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PUBLIC DISCLOSURE COPY

	11110 10								
Form 114a	Recor	d of Auth	oriz	ation to					
Department of the Treasury Financial Crimes Enforcement	Electronically File FBARs								
Network (FinCEN)	(See instructions below for completion)								
May 2015	Do not send to	FinCEN. Retain t	this form	for your records.					
		orm 114a may be				ISLA	ANDC2019000		
Part I Persons who have an obligation to file a Report of Foreign Bank and Financial Account(s)									
1. Owner last name or entity ISLAND CONSERVA			2. Owr	ner first name			3. Owner M.I.		
4. Spouse last name (if jointly filing FBAR - see instructions below) 5. Spouse first name							6. Spouse M.I		
filing year ending December 3 and complete; that I/we auth Report of Foreign Bank and F listed in Part II to receive info	I/we declare that I/we have provided information concerning 2 (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, 2019 to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.								
7. Owner signature (Authoriz	ed representative if entity)	8. Date		9. Owner or entity TI	N 10). TIN type	a 🗴 EIN b 🗌 SSN/ITIN		
* THIS IS NOT A	FILEABLE COPY *	MM DD Y	YYY	911839907		type	c Solvinia Foreign		
11. Spouse signature		12. Date		13. Spouse TIN	14	. TIN			
			<u>, , , , , , , , , , , , , , , , , , , </u>			type b SSN/ITIN c Foreign			
Part II Individual or Enti	ty Authorized to File FBAR on I			have an obligation to	file.		<u> </u>		
15. Preparer last name	-	16. Preparer fir			17. Prepa	rer M.I.	18. Preparer PTIN		
LO		JOUA			,	7	P01225144		
19. Address		20. City			21. State	22. ZIP/postal code			
135 MAIN STREET	. 9TH FLOOR	SAN FRAN	CISC	0	CA	94	1051815		
	eparer's (item 15) employer's (En			mployer EIN	26. Prepa				
code US BAKE	R TILLY US LLP		3	9-0859910					
· ·	Instructions for comple	eting the FBAR	Signatu	re Authorization Rec	ord				
services. The completed reco	d by the individual or entity gran ord <u>must</u> be signed by the indivic ity must be registered with FinC	dual(s)/entity grai	nting the	authorization (Part I)	and the ind	ividual/e	entity that will file the		
Read and complete the acco	unt owner statement in Part I.								
	ile the Foreign Bank and Financi the document in Part I, items 7/	-				-	Part I, items 1 through		
Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions) If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as <i>see above, or same as item</i> <i>number x</i>).									
employer if the preparer is an	rough 18 with the preparer's info employee. Record the employe preparer <u>must</u> sign in item 26 (c	r's information (if	fany) in	items 24 and 25. If the	e preparer d	oes not	have a PTIN, leave		
by the authorizing authority.			9 - ·				al water in		
	and the person listed in Part II a and the filing itself, both for a p			• • • •	sted in Part	ı, shoul	a retain copies		

DO NOT SEND THIS RECORD TO FinCEN UNLESS REQUESTED TO DO SO.

920011 04-01-19

Rev. 10.7 May 21, 2015

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2012314

Form **9990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Τ.

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

Do not enter social security numbers on this form as it may be made public.

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



AI	or th	e 2019 calendar year, or tax year beginning and e	enaing		
B	Check if Ipplicab	e: C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	pe Doing business as		91-18399	07
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final Feturn	2100 DELAWARE AVENUE	L	(831)359	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,674,307.
	Amen	SANIA CROZ, CA 93000		H(a) Is this a group re	
				for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) o	or 🛄 527		list. (see instructions)
		te: WWW.ISLANDCONSERVATION.ORG		H(c) Group exemption	
		forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1997 N	State of legal domicile: CA
Pa		Summary			
e	1	Briefly describe the organization's mission or most significant activities:	ID CON	SERVATION P	REVENTS
Governance		EXTINCTIONS BY REMOVING INVASIVE SPECIES			
ērn		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	1 1	
2 So	3				13
		Number of independent voting members of the governing body (Part VI, line 1b) \ldots			13
ties		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			31 20
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	d	Net unrelated business taxable income from Form 990-T, line 39	·····		
		Contributions and events (Dout)/III line 1b)		Prior Year 4,781,348.	Current Year 5,457,248.
anı	8	Contributions and grants (Part VIII, line 1h)		1,324,751.	1,183,953.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,224.	19,171.
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-26,514.	13,935.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,101,809.	6,674,307.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,880.	218,988.
		Benefits paid to or for members (Part IX, column (4), line 4)		0.	0.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,320,719.	4,180,590.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25) 800, 54	11.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,410,252.	2,561,780.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,747,851.	6,961,358.
	19	Revenue less expenses. Subtract line 18 from line 12		-646,042.	-287,051.
t Assets or Dalances				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,571,428.	4,427,772.
t As: d B	21	Total liabilities (Part X, line 26)		526,170.	669,565.
Fur	22	Net assets or fund balances. Subtract line 21 from line 20		4,045,258.	3,758,207.
Pa		Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		XECUTIVE OFFICER		Date
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JOUA V LO			self-employed P01225144
Preparer	Firm's name 🕒 BAKER TILLY US	LLP		Firm's EIN ▶ 39-0859910
Use Only	Firm's address 135 MAIN STREET	, 9TH FLOOR		
	SAN FRANCISCO,	CA 94105-1815		Phone no. (415) 781-2500
May the I	RS discuss this return with the preparer shown al	bove? (see instructions)		X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Not	tice, see the separate instructions.		Form 990 (2019)

orm	990 (2019) ISLAND CONSERVATION	91-1839907	Page
Par	rt III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: ISLAND CONSERVATION PREVENTS EXTINCTIONS BY REMOVE FROM ISLANDS, WHERE THE WORLD'S MOST THREATENED PL FOUND. WHEN WE INTERVENE TO PREVENT EXTINCTIONS CA	ANTS AND ANIMALS	
	SPECIES WE ALSO PROTECT ISLAND ECONOMIES, HEALTH,		
2	Did the organization undertake any significant program services during the year which were not liste		
-	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		XN
3	Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O.	n services? Yes	XN
4	Describe the organization's program service accomplishments for each of its three largest program section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat		
4a	CONSERVATION OPERATIONS: ISLANDS REPRESENT APPROX.		
	AREA, YET ARE BIODIVERSITY HOTSPOTS THAT HAVE HOST		
	MAMMAL, AMPHIBIAN AND REPTILE EXTINCTIONS SINCE 15		
	THESE EXTINCTIONS ARE CAUSED BY INVASIVE SPECIES.		
	LOCAL COMMUNITIES, GOVERNMENT MANAGEMENT AGENCIES,		
	ORGANIZATIONS, WE CAN REMOVE INVASIVE SPECIES FROM		
	INTERVENTION ALLOWS THE OPPORTUNITY FOR NATIVE PLA		
	RECOVER. SINCE 1994, ISLAND CONSERVATION AND OUR F		OYEI
	TEAMS TO 60 ISLANDS WORLDWIDE, TO BENEFIT 1090 POP		
	SPECIES AND SUBSPECIES. IN 2019, ISLAND CONSERVATI		
	=140 ORGANIZATIONS TO PLAN, IMPLEMENT AND MONITOR		
	THREATENED SPECIES IN FRENCH POLYNESIA, HAWAII, GA		
4b	(Code:) (Expenses \$ 415,398. including grants of \$ CONSERVATION SCIENCE - TO ASSESS IF ISLAND RESTORM		
	PROTECTING IMPERILED SPECIES, ISLAND CONSERVATION	=	S
	AND MAPS TARGETED SPECIES AND THEIR HABITATS BEFOR INTERVENTION. WE ALSO DO CONSERVATION DATABASE WOR	RK CONNECTED TO TH	-
	PROVIDING DATA TO INFORM OUR CONSERVATION EFFORTS,		
	OTHER ORGS TO MAKE THAT DATA AVAILABLE FOR OTHER O	DRGS TO USE.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,970,724.		
32002	SEE SCHEDULE O FOR CONTINUE	Form 9	90 (20 ⁻
31	113 721074 IC 2019.05000 ISLAND CONSERV	ATION IC	

 Form 990 (2019)
 ISLAND
 CONSERVATION

 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)?		Tes	NO
•	If "Yes," complete Schedule A	1	х	
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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
4	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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	11c		
a		11d		x
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
•	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			
1Lu	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		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	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			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	(0010)
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3 2019.05000 ISLAND CONSERVATION

Form	990	(2019)
	330	(2013)

			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? <i>If "Yes," complete Schedule J</i>	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		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		
Ũ	any tax-exempt bonds?	24c		
Ч	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	2-14		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	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
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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"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		х
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? <i>If</i> "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		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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	
Par	t 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
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 12			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
932004	01-20-20	Form	990	(2019)
	4			

2019.05000 ISLAND CONSERVATION

Form 990	(2019)
Part V	Stat

			Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return 2a 31					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		v			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X			
b	If "Yes," enter the name of the foreign country BAHAMAS, ECUADOR, CHILE					
F -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	5a		х		
5a ⊾						
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		Х		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50				
Ua	any contributions that were not tax deductible as charitable contributions?	6a		х		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts					
~	were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?	7c		Х		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X X		
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					
h						
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
sponsoring organization have excess business holdings at any time during the year?						
9	Sponsoring organizations maintaining donor advised funds.	0-				
a h	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b				
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	ae				
а	Initiation fees and capital contributions included on Part VIII, line 12 10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b					
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders 11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a				
_	Note: See the instructions for additional information the organization must report on Schedule O.					
b Enter the amount of reserves the organization is required to maintain by the states in which the						
	organization is licensed to issue qualified health plans 13b					
	Enter the amount of reserves on hand 13c	14a		X		
14a Did the organization receive any payments for indoor tanning services during the tax year?						
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>						
IJ	15 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		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х		
_	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2019)

932005 01-20-20

Form 990	(2019))
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ISLAND CONSERVATION

X

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.

