 10k	726.				
			Net income or (loss) from sales of inventory	>	-93.			-93.
2				Business Code				
Miscellaneous Revenue	11	а						
llan		b						
Sce Rev		C						
Ξ			All other revenue					
		е	Total Add lines 11a-11d		812,545.	84,881.	0	203,756.
	12		Total revenue. See instructions		014,040.	U±,001.	<u></u>	403,730.

Part IX Statement of Functional Expenses

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

D-	Check if Schedule O contains a respons	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	150 500	150 500		
	and domestic governments. See Part IV, line 21	150,500.	150,500.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	142 500	06 100	21 507	1 - 704
	trustees, and key employees	143,580.	96,199.	31,587.	15,794
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	140 021	02 021	20 007	15 402
7	Other salaries and wages	140,031.	93,821.	30,807.	15,403
8	Pension plan accruals and contributions (include	7 404	4 054	1 (22	015
	section 401(k) and 403(b) employer contributions)	7,424.	4,974. 10,346.	1,633.	817
9	Other employee benefits	15,442.	10,346.	3,397.	1,699
10	Payroll taxes	15,499.	10,384.	3,410.	1,705
11	Fees for services (nonemployees):				
а	Management	2 015		2 24 5	
b	Legal	3,015.		3,015.	
С	Accounting	49,400.		49,400.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	31,355.		31,355.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	157,277.	145,789.	4,634.	6,854
12	Advertising and promotion				
13	Office expenses	7,849.	2,295.	643.	4,911
14	Information technology	17,598.	15,955.	1,627.	16
15	Royalties				
16	Occupancy				
17	Travel	3,235.	2,610.	625.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,648.	4,348.	3,300.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,375.	1,721.	1,249.	405
23	Insurance	7,874.		7,874.	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	BANK FEES	4,139.		4,139.	
b	FILING FEES	3,597.		3,597.	
С	MEMBERSHIP AND DUES	906.		906.	
d	BAD DEBT EXPENSE	573.		573.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	770,317.	538,942.	183,771.	47,604
<u> </u>	Joint costs. Complete this line only if the organization		-	•	·
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

	1 990 (2 rt X	Balance Sheet	VALION II		<u> </u>	232/110 Page 11
Га	LA	Check if Schedule O contains a response or note to any line in this	Part Y			X
-		Check if Schedule O contains a response of flote to any line in this	Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		333,587.	1	594,343.
	2	Savings and temporary cash investments		3,266,275.	2	2,904,392.
	3	Pledges and grants receivable, net		28,019.	3	39,985.
	4	Accounts receivable, net		1,032.	4	1,847.
	5	Loans and other receivables from any current or former officer, dire	ctor.			
		trustee, key employee, creator or founder, substantial contributor, or				
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)	(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ä	9	Prepaid expenses and deferred charges		12,354.	9	11,123.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a	26,039. 21,449.			
	b	Less: accumulated depreciation 10b	21,449.	3,373.	10c	4,590.
	11	Investments - publicly traded securities		3,827,523.	11	3,880,467.
	12	Investments - other securities. See Part IV, line 11		1,655,312.	12	1,700,043.
	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 33)		9,127,475.	16	9,136,790.
	17	Accounts payable and accrued expenses		94,989.	17	182,271.
	18	Grants payable		17 500	18	12 251
	19	Deferred revenue		17,522.	19	13,351.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule			21	
Liabilities	22	Loans and other payables to any current or former officer, director,				
ΕĪΕ		trustee, key employee, creator or founder, substantial contributor, or			20	
Lia					22	
	23	Secured mortgages and notes payable to unrelated third parties			23	51,967.
	24 25	Unsecured notes and loans payable to unrelated third parties			24	31,707.
	25	Other liabilities (including federal income tax, payables to related th parties, and other liabilities not included on lines 17-24). Complete F				
		(0.1.1.1.5)		3,040,000.	25	2,756,299.
	26	Total liabilities. Add lines 17 through 25		3,152,511.	26	3,003,888.
		Organizations that follow FASB ASC 958, check here ► X		0,101,011	20	0,000,000
Ses		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		1,002,689.	27	1,184,044.
Bal	28	Net assets with donor restrictions		4,972,275.	28	4,948,858.
<u>n</u>		Organizations that do not follow FASB ASC 958, check here				
Ţ		and complete lines 29 through 33.				
s or	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other fund			31	
Red	32	Total net assets or fund balances		5,974,964.	32	6,132,902.
	33	Total liabilities and net assets/fund balances		9,127,475.	33	9,136,790.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1 2 3	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1	1 2 3 4		77	2,5 0,3 2,2	17. 28.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	5			5,7	
5 6	Net unrealized gains (losses) on investments	6			<i>-</i> , ,	<u> </u>
7	Donated services and use of facilities	7				
8	Investment expenses Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6	,13	2,9	01.
Pa	rt XIII Financial Statements and Reporting			<u> </u>		
	Check if Schedule O contains a response or note to any line in this Part XII					X
	•				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	3,			
	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				х	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	^	
0-	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
sa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igie Al	Juit			Х
L	Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	irod c		3a		22
D	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
	or addits, explain why on ochedule O and describe any steps taken to undergo such addits			่งม		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization CENTER FOR PLANT CONSERVATION INC. 22-2527116 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	630,634.	927,803.	615,974.	686,567.	523,908.	3,384,886.
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						
4	Total. Add lines 1 through 3	630,634.	927,803.	615,974.	686,567.	523,908.	3,384,886.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						197,135.
6							3,187,751.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018 615, 974.	(d) 2019 686, 567.	(e) 2020 523,908.	(f) Total
7	Amounts from line 4	630,634.	927,803.	615,974.	686,567.	523,908.	3,384,886.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	71,318.	67,081.	73,120.	113,392.	74,939.	399,850.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	37,835.		2,082.			39,917.
11	Total support. Add lines 7 through 10						3,824,653.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	248,242.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						<u> </u>
	ction C. Computation of Publ		<u> </u>				02 25
14	Public support percentage for 2020 (I					14	83.35 %
15	Public support percentage from 2019					15	83.41 %
16a	33 1/3% support test - 2020. If the o	•		•		•	
_	stop here. The organization qualifies						▶ X
b	33 1/3% support test - 2019. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact		·	-	·	· ·	
	meets the facts-and-circumstances to	ū	•				
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the				-		▶ □
	organization meets the facts-and-circle						_
<u>18</u>	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	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						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(a) 2010	(6) 2017	(6) 2010	(u) 2019	(6) 2020	(i) iotai
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
						-	
	Add lines 10a and 10b Net income from unrelated business						
••	activities not included in line 10b,						
	whether or not the business is						
10	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					<u> </u>	
14	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
_	check this box and stop here		•				_
	ction C. Computation of Publi						
	Public support percentage for 2020 (li					15	<u>%</u>
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2020. If the	organization did n	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly	supported organiza	ation	▶□
k	33 1/3% support tests - 2019. If the	organization did n	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1	′3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies	as a publicly suppo	orted organiza	ation
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions	>

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as 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 line 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.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Par	rt IV Supporting Organizations (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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	cers,		
	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 support	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in 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		
	tion D. All Type III Supporting Organizations	<u> </u>		<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described in line 2, above, 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. tion E. Type III Functionally Integrated Supporting Organizations	3		
		-ti)		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru The organization satisfied the Activities Test. Complete line 2 below.	ctions).		
a b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see instructio	ns)	
	Activities Test. Answer lines 2a and 2b below.	(5555455	Yes	No
	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 line 2a, above, 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		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	26		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	anizations	ı ı ugo u
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust o	n Nov. 20, 1970 (e <i>xplain in</i> I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st comple	te 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		
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):			
a	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 0.015 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 0.035.	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 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	s	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				<u> </u>

Schedule A (Form 990 or 990-EZ) 2020

Part VI. See instructions.

and 4c.

8 Breakdown of line 7: a Excess from 2016 **b** Excess from 2017 c Excess from 2018 d Excess from 2019 e Excess from 2020

and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

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.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

CENTER FOR PLANT CONSERVATION INC.

22-2527116

Organizat	i on type (check on	e):
Filers of:		Section:
Form 990	or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 990-l	PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		covered by the General Rule or a Special Rule. '), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General R	ule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special R	ules	
s	ections 509(a)(1) a ny one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
Cit	ontributor, during t erary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one he year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, hal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
y is p	ear, contributions of checked, enter he urpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
but it mus	t answer "No" on F	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

CENTER FOR PLANT CONSERVATION INC.

22-2527116

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>151,784.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$15,000.	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
4		\$ 12,500.	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
5		\$	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
6		\$\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CENTER FOR PLANT CONSERVATION INC.