				<u></u>		X
Sec	tion A. Governing Body and Management					
			1	 	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		13		
	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 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip wit	h any other			
	officer, director, trustee, or key employee?		-	2		1
3	Did the organization delegate control over management duties customarily performed by or under t					
	of officers, directors, trustees, or key employees to a management company or other person?			3		
4	Did the organization make any significant changes to its governing documents since the prior Form					
5	Did the organization become aware during the year of a significant diversion of the organization's as					
6	Did the organization have members or stockholders?					
- 7а	Did the organization have members, stockholders, or other persons who had the power to elect or a			–		
74	more members of the governing body?	• •		7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,			/a	+	+
b				76		
~	persons other than the governing body?			7b		+
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-	-	v	
	The governing body?				_	+
b	Each committee with authority to act on behalf of the governing body?			8b	X	+
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	leven	ue Code.)		1	1.
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a	<u> </u>	
b	If "Yes," did the organization have written policies and procedures governing the activities of such o					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy bet	fore filing the form	? 11 a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	onflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes,"	describe			
	in Schedule O how this was done			120		
13	Did the organization have a written whistleblower policy?				X	
4	Did the organization have a written document retention and destruction policy?				X	
15	Did the process for determining compensation of the following persons include a review and approv					
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	,	•			
а	The organization's CEO, Executive Director, or top management official			15a	x	
	Other officers or key employees of the organization				37	+
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
6-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont	with a			
Jd				16-		
F	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue			16a	1	ť
D						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anızat	ion's			
	exempt status with respect to such arrangements?			16 b		
ec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA					
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	90-T (Section 501)	c)(3)s on	ly) ava	ilab
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	n on S	Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflic	t of interest policy	, and fin	ancial	
	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 b	ooks a	and records 🕨			
	MOLLY MAYFIELD - (309)519-0611	- •	· · ·			
		060				
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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contrac	ctors			

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.

т

• 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.

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do			ition		one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		h an	compensation	compensation	amount of		
	week					1/	(00)	from	from related	other
	(list any hours for	directo				-		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or (stee			nsateo		(W-2/1099-MISC)	(112/1000/11100)	organization
	organizations	trust	ial tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	ner			organizations
	line)	lndi	Inst	Officer	Key	Highemp	Former			
(1) ANGUS PARKER	1.00									
CHAIR	1 00	X		Х				0.	0.	0.
(2) IVAN SAMUELS	1.00									0
VICE CHAIR	1	X		Х				0.	0.	0.
(3) JERROD SCHRECK	1.00									
TREASURER	1	X		Х				0.	0.	0.
(4) INGRID PARKER	1.00									
SECRETARY	1	X		Х				0.	0.	0.
(5) CHRIS CARR	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(6) LYNNE HALE	1.00									0
BOARD MEMBER	1 00	Х						0.	0.	0.
(7) KERRI FOLMER	1.00	37						_		0
BOARD MEMBER	1 00	Х						0.	0.	0.
(8) VIRGINIA CARTER	1.00	v						0.	0.	0
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) KATIE DOLAN	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	^						0.	0.	0.
(10) ELEANOR STERLING BOARD MEMBER	1.00	x						0.	0.	0.
(11) DELIA KULUKUNDIS	1.00	~						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(12) DANIEL SIMBERLOFF	1.00	Δ						•	•	<u></u>
BOARD MEMBER	1.00	x						0.	0.	0.
(13) JEN STEELE	1.00								Ŭ.	•••
BOARD MEMBER		x						0.	0.	0.
(14) KAREN POIANI	40.00									
CEO				х				204,924.	0.	30,739.
(15) DOUGLAS BRAGDON	40.00									
COO				х				138,334.	0.	20,750.
(16) RACHEL WADSWORTH	40.00									
DIRECTOR OF PHILANTHROPY						x		155,956.	0.	23,393.
(17) KARL CAMPBELL	40.00									
LATIN AMERICA REGIONAL EXECUTIVE DIR						x		145,568.	0.	21,835.
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	1990 (2019) ISLAND CO									91-1	839	907	Р	age 8
Pai	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C					(5)	
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck	erson	than is bot pr/trus	h an	(D) Reportable compensation from	compensatio	Reportable compensation from related		(F) timate ount other	of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offlicer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		orga and	oensa om th anizat I relat nizat	ie tion ted
	GREGORY HOWALD CTOR OF GLOBAL AND EXTERNAL AFFA	40.00					x		135,106.		ο.	2().2	66.
	HEATH PACKARD	40.00												
	DR GIFTS OFFICER	40.00					X		129,634.		0.	19	9,4	45.
	CHAD HANDSON CTOR OF PROGRAMS AND INTEGRATION	40.00					x		106,726.		0.	16	5,0	09.
	Subtotal								1,016,248.		0.	152	2,4	37. 0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								1,016,248.		0.	152	2,4	37.
2	Total number of individuals (including but n									,000 of reportab	le			9
	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s											3		x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		4	x	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue compei	nsat	ion f	from	n any	/ unr	elat	ted organization or indivi	dual for services		5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for										npens	ation fr	rom	
	(A) Name and business	address	N	ONE	Ξ				(B) Description of s	ervices	С	(C omper		n
2	Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot li	mite	d to		se lis 0	stec	d above) who received m	nore than				

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Pa	rt	VII	Statement of Re	ver	lue							
			Check if Schedule O	conta	ains a respo	nse	or note to any lir	ne in this P	art VIII	(р)		
								(A Total re	venue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b	Federated campaigns		1b							
Gifts ilar A		d			1d							
itions, er Sim			Government grants (contr All other contributions, gifts,	grant	s, and							
ntribu d Oth		g	similar amounts not included Noncash contributions included in				<u>457,248.</u> 4,975.					
a C		h	Total. Add lines 1a-1f					5,457	,248.			
							Business Code	1 1 0 0		1 100 050		
Program Service Revenue	2	2 a	CONTRACT INCO	ME			541900	1,183	,953.	1,183,953.		
Serv		b										
s en		c d										
Be		u e										
Pro		-	All other program service	reve	nue							
		g	Total. Add lines 2a-2f					1,183	,953.			
	3	3	Investment income (includ									
			other similar amounts)				►	19	,171.			19,171.
	4	ł	Income from investment of	of tax	-exempt bo	nd p	roceeds					
	5	5	Royalties				►					
					(i) Real		(ii) Personal					
	6	6 a	Gross rents	6a								
		b	Less: rental expenses	6b								
		с	Rental income or (loss)	6c			`					
			Net rental income or (loss) Gross amount from sales of)	(i) Securiti		(ii) Other					
	'	a	assets other than inventory	7a								
		h	Less: cost or other basis	10								
en		~	and sales expenses	7b								
Revenue		с		7c								
Be			Net gain or (loss)				►					
Other	6	3 a	Gross income from fundraisir	ng ev	ents (not							
ð			including \$		of							
			contributions reported on	line	1c). See							
						8a						
			Less: direct expenses			8b						
							····· >					
		Эа	Gross income from gamin	-								
		h	Part IV, line 19 Less: direct expenses			9a 9b						
			Net income or (loss) from									
	10		Gross sales of inventory, I			,						
			and allowances			10a						
		b	Less: cost of goods sold			10b						
			Net income or (loss) from			y	►					
s							Business Code					
eou	11	l a	MISCELLANEOUS				900099		,601.			17,601.
lane		b	FOREIGN CURRE	INC	Y GAIN	7	900099	-3	,666.			-3,666.
Miscellaneous Revenue		с										
Mis			All other revenue					1 1 1	0.2 -			
	Ļ		Total. Add lines 11a 11d						<u>,935.</u>	1 102 052	0	22 100
	12		Total revenue. See instructio	ons	<u></u>		🕨	0,0/4	, 30/.	1,183,953.	0.	•••
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ISLAND CONSERVATION

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ISLAND CONSERVATION

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	217,000.	217,000.		
	Grants and other assistance to domestic ndividuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
i	ndividuals. See Part IV, lines 15 and 16	1,988.	1,988.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
t	trustees, and key employees	341,867.	37,607.	247,060.	57,200
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				110 005
	Other salaries and wages	2,950,545.	2,126,177.	414,273.	410,095
	Pension plan accruals and contributions (include	E0 140	27 222	11 000	0 0 7 0
	section 401(k) and 403(b) employer contributions)	58,140.	37,233.	11,928.	8,979
	Other employee benefits	556,550.	379,842.	115,822.	60,886
	Payroll taxes	273,488.	175,540.	54,569.	43,379
	Fees for services (nonemployees):				
	Management	67,220.	58,571.	8,649.	
	Legal	53,456.	18,948.	34,508.	
		55,450.	10,940.	54,500.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	nvestment management fees				
	column (A) amount, list line 11g expenses on Sch 0.)	636,971.	532,005.	102,432.	2,534
		030,971.	552,005.	102,452.	2,554
	Advertising and promotion Office expenses	657,307.	451,041.	173,643.	32,623
	Information technology	63,818.	49,864.	11,172.	2,782
	Royalties	,			_,
	Decupancy	158,041.	3,673.	154,048.	320
	Travel	763,619.	597,222.	83,851.	82,546
	Payments of travel or entertainment expenses		,		
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	20,006.	7,954.	9,279.	2,773
	nterest				
21	Payments to affiliates				
	Depreciation, depletion, and amortization	5,643.		5,643.	
23	nsurance	52,693.	4,889.	47,383.	421
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	CHARTERS	81,554.	20,827.		60,727
· · ·	ANIMAL CARE	1,452.	1,452.		
c d	SHARED COSTS	0.	248,891.	-284,167.	35,276
-	All other expenses				
	Total functional expenses. Add lines 1 through 24e	6,961,358.	4,970,724.	1,190,093.	800,541
	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)				

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ISLAND CONSERVATION

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

(A) (B) Beginning of year End of year 2,144,963. 1,178,384. Cash - non-interest-bearing 1 1 153,191. 622,831. 2 2 Savings and temporary cash investments 1,028,140. 2,004,605. 3 3 Pledges and grants receivable, net 328,362. 529,088. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 84,582. 70,748. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 238,070. basis. Complete Part VI of Schedule D _____ 10a 238,070. 5,643. Ο. b Less: accumulated depreciation 10b 10c 792,764. Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 33,783. 22,116. Other assets. See Part IV, line 11 15 15 4,571,428. 4,427,772. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 526,170. 390,876. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 0. 278,689. 25 of Schedule D 526,170. 669,565. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 2,149,398. 1,805,512. Net assets without donor restrictions 27 27 1,895,860. 1,952,695. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 4,045,258. 3,758,207. Total net assets or fund balances 32 32 4,571,428. 4,427,772. 33 33 Total liabilities and net assets/fund balances ...

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Form **990** (2019)

IC____1

Part X Balance Sheet

Form 990 (2019)

	1990 (2019) ISLAND CONSERVATION	91-18	39907	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,674		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,961		
3	Revenue less expenses. Subtract line 2 from line 1	3	-28		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,045	5,2	58.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	3,758	3,2	07.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or 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?		2 b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	L
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

P The

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

Nam	e of t	he organization דפד א	ND CONSERV	ϪͲͳϴͶ					identification number $1 - 1839907$		
Pa	41	Reason for Public			mploto th	is part) S	oo instruction		1-1039907		
								5.			
1	ngan	ization is not a private found		. .		,					
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
2							::\				
3		A hospital or a cooperative									
4		A medical research organiz	ation operated in co	njunction with a nospital	described	a in sectio	A)(1)(d)U11 n)(III). Enter	the hospital's name,		
-		city, and state:						unit de neuil			
5		An organization operated for		liege or university owned	a or opera	ted by a g	overnmental	unit descrit	bed in		
~		section 170(b)(1)(A)(iv). (C				70/1-1/41/41	4.3				
6	X	A federal, state, or local go							and the state of the station		
7	Δ	An organization that norma		intial part of its support f	rom a gov	ernmental	unit or from t	ne general	public described in		
•		section 170(b)(1)(A)(vi). (C									
8		A community trust describe									
9		An agricultural research org									
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enterthe	name, cit	y, and state o	r the colleg	le or		
10		university:	1	than 22 1/20/ of its our	nort from	oontributi	ana mambar	bin face o	and areas respired from		
10		An organization that norma activities related to its exen									
				-					-		
		income and unrelated busin See section 509(a)(2). (Con				sses acqu		ganization	anel June 30, 1975.		
11		An organization organized a	,	ively to test for public sa	foty Soo	saction 5(10(2)(4)				
12		An organization organized a	-	•	-			arry out the	nurnoses of one or		
		more publicly supported or									
		lines 12a through 12d that									
а		Type I. A supporting orga							/ aivina		
		the supported organization	-	-	•						
		organization. You must o									
b		Type II. A supporting org	•		tion with it	ts support	ed organizatio	on(s), by ha	avina		
		control or management o	-				-		-		
		organization(s). You mus						- 3			
с		Type III functionally inte	•		in connec	tion with.	and functiona	llv integrat	ed with.		
		its supported organizatio						, ,	,		
d] Type III non-functionally					-	rted organ	ization(s)		
		that is not functionally int						-			
		requirement (see instruct			-		-				
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	II, Type III			
		functionally integrated, or									
f	Ente	er the number of supported o	organizations								
g	Pro	vide the following information	about the supporte	ed organization(s).							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount of		(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)		

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

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Schedule A (Form 990 or 990 EZ) 2019 ISLAND CONSERVATION

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6132607.	5916138.	3236820.	4781348.	5457248.	25524161.
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	5,000.					5,000.
4	Total. Add lines 1 through 3	6137607.	5916138.	3236820.	4781348.	5457248.	25529161.
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,						10046000
_	column (f)						10846990.
	Public support. Subtract line 5 from line 4.						14682171.
	ction B. Total Support			<i></i>			(n
	ndar year (or fiscal year beginning in)	(a)2015 6137607.	(b) 2016 5916138.	(c) 2017 3236820.	(d) 2018 4781348.	(e) 2019	(f) Total 25529161.
	Amounts from line 4	0137007.	2310120.	5250020.	4/01540.	J4J/240.	23329101.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	2,130.	1,756.	8,227.	22,353.	19,171.	53,637.
~	and income from similar sources	2,130.	1,750.	0,227.	22,333.	19,111	55,057.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	1,744.	-3.743.	-12.345.	-26,514.	13,935,	-26,923.
11	Total support. Add lines 7 through 10		577151	12/0100	2075110		25555875.
12		etc. (see instruction	ns)				,480,176.
	First five years. If the Form 990 is for		,	d fourth or fifth ta			, , _ , _ , _ , _ ,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2019 (olumn (f))		14	57.45 %
	Public support percentage from 2018		•			15	48.51 %
	33 1/3% support test - 2019. If the o					nore, check this be	
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	lifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2018. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	in Part VI how the	e
	organization meets the "facts-and-cire	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization	▶Ц
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17k			
					Sche	dule A (Form 990) or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 ISLAND CONSERVATION

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.)

Sec	ction A. Public Support			. <u> </u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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							
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
4	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						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
		1					
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) orga	nization,
	check this box and stop here	<u></u>	<u></u>	<u></u>			>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2019 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2018	Schedule A, Part	III, line 15			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	19 (line 10c. colur	nn (f), divided by l	line 13. column (f))	1	17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2019. If the						
.56	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2018. If the						
-	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio						
	23 09-25-19			,e., shook (990 or 990-EZ) 2019
				15	2011		

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	Did the evention are tide to each of its suprested eventions, but he last day of the fifth month of the		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	-		
0	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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a	The organization satisfied the Activities Test. Complete line 2 below.	-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insi	ructions	5).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Schedule A (Form 990 or 990-EZ) 2019 ISLAND CONSERVATION

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

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

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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lv integrate	ed Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		· · · · ·	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 ISLAND CONSERVATION

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCE	LLANEOU	S IN	COME					
2015	AMOUNT:	\$	1,744.					
2016	AMOUNT:	\$	-3,743.					
2017	AMOUNT:	\$	-12,345.					
2018	AMOUNT:	\$	2,143.					
2019	AMOUNT:	\$	17,601.					
FOREI	GN CURR	ENCY	LOSS					
2018	AMOUNT:	\$	-28,657.					
	AMOUNT:							
932028 09-2	25-19						Schedule A (Form S	990 or 990-EZ) 2
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

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

2019

Employer identification number

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ISLAND	CONSERVATION

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

ISLAND CONSERVATION

Name of organization

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$207,009.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	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		\$10,000.	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
5		\$5,485.	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
923452 11-06		\$5,000. \$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019)
	22	<i>t</i>	,,,

2019.05000 ISLAND CONSERVATION

18531113 721074 IC

91-1839907

Employer identification number

ISLAND CONSERVATION

91-1839907

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
7		\$ 10,000. \$ 10,000. Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
8		\$ 5,000. \$ 5,000. Person Payroll Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
9		\$ 150,000. \$ 150,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
10		\$ 25,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		\$ 85,000. Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
12		Person X
923452 11-06	3-19	\$ 20,000. Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

IC____1

18531113 721074 IC

Employer identification number

91-1839907

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$100,000.	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
14		\$200,000.	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
15		\$ <u>300,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$100,000.	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
17		\$28,089.	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
18		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06-	24	Schednie R (Form	990, 990-EZ, or 990-PF) (2019)

18531113 721074 IC

IC____1

Page **2**

Part I

(a)

No.