22-2527116

Part I	Contributors (see instructions). Use duplicate copies of Part I i	if additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

CENTER FOR PLANT CONSERVATION INC.

22-2527116

CENTER FOR PLANT CONSERVATION INC. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

Employer identification number

Name of organization

FOR PLANT CONSERVATIO	N INC.		22-2527116
from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line encharitable, etc., contributions of \$1,000 or	tny For organizations	
(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
Transferee's name, address, a		t Relationship of trans	sferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
Transferee's name, address, a		t Relationship of trans	sferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
Transferee's name, address, a		t Relationship of trans	sferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held
	(e) Transfer of gif		
	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a	from any one contributor. Complete columns (a) through (e) and the following line en completing Part III. enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift (e) Transfer of gift (e) Transfer of gift (e) Transfer of gift	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(T), (8), or (10) it from any one contributor. Complete columns of through (9) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter his info. once). Use duplicate copies of Part III if additional space is needed. (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transfer of gift (b) Purpose of gift (c) Use of gift (d) Descri

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CENTER FOR PLANT CONSERVATION INC.

Employer identification number 22-2527116

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose	conferring
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education)	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b			
С	Number of conservation easements on a certified historic stru		
d	() (I I
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
	year -		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing concerns	ation accompate during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	illing of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	vo entiety the requirements of section 170	0/h)/4//R)/i)
0	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footr	·	
	organization's accounting for conservation easements.	ioto to the organization o mianolal staton	ionio trat doscribos trio
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	· · · · · · · · · · · · · · · · · · ·	
	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:		·
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treation		
	the following amounts required to be reported under FASB A		- ···
а		_	> \$

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	t III Organizations Maintaining C	ollections of Ar			ther	Simila	r Asse	ts/continu	raye z ied)
3	Using the organization's acquisition, accession		-					Eq oonina	<i>(Cu)</i>
Ū	collection items (check all that apply):	ori, and other records	s, or core arry or the	Tollowing that ma	ite oigi	mioane	300 01 110		
а									
b	Scholarly research	e	Other	nange program					
C	Preservation for future generations	C							
		llootions and ovalain	how thou further t	ho organization's	ovomr	at nurna	oo in Dor	· VIII	
4	Provide a description of the organization's co						se III Faii	. 📶.	
5	During the year, did the organization solicit or] v	□ Na
Dai	to be sold to raise funds rather than to be ma							Yes	No
ı aı	reported an amount on Form 990, Par		te ii trie organizatio	manswered res	OHFO	JIII 990,	, Part IV,	line 9, or	
	Is the organization an agent, trustee, custodia		iary for contribution	ns or other assets	not in	cluded			
	on Form 990, Part X?							Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					. 100	
D	Tres, explain the arrangement in rait Air a	and complete the for	owing table.					Amount	
^	Reginning balance					1c		Amount	
	Additions during the year					1d			
	Additions during the year					1e			
	Distributions during the year					1f			
	Ending balance Did the organization include an amount on Fo					-		Yes	□ No
	If "Yes," explain the arrangement in Part XIII.				-	·		J 162	
_	t V Endowment Funds. Complete if								
		(a) Current year	(b) Prior year	(c) Two years bad			ars back	(e) Four y	ears hack
10	Beginning of year balance	5,588,856.	4,691,254.	, , ,			71,052.		160,484.
	F	2,400.	10,220.				26,000.		15,000.
	Contributions Net investment earnings, gains, and losses	287,553.	1,118,612.				55,268.		597,493.
	g , g ,	207,333.	1,110,012.	240,74			75,200.		, 1 2 3 .
	Grants or scholarships								
е	Other expenditures for facilities	240,206.	221 220	210 27	,	21	12 200	,	001 005
	and programs	240,200.	231,230.	218,27	<u> </u>	2.1	L2,280.		201,925.
	Administrative expenses	5,638,603.	F F00 0F6	4 601 25	4	E 10	0.040	4	
_	End of year balance		5,588,856.		4.	5,13	50,040.	4,5	571,052.
2	Provide the estimated percentage of the curr	ent year end balance 13.8300		a)) held as:					
	Board designated or quasi-endowment		_%						
	Permanent endowment ► 38.3700	%							
С	Term endowment ► 47.8000 9								
_	The percentages on lines 2a, 2b, and 2c show	· ·							
3a	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	and administered t	or the	organiza	ation	Г.	
	by:								es No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answered								
	Description of property	(a) Cost or ot	' '		•	umulated	d	(d) Book	value
		basis (investm	ient) basis	(other)	depre	ciation			
	Land								
	Buildings						$-\!$		
	Leasehold improvements			6 020		11 4 4			<u> </u>
	Equipment			6,039.	- 2	21,44	9.	4	,590.
	Other								<u> </u>
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990. Part 2	X. column (B), line 1	10c.)				4	<u>,590.</u>