19

(a)

No.

20

(a)

No.

21

(a)

No.

22

(a) No.

23

(a) No.

24

ntributions.) or 990-PF) (2019)

-	
923452	11-06-19

18531113

	\$30,000.	Noncash
		(Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$ <u>250,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$78,545.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
25 721074 IC 2019.05000 ISLAND		990, 990-EZ, or 990-PF) (2019

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

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Employer identification number

(d)

Type of contribution

X

X

91-1839907

Person Payroll

Noncash

Person Payroll

(Complete Part II for noncash contributions.)

(d)

Type of contribution

(c)

Total contributions

(c)

Total contributions

\$

100,000.

91-1839907

ISLAND CONSERVATION Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) Ι (b)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contributi
_25		\$10,130.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u>26</u>		\$7,300.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
27		\$1,266,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
28		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
<u>29</u>		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribut
30		\$240,000.	Person X Payroll Noncash (Complete Part II for noncash contributior
452 11-06-19		Schedule B (Forn 26	ו 990, 990-EZ, or 990-PF) ו
1113 72107		SLAND CONSERVATION	IC

Employer identification number

91-1839907

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional additionadditional additionadditionadditionadditionad additionadd	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$50,000.	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
32		\$786,213.	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
33		\$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
34		\$ <u>385,782.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$ <u>53,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>36</u> 923452 11-06	-19	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019
	27		,,



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18531113 721074 IC

Employer identification number

91-1839907

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$10,000.	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
38		\$10,000.	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
39		\$5,000.	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
<u>40</u>		\$25,000.	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
		\$60,000.	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
42		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
923452 11-06-	28	Schedule B (Form	990, 990-EZ, or 990-PF) (2019

Page	2
I aye	_

Employer identification number

91-1839907

(a) No.	(b)	(c)	(-0
	Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
		\$25,000.	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
44		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>45</u>		\$14,500.	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
<u>46</u>		\$ <u>262,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>47</u>		\$5,000.	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
<u>48</u> 923452 11-00		\$5 , 0 0 0 . Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2019

2019.05000 ISLAND CONSERVATION

18531113 721074 IC

Employer identification number

Page 2

91-1839907

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 49</u>		\$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
50		\$5,046.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$60,000.	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
52		\$25,000.	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
53		\$50,000.	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
923452 11-06		\$ Schedule B (Form	Person Payroll On Complete Part II for noncash contributions.)
	30		200,000 22,01 000-FT / (2019)

2019.05000 ISLAND CONSERVATION

18531113 721074 IC

Employer identification number

91-1839907

ISLAND CONSERVATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	32 SH OF MSFT		
-		\$5,046.	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 - -		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
- - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-06-1	¹⁹ 31	Schedule B (Form 9	90, 990-EZ, or 990-PF

Page 4

	CONSERVATION			91-1839907	
art III Ex	clusively religious, charitable, etc., contributio	ns to organizations described in	section 501(c)(7), (8), or (10) that		
fro	m any one contributor. Complete columns (a) the mathematical provides the mathematical of exclusively religious, characteristic structures of the structure of	prough (e) and the following line	ntry For organizations		
Us	se duplicate copies of Part III if additional sp	bace is needed.			
a) No. from	(b) Purpose of gift	(c) Use of gift		ion of how gift is held	
Part I	(b) Fulpose of gift	(c) Use of gift	(d) Descript	on of now gift is neid	
		(e) Transfer of g	ft		
	Transferee's name, address, and	ZI P + 4	Relationship of transfe	ror to transferee	
a) No. rom	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held	
Part I	· · · · •			-	
			— ———		
			-		
		(e) Transfer of g	ft		
	Transferee's name, address, and	I ZI P + 4	Relationship of transfe	ror to transferee	
a) No. from					
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Descript	(d) Description of how gift is held	
		(e) Transfer of g	ft		
	Transferee's name, address, and	I ZI P + 4	Relationship of transfe	ror to transferee	
—					
a) No.	(b) Purpose of gift	(c) Use of gift	(d) Descript	ion of how gift is held	
a) No. rom		., -		-	
rom Part I	1				
Part I					
Part I					
irom Part I					
rom Part I 		(e) Transfer of g	 ft		
rom Part I	Transferee's name address and			ror to transferee	
rom Part I	Transferee's name, address, and		ft Relationship of transfe	ror to transferee	
rom Part I	Transferee's name, address, and			ror to transferee	
rom Part I	Transferee's name, address, and			ror to transferee	
rom Part I	Transferee's name, address, and		Relationship of transfe	ror to transferee orm 990, 990-EZ, or 990-P	

SCHEDULE D

(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



	ment of the Treasury Revenue Service		Attach to Form 990. 90 for instructions and the latest information	۱.	Inspect		
-	e of the organizati	ion		Employe	r identificatio		
Des		ISLAND CONSERVATIO			91-18399		
Par		_	d Funds or Other Similar Funds or	Accounts	Complete if th	ne	
	organizatio	n answered "Yes" on Form 990, Part IV, lin		(h) Euroda au			
			(a) Donor advised funds	(b) Funds ar	nd other accou	ints	
1		nd of year					
2		of contributions to (during year)					
3	Aggregate value o						
4		at end of year					
5	5						
-			exclusive legal control?		📖 Yes	└── No	
6			dvisors in writing that grant funds can be used				
			r donor advisor, or for any other purpose conf	-			
Par	impermissible priv				🔛 Yes	No No	
			anization answered "Yes" on Form 990, Part I	v, line 7.			
1		servation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·	4 - 1 - 10 - 1 - 1 - 1		_	
		n of land for public use (for example, recrea		• •		а	
		of natural habitat	Preservation of a ce	tified historic	c structure		
•		n of open space					
2			ied conservation contribution in the form of a				
_	day of the tax yea				d at the End of th	le lax rear	
			ucture included in (a)	2c			
d			after 7/25/06, and not on a historic structure				
~				2d			
3	year	valion easements modified, transferred, rel	leased, extinguished, or terminated by the orga	anization dun	ing the tax		
4		where property subject to conservation eas	sement is located				
5		tion have a written policy regarding the per					
Ŭ	•	forcement of the conservation easements if			Yes	No	
6			handling of violations, and enforcing conserva				
Ŭ			handling of violations, and officially concerve			your	
7	Amount of expense	 ses incurred in monitoring inspecting hand	lling of violations, and enforcing conservation	easements dr	uring the year		
•	► \$				aning the year		
8		vation easement reported on line 2(d) abov	ve satisfy the requirements of section 170(h)(4)	(B)(i)			
					Yes	🗌 No	
9			on easements in its revenue and expense stat				
		c	note to the organization's financial statements		es the		
		counting for conservation easements.	J. J				
Par			f Art, Historical Treasures, or Othe	Similar A	ssets.		
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and b	alance sheet	works		
	of art, historical tre	easures, or other similar assets held for put	blic exhibition, education, or research in furthe	ance of publ	lic		
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.	-			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balar	ice sheet wo	rks of		
	-		exhibition, education, or research in furtherar				
		ing amounts relating to these items:		-			
	-			🕨 \$			
				▶\$			
2			asures, or other similar assets for financial gair	ı, provide			
	0	unts required to be reported under FASB A					
а	-		Ŭ	▶\$			

b Assets included in Form 990, Part X

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LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
932051	1 10-02-19

Schedule D (Form 990) 2019

\$

33 2019.05000 ISLAND CONSERVATION

Sche	dule D (Form 990) 2019 ISLAND	CONSERVATI	ON				9	91-18	3990	7 _{Pa}	age 2
Par	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	reasures,	or Othe	er Simila	ar Asse	ts(contir	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at make s	significant (use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progr						
b	Scholarly research	e		Other							
c	Preservation for future generations			• •• •							
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit o							—	7.		1
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran								Yes		No
1 01	reported an amount on Form 990, Par			organizatio	n answereu	Tes On	1 FOITH 990	, Fartiv,	iii le 9, 0i		
1a	Is the organization an agent, trustee, custodi		diary for	contribution	ns or other a	ssets not	included				
Ĩ	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······ <u> </u>	1.00		
-			g						Amount	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fe								Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	on has beer	n provided or	n Part XIII]
Par	t V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	1	1					
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three ye	ears back	(e) Four	years	back
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the curr	ront year and balanc	l no (lino 1	a column (r	a)) hold as:				Ĺ		
	Board designated or quasi-endowment	rent year end baland	ا عارا) عر %	g, column (
	Permanent endowment	%									
		%									
•	The percentages on lines 2a, 2b, and 2c sho	<i>,</i> -									
3a	Are there endowment funds not in the posse		ation tha	at are held a	and administe	ered for t	he organiz	ation			
	by:	0					0		Ī	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations										
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?)				3b		
_4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV	/, line 11a. S	See Form 99						
	Description of property	(a) Cost or o basis (investr		. ,	t or other (other)		ccumulate preciation	d	(d) Bool	k value	÷
1a	Land										
	Buildings										
	Leasehold improvements				9,024.	ļ	29,02				0.
	Equipment				9,237.		149,23				0.
	Other				9,809.		59,80				0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c.)						0.