) (Form 990) 2020	C
Part VII	Investments -	Othe

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) HOT CREEK INVESTORS L.P.	637,980.	COST	
(B) FOURTHSTONE LLC	548,746.	COST	
(C) GATES CAPITAL MANAGEMENT	513,317.	COST	
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,700,043.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			0 556 000
(2) FUNDS HELD ON BEHALF OF O	THERS		2,756,299.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			0 856 000
Total. (Column (b) must equal Form 990, Part X, col. (B) line		-	2,756,299.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's financial statements th	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Part XI	Recond	ciliation	of Revenue	per /	Audited	Financial	Statements	With	Revenue	per F	Return.

Pa	Reconciliation of Revenue per Audited Financial Statement	ents with	i Revenue per R	eturi	11.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total revenue, gains, and other support per audited financial statements			1	1,356,741.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	115,709.		
b	Donated services and use of facilities	2b	459,116.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-31,355.		
е	Add lines 2a through 2d			2e	543,470.
3	Subtract line 2e from line 1			3	813,271.
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			
b	Other (Describe in Part XIII.)	4b	-726.		
С	Add lines 4a and 4b			4c	-726.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	812,545.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,198,803.
2	Amounts included on line 1 but not on Form 990. Part IX, line 25:				

459,115. a Donated services and use of facilities 2a **b** Prior year adjustments c Other losses d Other (Describe in Part XIII.) 459,841. e Add lines 2a through 2d 738,962. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a **b** Other (Describe in Part XIII.) 31,355. c Add lines 4a and 4b 4c 770,317.

Part XIII Supplemental Information.

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

PART V, LINE 4:

PROMOTION, CONSERVATION AND PRESERVATION OF PLANTS.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

PART X, LINE 2:

THE CENTER IS ORGANIZED AS A MASSACHUSETTS PUBLIC BENEFIT NONPROFIT CORPORATION, BUT DOING BUSINESS IN CALIFORNIA AS A FOREIGN NONPROFIT, AND HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AS ORGANIZATIONS DESCRIBED IN SECTION 501(C)(3), QUALIFY FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTIONS 170(B)(1)(A)(VI) AND (VIII), AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS UNDER SECTIONS 509(A)(1) AND (3), RESPECTIVELY. THE CENTER IS ANNUALLY REQUIRED

TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, THE CENTER IS SUBJECT TO INCOME TAX ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THEIR EXEMPT PURPOSES. MANAGEMENT HAS DETERMINED THAT THE CENTER IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION

BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

MANAGEMENT HAS DETERMINED THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN AFFECTING ITS ANNUAL FILING REQUIREMENTS, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS. THE CENTER WOULD RECOGNIZE FUTURE ACCRUED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS AND LIABILITIES IN INCOME TAX EXPENSE IF SUCH INTEREST AND PENALTIES ARE INCURRED. THE CENTER'S RETURNS ARE SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING AUTHORITIES, GENERALLY FOR THREE YEARS, AFTER THEY ARE FILED.

PART	XΤ	LINE	2D	_	OTHER	ADJUSTMENTS:

INVESTMENT MGMT FEES -31,355.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

-726. COST OF GOODS SOLD

PART XII, LINE 2D - OTHER ADJUSTMENTS:

726. COST OF GOODS SOLD

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT MGMT FEES 31,355.

SCHEDULE I (Form 990)