Schedule D (Form 990) 2019

932052 10-02-19

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Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		

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

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

Part IX Other Assets.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (b) Book value (a) Description of liability 1. Federal income taxes (1) 278,689 GRANT ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) 278,689. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

932053 10-02-19

Sche	edule D (Form 990) 2019 ISLAND CONSERVATION		91-1	1839907 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements		1	6,674,307.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			6,674,307.
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		
с	Add lines 4a and 4b		4c	0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				6,674,307.
Ра	rt XII Reconciliation of Expenses per Audited Financial Stater	•	enses per Retu	rn.
Ра	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	· · · · · · · · · · · · · · · · · · ·	
Pa 1		a.	· · · · · · · · · · · · · · · · · · ·	rn. 6,961,358.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	· · · · · · · · · · · · · · · · · · ·	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	a.	· · · · · · · · · · · · · · · · · · ·	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a. 2 a	· · · · · · · · · · · · · · · · · · ·	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 2a 2b	· · · · · · · · · · · · · · · · · · ·	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a	· · · · · · · · · · · · · · · · · · ·	6,961,358.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	a. 2a 2b 2c 2d		6,961,358.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	a. 2a 2b 2c 2d	1	6,961,358.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	a. 2a 2b 2c 2d	1	6,961,358.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	a. 	1	6,961,358.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. 2a 2b 2c 2d 4a	1	6,961,358.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	a. 2a 2b 2c 2c 2d 4a 4b	1 2e 3 4c	6,961,358. 0. 6,961,358. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	a. 2a 2b 2c 2c 2d 4a 4b	1 2e 3 4c	6,961,358.

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 X, LINE 2:

THE ORGANIZATION IS RECONGNIZED AS A PUBLIC CHARITY EXEMPT FROM FEDERAL
INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND
SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, WHEREBY ONLY
UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE INTERNAL
REVENUE CODE AND SIMILAR CODE SECTIONS OF THE CALIFORNIA REVENUE AND
TAXATION CODE, IS SUBJECT TO INCOME TAX. MANAGEMENT BELIEVES THAT ALL OF
THE ORGANIZAION'S ACTIVITIES WERE DIRECTLY TO ITS EXEMPT PURPOSE.

EACH YEAR, MANAGEMENT CONSIDERS WHETHER THE ORGANIZATION HAS ANY UNCERTAIN

TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS;

INCLUDING THE ORGANIZATION HAS ENGAGED IN ACTIVITIES THAT COULD AFFECT THE 932054 10-02-19 Schedule D (Form 990) 2019 36

2019.05000 ISLAND CONSERVATION

Schedule D (Form 990) 2019 ISLAND CONSERVATION	91-1839907 Page 5
Part XIII Supplemental Information (continued)	
ORGANIZATION'S INCOME TAX STATUS OR RESULT IN TAXABLE INCOM	IE. MANAGEMENT
BELIEVES THAT ANY POSITIONS THE ORGANIZATION HAS TAKEN ARE	SUPPORTED BY
SUBSTANTIAL AUTHORITY AND WOULD MORE LIKELY THAN NOT BE SUS	TAINED UPON
EXAMINATION BY THE APPLICABLE TAXING AUTHORITY. MANAGEMENT	HAS DETERMINED
THAT THE ORGANIZATION DOES NOT HAVE ANY MATERIAL UNCERTAIN	TAX POSITIONS
THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STA	TEMENTS.

Schedule D (Form 990) 2019

932055 10-02-19

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Department of the Treasury Internal Revenue Service	Go to v	www.irs.gov/Fa	► Attach to Form 990. orm990 for instructions and the lates	t information.		pen to Public spection
Name of the organization	P 00101					ntification number
					01 1000	0.0.7
ISLAND CONSERVA					91-1839	
Part I General Info Form 990, Part I		ctivities Ou	tside the United States. Comple	ete if the organ	ization answere	d "Yes" on
,	,	maintain recor	ds to substantiate the amount of its gra	ants and other	assistance	
			the selection criteria used to award the			X Yes No
2 For grantmakers. Desc	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance	outside the
United States.		-	-	-		
3 Activities per Region. (1	he following Part	t I, line 3 table ca	an be duplicated if additional space is I	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent	gram services, investments, grants to		specific type	investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
				STRATEGIC F	LANNING,	
				PROJECT MAN	IAGEMENT, ANI	
EAST ASIA AND THE				OUTREACH AC	TIVITIES TO	
PACIFIC	0	5	PROGRAM SERVICES	SUPPORT REM	IOVAL OF	722,882.
				PROJECT MAN	IAGEMENT ,	
				ACTIVITIES	TO SUPPORT	
				REMOVAL OF	INVASIVE	
SOUTH AMERICA	2	17	PROGRAM SERVICES	SPECIES.		1,509,955.
				STRATEGIC F	LANNING,	
				PROJECT MAN	IAGEMENT, ANI	
CENTRAL AMERICA AND				OUTREACH AC	TIVITIES TO	
THE CARIBBEAN	0	2	PROGRAM SERVICES	SUPPORT REM	IOVAL OF	166,583.
3 a Subtotal	2	24				2,399,420.
b Total from continuation						. ,
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	2	24				2,399,420.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2019

932071 10-12-19

SCHEDULE F

(Form 990)

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

OMB No. 1545-0047 Open to Public Inspection

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2019.05000	ISLAND	CONSERVATION

ichedule F (Form 990) 2019	ISLAND CONSERVATION	

91-1839907

Page 2

 Schedule F (Form 990) 2019
 ISLAND
 CONSERVATION
 91–1839907

 Part II
 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any

 recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			recognized as charities by the				1	
by the IRS, or for whic	ch the grantee or cou	insel has provided a sec	tion 501(c)(3) equivalency lette					
3 Enter total number of	other organizations of	or entities				🕨		

ISLAND CONSERVATION Schedule F (Form 990) 2019

Page 3

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

			ILE F (Form 990) 2019

Schedule F (Form 990) 2019

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 ISLAND CONSERVATION
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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

A CONTRACT IS CREATED BASED ON REQUIREMENTS FROM THE GRANTOR. PROGRAM

STAFF EVALUATE PERFORMANCE ON DELIVERABLES AND APPROVE FOR PAYMENT WHEN

COMPLETE.

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: STRATEGIC PLANNING, PROJECT

MANAGEMENT, AND OUTREACH ACTIVITIES TO SUPPORT REMOVAL OF INVASIVE

SPECIES.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: STRATEGIC PLANNING, PROJECT

MANAGEMENT, AND OUTREACH ACTIVITIES TO SUPPORT REMOVAL OF INVASIVE

SPECIES.

932075 10-12-19

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Schedule F (Form 990) 2019

SCHEDU (Form 990		Go	irants and Oth vernments, ar ete if the organizatio	nd Individual	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of Internal Reve	of the Treasury nue Service	•	-	Attach to For rs.gov/Form990 fo	m 990.			Open to Public Inspection
Name of t	he organization	D CONSERVATIO	N					Employer identification number 91-1839907
Part I	General Information on G	irants and Assistance						
crite	es the organization maintain r eria used to award the grants cribe in Part IV the organizati	or assistance?						
Part II	Grants and Other Assista	-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
1 (a)	recipient that received mor Name and address of organiz or government		be duplicated if addit (c) IRC section (if applicable)	tional space is need (d) Amount of cash grant	ded. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
11150 F	OS CONSERVANCY AIRFAX BOULEVARD , VA 22030	13-3281486	501C3	217,000.	0.			TO PROMOTE SCIENCE CONSERVATION AND ENVIRONMENTAL EDUCATION IN THE GALAPAGOS ISLANDS.
2 Ente	er total number of section 50	1(c)(3) and government or	ganizations listed in th	ne line 1 table				▶ <u> </u>
	er total number of other orgai							
LHA Fo	r Paperwork Reduction Act	Notice, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2019)

Page 2

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

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

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

PART I, LINE 2:

SUBGRANTS AWARDS ARE BASED ON A SUB GRANT TEMPLATE WHICH IS MODIFIED TO

ACCOMODATE THE PARTICULAR REQUIREMENTS OF SOURCE FUNDING. STANDARD

REQUIREMENTS INCLUDE SEMIANNUAL PROGRESS REPORTS AND A COMPREHENSIVE FINAL

REPORT.