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

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

➤ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 22-2527116 CENTER FOR PLANT CONSERVATION INC. Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) NATIONAL COLLECTION THE ARBORETUM AT FLAGSTAFF PAYOUTS AND PARTICIPATING 4001 S. WOODY MOUNTAIN RD. INSTITUTION WORK FOR SEED COLLECTING FLAGSTAFF, AZ 86001 94-2788812 501(C)(3) 11,000 0 NATIONAL COLLECTION PAYOUTS AND PARTICIPATING RAE SELLING BERRY SEED BANK & PLANT CONSERVATION - PO BOX INSTITUTION WORK FOR SEED COLLECTING 751-ESM - PORTLAND, OR 97207 93-0619733 501(C)(3) 14,000 NATIONAL COLLECTION PAYOUTS AND PARTICIPATING FRIENDS OF LYON ARBORETUM 3860 MANOA ROAD INSTITUTION WORK FOR SEED COLLECTING HONOLULU, HI 98822 23-7429693 501(C)(3) 7,000 0 NATIONAL COLLECTION NORTH CAROLINA BOTANICAL GARDEN PAYOUTS AND PARTICIPATING PO BOX 3375 INSTITUTION WORK FOR SEED 56-6076622 COLLECTING CHAPEL HILL, NC 27599 501(C)(3) 9 500 MISSOURI BOTANICAL GARDEN PO BOX 299 NATIONAL COLLECTION 43-0666759 PAYOUTS ST. LOUIS, MO 63166 501(C)(3) 13,500 0 NATIVE PLANT TRUST 180 HEMENWAY ROAD NATIONAL COLLECTION FRAMINGHAM, MA 01701 04-2104768 501(C)(3) 10 500 0 PAYOUTS 11. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0.

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

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

(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
BOK TOWER GARDENS							
1151 TOWER BLVD							NATIONAL COLLECTION
LAKE WALES, FL 33853	23-1352009	501(C)(3)	10,500.	0.			PAYOUTS
·			,				NATIONAL COLLECTION
FAIRCHILD TROPICAL BOTANIC GARDEN							PAYOUTS AND PARTICIPATIN
10901 OLD CUTLER ROAD							INSTITUTION WORK FOR SEE
CORAL GABLES, FL 33156	59-0668480	501(C)(3)	5,500.	0.			COLLECTING
HOLDEN ARBORETUM							
9500 SPERRY ROAD							NATIONAL COLLECTION
KIRTLAND, OH 44094	34-0750346	501(C)(3)	7,500.	0.			PAYOUTS
THE ARNOLD ARBORETUM OF HARVARD							L
UNIVERSITY - 125 ARBORWAY -	04 0103500	F01 (G) (2)	5 500				NATIONAL COLLECTION
BOSTON, MA 02130	04-2103580	501(C)(3)	5,500.	0.			PAYOUTS
WAIMEA ARBORETUM FOUNDATION							
59-415 KAWONO ROAD							NATIONAL COLLECTION
HALEIWA, HI 96712	99-0174948	501(C)(3)	5,500.	0.			PAYOUTS
HADEIWA, HI 30/12	33 0174340	501(0)(3)	3,300.	<u> </u>			I A 10015
			 				
					l		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	ne 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
FOR ANY GRANTS MADE BY CENTER FOR	PLANT CO	NSERVATION	N, INC., WE	CONDUCT THE	
PROPER PRE-GRANT DUE DILIGENCE TO	ENSURE T	HAT THE GF	RANT RECIPI	ENT IS TRULY	
CHARITABLE.					

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

CENTER FOR PLANT CONSERVATION INC.

Employer identification number 22-2527116

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	, , , , , , , , , , , , , , , , , , , ,			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

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 aren't 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 other deferred benefits		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JOYCE MASCHINSKI	(i)	138,299.	41,070.	0.	17,139.	7,062.	203,570.	0.
CEO/PRESIDENT	(ii)		0.	0.	0.	0.	0.	
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	<u> </u>							

Part III Supplemental Inform	ation
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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 3

CENTER FOR PLANT CONSERVATION, INC. DOES NOT PROVIDE COMPENSATION TO

ANY BOARD MEMBERS OR OFFICERS FOR THEIR SERVICE TO THE ORGANIZATION.

JOYCE MASCHINSKI RECEIVED COMPENSATION FROM AN UNRELATED 501(C)(3)

ORGANIZATION FOR HER SERVICES TO CENTER FOR PLANT CONSERVATION, INC.

AND THAT ORGANIZATION UNDERTAKES THE PROPER PROCEDURES FOR DETERMINING

REASONABLE COMPENSATION.

FORM 990, PART VII, LINE 5

JOYCE MASCHINSKI RECEIVED COMPENSATION FROM THE ZOOLOGICAL SOCIETY OF

SAN DIEGO, AN UNRELATED 501(C)(3) ORGANIZATION, FOR HER SERVICES TO

CENTER FOR PLANT CONSERVATION, INC. HER AMOUNT RECEIVED FOR THE 2020

TAX YEAR WAS \$203,570.

SCHEDULE O

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CENTER FOR PLANT CONSERVATION INC.

Employer identification number 22-2527116

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EMPOWERING PLANT CONSERVATIONISTS, AND INSPIRING PEOPLE TO PROTECT BIODIVERSITY FOR FUTURE GENERATIONS.

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

A DRAFT OF THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE. UPON REVIEW, THE DRAFT FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND THE FORM 990 IS FILED. APPROVAL. UPON APPROVAL,

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

THE CPC BOARD OF TRUSTEES SIGNS A CONFLICT OF INTEREST STATEMENT EACH YEAR AT THE ANNUAL MEETING. PERIODIC REVIEWS ARE CONDUCTED TO ENSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY.

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

CENTER FOR PLANT CONSERVATION, INC. DOES NOT PROVIDE COMPENSATION TO ANY BOARD MEMBERS OR OFFICERS FOR THEIR SERVICE TO THE ORGANIZATION. THE TOP MANAGEMENT OFFICIAL AND OFFICERS RECEIVED COMPENSATION FROM AN UNRELATED 501(C)(3) ORGANIZATION, FOR THEIR SERVICES TO CENTER FOR PLANT CONSERVATION, INC, AND THAT ORGANIZATION UNDERTAKES THE PROPER PROCEDURES FOR DETERMINING REASONABLE COMPENSATION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AK,AL,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,MA,MD,ME,MI,MN,MS,OR,NH,ND,NC,OK,OH,NY NV, NM, NJ, PA, RI, SC, TN, UT, VA, WA, WI, WV

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization CENTER FOR PLANT CONSERVATION INC.	Employer identification number 22-2527116
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINA	ANCIAL STATEMENTS
ARE AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSIDE CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	120,969.
MANAGEMENT AND GENERAL EXPENSES	4,634.
FUNDRAISING EXPENSES	6,854.
TOTAL EXPENSES	132,457.
COMMUNICATION:	
PROGRAM SERVICE EXPENSES	24,820.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,820.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	157,277.
FORM 990, PART X, LINE 25	
FUNDS HELD ON BEHALF OF OTHERS - IN 2019, THE STATE OF CA	ALIFORNIA
ALLOCATED \$3,200,000 TO SUPPORT RARE PLANT SEED AND GERME	PLASM
COLLECTIONS FOR THE CONSERVATION OF THE CALIFORNIA FLORA.	CPC, AS
FISCAL SPONSOR FOR CALIFORNIA PLANT RESCUE, RECEIVED THES	SE FUNDS FROM
THE STATE AND WILL MANAGE AND DISBURSE THEM OVER THE NEXT	FIVE YEARS TO
THE MEMBERS OF THE CALIFORNIA PLANT RESCUE PER THE DISBUR	RSEMENT PLAN
AGREED UPON BY CALIFORNIA PLANT RESCUE. CPC HAS PLACED TH	IE CORPUS OF
THE FUNDS IN A TEMPORARILY RESTRICTED ACCOUNT WHILE RETAI	NING 5% OF THE
TOTAL FUNDS AS ADMINISTRATIVE COST RECOVERY AS AGREED UPO	ON IN THE
032212 11-20-20 Sch	edule O (Form 990 or 990-EZ) 2020

CENTER FOR PLANT CONSERVATION INC.	22-2527116
CALIFORNIA LEGISLATURE'S APPROPRIATION. AS OF DECEMBER 31	, 2020 THE
REMAINING UNDISTRIBUTED FUNDS IN THIS ACCOUNT IS \$2,756,2	99.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR	SELECTION
PROCESS DURING THE TAX YEAR.	
FORM 990, PART IX, LINE 5 & 7	
CPC HAS A COOPERATIVE AGREEMENT IN PLACE WITH THE ZOOLOGI	CAL SOCIETY OF
SAN DIEGO ("ZOO") FOR PAYROLL ADMINISTRATION. UNDER THE A	GREEMENT, THE
ZOO ESTABLISHED A DEPARTMENT THAT CARRIES OUT THE PROGRAM	MATIC MISSION
FOR CPC. THE ZOO WILL ADMINISTER THE PAYROLL FOR THE DEPA	RTMENT AND CPC
SHALL REIMBURSE THE ZOO FOR SUCH SALARY, BENEFITS AND OTH	ER COSTS
ASSOCIATED WITH THE PAYROLL ADMINISTRATION. THE ZOO IS AL	SO RESPONSIBLE
FOR ALL PAYROLL TAX FILINGS, INCLUDING FORMS W-2 FOR THE	STAFF.