SC	HEDULE J	Compensation Information	I	OMB No.	1545-00	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	
		Compensated Employees		20	IJ	,
Dena	tment of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio			identificati		mber
_		ISLAND CONSERVATION	91-1	183990	7	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	ı 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	X First-class or o					
	Travel for com					
		cation and gross-up payments				
		spending account Personal services (such as maid, chauffer	ur, chef)			
١.	If any of the house	on line to are absolved, and the execution follow a written as "a section of the				
a	b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
2	 reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain					
2	e e	ers, including the CEO/Executive Director, regarding the items checked on line 1a?		2	х	
	trustees, and onice			2		
3	Indicate which if a	ny, of the following the organization used to establish the compensation of the organization?	c			
Ŭ		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant X Compensation survey or study				
	·	ther organizations I I I I I I I I I I I I I I I I I I I	committee			
		5				
4	During the year, die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severand	ce payment or change-of-control payment?		4a		X
b	Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b		X
с	Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the			_		v
a	The organization?			5a		X X
b		ration?		5b		
~		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o	nc			
-	contingent on the			6.		x
		ration?				X
U		ration? or 6b, describe in Part III.		6b		
7		on bo, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment.	c			
'		nes 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
U		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		x
9		id the organization also follow the rebuttable presumption procedure described in				
Ŭ		n 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		dule J (Forr	n 990) 2019
			001100			, _3.0

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91-1839907

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.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits			
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) KAREN POIANI (i)	204,924.	0.	0.	0.	30,739.	235,663.	0.	
CEO (ii)	0.	0.	0.	0.	0.		0.	
(2) DOUGLAS BRAGDON (i)	138,334.	0.	0.	0.	20,750.	159,084.	0.	
coo (ii)	0.	0.	0.	0.	0.	0.	0.	
(3) RACHEL WADSWORTH (i)		0.	0.	0.	23,393.	179,349.	0.	
DIRECTOR OF PHILANTHROPY (ii)	0.	0.	0.	0.	0.	0.	0.	
(4) KARL CAMPBELL (i)	145,568.	0.	0.	0.	21,835.	167,403.	0.	
LATIN AMERICA REGIONAL EXECUTIVE DIR (ii)	0.	0.	0.	0.	0.	0.	0.	
(5) GREGORY HOWALD (i)		0.	0.	0.	20,266.	155,372.	0.	
DIRECTOR OF GLOBAL AND EXTERNAL AFFA (ii)	0.	0.	0.	0.	0.	0.	0.	
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
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(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

Schedule J (Form 990) 2019

Part III Supplemental Information

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

PART I, LINE 1A:

WE CHARTER HELICOPTERS AND PLANES FOR ACCESS TO AND WORK ON REMOTE ISLANDS.

WE HAVE A POLICY AGAINST FIRST CLASS TRAVEL EXCEPT UNDER VERY UNUSUAL

CIRCUMSTANCES SUCH AS MEDICAL EMERGENCY.

WE PAY ONE EMPLOYEE A SMALL STIPEND FOR PROJECT GUN STORAGE OUTSIDE OF CA.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



ISLAND CONSERVATION

Employer identification number 91 - 1839907

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILE. SPECIES BENEFITTING FROM THIS WORK INCLUDE THE CRITICALLY

ENDANGERED RAYADITO ON ALEJANDRO SELKIRK, THE ENDANGERED NEWELL'S

SHEARWATER IN HAWAII, AND ENDANGERED PERUVIAN DIVING-PETREL ON CHANARAL

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

CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER REVIEW THE FIRST DRAFT OF FORM 990 AND REQUEST REVISIONS AS APPROPRIATE. CHIEF OPERATING OFFICER PROVIDES THE SECOND DRAFT OF FORM 990 TO ALL BOARD MEMBERS INCLUDING FINANCE COMMITTEE AND TREASURER. BOARD MEMBERS REVIEW AND PROVIDE COMMENTS REGARDING CONCERNS OR ISSUES. FINANCE COMMITTEE, CHIEF OPERATING OFFICER AND BOARD MEMBERS MEET TO REVIEW THE FINAL DRAFT OF FORM 990. FINANCE COMMITTEE VOTES TO RECOMMEND APPROVAL OF FINAL 990. BOARD VOTES TO APPROVE 990.

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

EACH FALL-WINTER THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO BOARD AND STAFF, AND ANY POTENTIAL CONFLICTS ARE REPORTED. FOLLOWING FULL DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST, THE BOARD OF DIRECTORS SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND IF SO, THE BOARD SHALL VOTE TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT ISLAND CONSERVATION'S BEST INTERESTS. BOTH VOTES SHALL BE BY A MAJORITY VOTE WITHOUT COUNTING THE VOTE OF ANY INTERESTED DIRECTOR, EVEN IF THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM PROVIDED THAT AT LEAST ONE CONSENTING DIRECTOR IS LHA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019) 92211 09-06-19

48 2019.05000 ISLAND CONSERVATION ISLAND CONSERVATION

91-1839907

DISINTERESTED.

ANY ACTION TAKEN SHALL BE REFLECTED IN THE OFFICIAL MINUTES OF ISLAND CONSERVATION. AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER SHALL NOT PARTICIPATE IN ANY DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS, OR OF ANY COMMITTEE OR SUBCOMMITTEE THEREOF IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, SHE OR HE MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER. ANYONE IN A POSITION TO MAKE DECISIONS ABOUT SPENDING ISLAND CONSERVATION'S RESOURCES (I.E. TRANSACTIONS SUCH AS PURCHASE CONTRACTS) - WHO ALSO STANDS TO BENEFIT FROM THAT DECISION - HAS A DUTY TO DISCLOSE THAT CONFLICT AS SOON AS IT ARISES (OR BECOMES APPARENT); SHE OR HE SHOULD NOT PARTICIPATE IN ANY FINAL DECISIONS.

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

ISLAND CONSERVATION PERIODICALLY OBTAINS RELEVANT MARKET DATA TO ENSURE THAT HIRING COMPENSATION DECISIONS ARE CONSISTENT WITH MARKET CONDITIONS, BOTH FOR THE CEO WHOSE COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD, AND OTHER STAFF WHOSE COMPENSATION IS NOT REGULARLY REVIEWED AND APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Туре о	r Name of exempt organization or other filer, see ins	tructions.		Taxpayer	Taxpayer identification number (TIN)		
print	ISLAND CONSERVATION				91-1839907		
File by the due date filing your return. Se	for Number, street, and room or suite no. If a P.O. box		tions.		<u> </u>		
instructio		a foreign add	ress, see instructions.				
Enter tl	ne Return Code for the return that this application is for	(file a separa	te application for each return)			0 1	
Applica	ation	Return	Application			Return	
Is For		Code	Is For			Code	
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 9	90-BL	02	Form 1041-A			08	
Form 4720 (individual) 03 Form 4720 (other than individual)						09	
Form 990-PF 04 Form 5227						10	
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11	
Form 990-T (trust other than above) 06 Form 8870							
1 I ti	is is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until he organization named above. The extension is for the of . Calendar year 2019 or tax year beginning the tax year entered in line 1 is for less than 12 months Change in accounting period	and atta NOVEI organization's	ch a list with the names and TINs or MBER 16, 2020 , to file s return for: d ending	f all memb	ers the externing organizati	nsion is for.	
3a li	this application is for Forms 990-BL, 990-PF, 990-T, 47	20. or 6069.	enter the tentative tax. less				
	ny nonrefundable credits. See instructions.			3a	\$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
	stimated tax payments made. Include any prior year ov			Зb	\$	Ο.	
c E	Balance due. Subtract line 3b from line 3a. Include your	payment wit	h this form, if required, by				
U	sing EFTPS (Electronic Federal Tax Payment System).	See instruction	ons.	3c	\$	0.	
Cautio	n: If you are going to make an electronic funds withdrav tions.	val (direct de	bit) with this Form 8868, see Form 8	453-EO ai	nd Form 8879	9-EO for payment	
	For Privacy Act and Paperwork Reduction Act Notic	o soo instr	uctions		Form 8	868 (Rev. 1-2020)	

923841 12-30-19

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEARCalifornia Exempt Organization2019Annual Information Return

199

С	alendar Yea	2019 or fiscal year beginning (mm/dd/yyyy)			, and ending	g (mm/dd/yy	уу)				
(Corporation/O	ganization name				Cal	ifornia corp	oration	number		
т	SLAND	CONSERVATION					2012	314	L		
_		rmation. See instructions.				FF		513			
-	Auditional into	mation. See instructions.						0 2 0	007		
							91-1	839	907		
		(suite or room)					PMB no.				
2	100 D	ELAWARE AVENUE, NO. 1									
(City					State	ZIP code				
S	SANTA	CRUZ				CA	9506	0			
	oreign countr		preign province/state/	county			Foreign p	-	ode		
	5		5 1	,							
-	E: . D .			1 16		0 1: 007					
A	First Reti	irn	Yes X No							-	
В	Amendeo	I Return	Yes X No	engage	d in political ac	tivities? See	instructio	ns	• 🗌 Yes 🔀	No	
C	IRC Sect	on 4947(a)(1) trust] Yes [🗶 No	K Is the c	organization exe	mpt under R	&TC Sect	ion 23	5701g? • 🗌 Yes 🔀	No	
D	Final Info	rmation Return?		If "Yes," enter the gross receipts from nonmember sources \$							
	•	Dissolved Surrendered (Withdrawn) Merge	d/Reorganized	L If orga	nization is a pub	lic charity e	kempt und	ler R&	TC		
	Enter date	(mm/dd/yyyy)		Sectior	n 23701d and m	eets the filin	g fee exce	eption,	check		
Ε		counting method: (1) Cash (2) X Accrual ((3) Other		o filing fee is rec		-				
F		eturn filed? (1) \bullet 990T(2) \bullet 990PF (3) \bullet			organization a Li						
		Other 990 series			organization fil						
~	. ,										
G		proup filing? See instructions							• Yes X		
Н		ganization in a group exemption		organization und					-		
	lf "Yes," v	vhat is the parent's name?		IRS au	dited in a prior y	/ear?			• Yes 🔀	No	
					ral Form 1023/1				Yes 🔀	No	
I	Did the o	rganization have any changes to its guidelines		Date fil	ed with IRS						
	not repoi	ted to the FTB? See instructions	Yes X No								
ī	Partl	complete Part I unless not required to file this form.	See General Info	rmation B	and C.						
		1 Gross sales or receipts from other sources. Fro					•	1	1,217,05	9 00	
		2 Gross dues and assessments from members a	and affiliates				•	2	_,,	00	
		2 Gross dues and assessments norm members a	and anniales			стмт	1	2	5,457,24		
	Receipts	 Gross contributions, gifts, grants, and similar a Total gross receipts for filing requirement test. Add line This line must be completed. If the result is less than \$ 	a 1 through line 3.				֥		6,674,30		
	and	4 This line must be completed. If the result is less than \$	50,000, see General I	nformation I	³	STMT	<u>.4</u> •	4	0,0/4,30	/ 00	
	Revenues	5 Cost of goods sold		•	5		00				
		5 Cost of goods sold6 Cost or other basis, and sales expenses of ass	ets sold	•	6		00				
		7 Total costs. Add line 5 and line 6						7		00	
		8 Total gross income. Subtract line 7 from line 4						8	6,674,30	7 00	
	_	9 Total expenses and disbursements. From Side	2, Part II, line 18				•	9	6,961,35	8 00	
	Expenses	10 Excess of receipts over expenses and disburse						10	-287,05		
_								11		00	
										_	
		12 Use tax. See General Information K			·····			12		00	
		13 Payments balance. If line 11 is more than line						13		00	
	Filing Fee	14 Use tax balance. If line 12 is more than line 11,						14	/-	00	
		15 Filing fee \$10 or \$25. See General Information	F					15	N/A	00	
		16 Penalties and Interest. See General Information	n J					16		00	
		17 Balance due. Add line 12, line 15, and line 16.	. Then subtract line	e 11 from	the result			17		00	
_		17 Balance due. Add line 12, line 15, and line 16. Under penalties of perjury, I declare that I have examined this it is true, correct, and complete. Declaration of preparer (other	return, including according to the text of tex	ompanying and all interest	schedules and station of which	tements, and to	o the best o	nt my kn	lowledge and belief,		
	ign			Title	ormation of which	Date		.go.			
Н	ere	Signature of officer			EXECU				• Telephone 831-359-478	7	
		of officer			Date					/	
		Preparer's.				Check					
		Preparer's signature				self-ei	mployed		P01225144		
Ρ	aid	Firm's name							● Firm's FEIN		
Ρ	reparer's	(or yours, if self-							39-0859910		
U	se Only	employed) 135 MAIN STREET,	9TH FLOO	R					Telephone		
	-	and address SAN FRANCISCO, CA	94105-1	815					(415) 781-2	500	
_		May the FTB discuss this return with the preparer sh			S		• X	Yee	No		
								cs			

022 3651194

L

ISLAND CONSERVATION

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

928951 12-04-19

						SEE PART	II	SUBSTITU	JTE	ATTACI	HMENT
		1 Gross sales or receipts from all	business ac	ctivities. See instru	ctions			•	1		00
		2 Interest						•	2		00
		3 Dividends							3		00
Receip	ots	4 Gross rents						•	4		00
from		5 Gross royalties							5		00
Other		6 Gross amount received from sal							6		00
Source	s	7 Other income						•	7		00
		8 Total gross sales or receipts fro							8		00
		9 Contributions, gifts, grants, and	similar amo	ounts paid				•	9		00
	1	0 Disbursements to or for membe							10		00
		1 Compensation of officers, direct							11		0 00
		2 Other salaries and wages							12		00
Expens		3 Interest							13		00
and		4 Taxes							14		00
Disbur		5 Rents							15		00
ments		6 Depreciation and depletion (See							16		00
		7 Other Expenses and Disbursem							17		00
		8 Total expenses and disburseme							18		00
Sche	dule	L Balance Sheet		Beginning of	f taxabl	e year		En	d of ta	xable year	•
Assets				(a)		(b)		(C)			(d)
1 Ca	sh									•	
		nts receivable								•	
		receivable								•	
		S								•	
		d state government obligations								•	
6 Inv	/estmer	Its in other bonds								•	
7 Inv	/estmer	its in stock								•	
	ortgage									•	
9 Ot	her inve	stments								•	
10 a	Depreci	able assets									
b	Less ac	cumulated depreciation	())		()		
11 La	nd									•	
		ets								•	
		ets									
		net worth									
14 Ac	counts	payable								•	
		ons, gifts, or grants payable								•	
16 Bo	nds and	l notes payable								•	
17 Mo	ortgages	s payable								•	
		lities									
19 Ca	pital sto	ck or principal fund								•	
20 Pai	id-in or ca	apital surplus. Attach reconciliation								•	
21 Re	tained e	arnings or income fund								•	
22 To	tal liab	ilities and net worth									
Sche	edule	M-1 Reconciliation of income Do not complete this sche				e 13, column (d), is le	ess than :	\$50,000.			
1 Ne	t incom	e per books	•			7 Income recorde	ed on boo	oks this year			
		come tax				not included in	this retur	m		•	
		capital losses over capital gains				8 Deductions in th					
		ot recorded on books this year				against book in	come thi	s year		•	
		recorded on books this year not				9 Total. Add line 7					
	deducted in this return • 10 Net income per return.										

Side 2 Form 199 2019

6 Total. Add line 1 through line 5

022

3652194

Subtract line 9 from line 6

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TAXABLE YE 2019		rnia e-file R ot Organiza	leturn Autho itions	orization	for				FORM 8453-EO
Exempt Organiza	tion name							Identifying I	number
ISLAND	CONSERVATI	ON						91-1	839907
	ectronic Return Infor		3 7						
	oss receipts (Form 19								6,674,307
	oss income (Form 199								6,674,307
3 Total ex	penses and disburse	ments (Form 199, line	e 9)					3	6,961,358
	ttle Your Account El								
	ectronic funds withdra				Vithdrawal	date (m	m/dd/yy	/уу)	
	nking Information (H	ave you verified the	exempt organization's	s banking inform	ation?)				
5 Routing				7 Tomo of					O en de me
6 Account	claration of Officer			7 Type of	account:		necking		Savings
	-	ccount to be settled as	designated in Part II. If I	check Part II, Box	4, I authorize	an elect	ronic fun	ds withdr	awal for the amount listed
California elect a balance due organization w statements be	intermediate service pro tronic return. To the best return, I understand that ill remain liable for the fe transmitted to the FTB b thorize the FTB to disclose	of my knowledge and h if the Franchise Tax Bo e liability and all applica y the ERO, transmitter,	belief, the exempt organized ard (FTB) does not receive able interest and penalties or intermediate service p	zation's return is tr ve full and timely p s. I authorize the e rovider . If the pro	ue, correct, a ayment of th xempt organ cessing of th	and comp e exemp ization re	olete. If tl t organiz eturn and	ne exempt ation's fee accompa	t organization is filing e liability, the exempt Inying schedules and
Sign	•			CHIEF	EXECU	TIVE	OFF	ICER	
Here	Signature of officer		Date	Title					
Part V De	claration of Electron	ic Beturn Originato	r (FBO) and Paid Pre	narer					
I declare that I am only an int accurately refl provided the o 1345, 2019 Ha the exempt org I declare that I	have reviewed the above ermediate service provid ects the data on the retur rganization officer with a andbook for Authorized e ganization return is filed,	e exempt organization's er, I understand that I a n.) I have obtained the copy of all forms and i -file Providers. I will ke whichever is later, and e exempt organization's	return and that the entrie m not responsible for rev organization officer's sig nformation that I will file ep form FTB 8453-EO on I will make a copy availat s return and accompanyi	es on form FTB 84 viewing the exemp nature on form FT with the FTB, and file for four years ole to the FTB upon ng schedules and	t organization B 8453-EO b I have followe from the due n request. If I	n's return efore trai ed all oth date of am also	n. I decla nsmitting er requir the return the paid	re, howev I this retui ements de n or four y preparer,	escribed in FTB Pub.
ERO				Date	Check if also paid		Check if self-		ERO's PTIN
ERO	ature				preparer		employe	ed 🗌	
if sel	's name (or yours f-employed)							Firm's FEI	N
	address							ZIP code	
	s of perjury, I declare tha y are true, correct, and co						atements		ne best of my knowledge
Paid	Paid			Date		I Check		I Paid	preparer's PTIN
Preparer	preparer's signature					if self- employ	ed		P01225144
Must	Firm's name (or yours	BAKER TIL	LY US LLP			<u> </u>			N39-0859910
Sign	if self-employed) and address		STREET, 9TH	FLOOR					04105 1015
		SAN FRANC	ISCU, CA					ZIP code	94105-1815
E. D.									
For Privacy	Notice, get FTB 1131	ENG/SP.							FTB 8453-EO 2019

929021 11-08-19

STATE OF CALIFORNIA					DEPARTME			
RRF-1 (Rev. 09/2017) MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 STREET ADDRESS:	то	AL REGISTRATION RENEW ATTORNEY GENERAL OF Section 12586 and 12587, California G 11 Cal. Code Regs. section 301-307	CALIFO	RNIA Gode	(For Registry Use Only)	PAG	SE 1 of 5	
1300 I Street Sacramento, CA 95814 (916)210-6400 WEBSITE ADDRESS: www.oag.ca.gov/charities	organization's a minimum tax of \$	it this report annually no later than four months accounting period may result in the loss of tax of \$800, plus interest, and/or fines or filing penaltio 33; Government Code section 12586.1. IRS ext	exemption and t es. Revenue & T	the assessment of a axation Code section				
			Check if:					
ISLAND CONSERVA	TION			ange of address ended report				
List all DBAs and names the organization								
2100 DELAWARE A' Address (Number and Street)	VENUE, NO). 1	State Cha	arity Registration Nun	nber ст <u>107160</u>			
SANTA CRUZ, CA	95060		Corporati	on or Organization N	o. 2012314			
(831)359-4787 Federal Employer ID No. 91-1839907								
Telephone Number	E-mail Address							
ANNUAL RE	ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice							
Gross Annual Revenue Less than \$25,000Fee 0Gross Annual Revenue Between \$100,001 and \$250,000Fee \$50Gross Annual Revenue Between \$1,000,001 and \$10 millionBetween \$25,000 and \$100,000\$25Between \$250,001 and \$1 million\$75Gross Annual Revenue Between \$10,000,001 and \$10 million Greater than \$50 million						<u>Fee</u> \$150 \$225 \$300		
PART A - ACTIVITIES								
For your most recent fu	Ill accounting pe	eriod (beginning $01/01/20$	19_ end	$\log 12/31/2$	019_) list:			
Gross Annual Revenue\$ Program Expen	6,674,30 ses \$ <u></u>	07 Noncash Contributions\$	4 Total Expe	.,975 Total Asse enses \$6	ts \$ 4,42 ,961,358	7,7	72	
PART B - STATEMENTS REG	ARDING ORGAI	NIZATION DURING THE PERIOD	OF THIS RE	EPORT				
		ou answer "yes" to any of the que for each "yes" response. Please r				Yes	No	
1. During this reporting period	od, were there an	y contracts, loans, leases or other f either directly or with an entity in w		nsactions between th	-	165		
2. During this reporting period			/hich any su		trustee had		x	
or funds?	od, was there any	theft, embezzlement, diversion or	•				x	
3. During this reporting period		r theft, embezzlement, diversion or anization funds used to pay any per	misuse of th	ne organization's cha			x x x	
	od, were any orga	· · · ·	misuse of th nalty, fine or	ne organization's char judgment?	ritable property		x	
4. During this reporting period commercial coventurer us	od, were any orga od, were the servi sed?	anization funds used to pay any per	misuse of th nalty, fine or ndraising co	ne organization's char judgment? unsel for charitable p	ritable property		x x	
 During this reporting period commercial coventurer us During this reporting period 	od, were any orga od, were the servi sed? od, did the organi	anization funds used to pay any per ices of a commercial fundraiser, fur	misuse of the nalty, fine or ndraising conductor	ne organization's char judgment? unsel for charitable p	ritable property urposes, or	x	x x	
 During this reporting period commercial coventurer us During this reporting period 	od, were any orga od, were the servi sed? od, did the organi	anization funds used to pay any per ices of a commercial fundraiser, fur zation receive any governmental fu	misuse of the nalty, fine or ndraising conductor	ne organization's char judgment? unsel for charitable p	ritable property urposes, or	x	x x x x	
 During this reporting period commercial coventurer us During this reporting period During this reporting period During the organization cord 	od, were any orga od, were the servi sed? od, did the organi od, did the organi nduct a vehicle di luct an independe	anization funds used to pay any per ices of a commercial fundraiser, fur ization receive any governmental fu ization hold a raffle for charitable pu onation program? ent audit and prepare audited finan	misuse of the nalty, fine or ndraising count nding?	ne organization's char judgment? unsel for charitable p SEE ST.	ritable property urposes, or ATEMENT 3	X	x x x	
 During this reporting period commercial coventurer use During this reporting period During this reporting period During this reporting period Did the organization cond generally accepted account 	od, were any orga od, were the servi sed? od, did the organi od, did the organi nduct a vehicle do luct an independenting principles f	anization funds used to pay any per ices of a commercial fundraiser, fur ization receive any governmental fu ization hold a raffle for charitable pu onation program? ent audit and prepare audited finan	misuse of the nalty, fine or ndraising country of the nalty of the nal	ne organization's char judgment? unsel for charitable p SEE ST.	ritable property urposes, or ATEMENT 3		x x x x	
 During this reporting period commercial coventurer use During this reporting period During this reporting period During this reporting period Does the organization cord Did the organization cond generally accepted accoud At the end of this reporting I declare under penalty of period 	od, were any orga od, were the servised? od, did the organi od, did the organi nduct a vehicle du uct an independenting principles f g period, did the rjury that I have	anization funds used to pay any per ices of a commercial fundraiser, fur ization receive any governmental fu ization hold a raffle for charitable pu onation program? ent audit and prepare audited finan for this reporting period?	misuse of th nalty, fine or ndraising con nding? irposes? cial stateme sets, while re ccompanyi	ne organization's char judgment? unsel for charitable p SEE ST. ents in accordance w eporting negative uni	ritable property urposes, or ATEMENT 3 ith	x	x x x x x x x	
 During this reporting period commercial coventurer use During this reporting period During this reporting period During this reporting period Does the organization cord Did the organization cond generally accepted accoud At the end of this reporting I declare under penalty of period 	od, were any orga od, were the servised? od, did the organi od, did the organi nduct a vehicle do luct an independenting principles f g period, did the rjury that I have o, correct and co	anization funds used to pay any per ices of a commercial fundraiser, fur ization receive any governmental fu ization hold a raffle for charitable pu onation program? ent audit and prepare audited finan for this reporting period? organization hold restricted net ass examined this report, including a	misuse of the nalty, fine or ndraising count nding? urposes? cial stateme sets, while re ccompanyi gn. C	ne organization's char judgment? unsel for charitable p SEE ST. ents in accordance w eporting negative uni	ritable property urposes, or ATEMENT 3 ith restricted net assets? to the best of my kno	x	X X X X X X	

_

A RRF-1	INFORMATION REGARDING GOVERNMENTAL FUNDING STATEMENT PART B, LINE 5
MAILING ADDRESS: BOX 491, BOQUERO CONTACT PERSON:	D WILDLIFE SERVICE - MONA USFWS CARIBBEAN ECOLOGICAL SERVICES FIELD OFFICE, PO N, PR 00622 IVAN LLERANDI-ROMAN : (787) 851-7297 EXT. 224
MAILING ADDRESS: CONTACT PERSON:	D WILDLIFE SERVICE -RARE PLANT 1875 CENTURY BLVD, SUITE 200, ATLANTA, GA 30345 IVAN LLERANDI-ROMAN : (787) 851-7297 EXT. 224
PR 00622 CONTACT PERSON:	CARIBBEAN ISLANDS NWR COMPLEX, PO BOX 510, BOQUERON
MAILING ADDRESS:	AFFAIRS-SELKIRK GOAT REDUCTION 5275 LEESBURG PIKE MS:IA, FALLS CHURCH VA 22041 ENNY_MARTINEZ@FWS.GOV : N/A
NAME: USDA NWRC- MAILING ADDRESS:	APHIS-WAKE ATOLL 4101 LAPORTE AVE, FT. COLLINS CO 80521

STATEMENT 3

CONTACT PERSON: SHANE SIENS TELEPHONE NUMBER: (808) 961-4482 (Rev. January 2020)

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

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

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

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

Туре о	r Name of exempt organization or other filer, see instru	uctions.		Taxpayer identification number (TIN)		
print	TOLAND CONCEDUATION				91-18	20007
File by th	ISLAND CONSERVATION				91-10	39907
due date filing you return. Se	2100 DELAWARE AVENUE, NO.		tions.			
instructio		oreign add	Iress, see instructions.			
Enter t	ne Return Code for the return that this application is for (fil	le a separa	ate application for each return)			0 1
Applic	ation	Return	Application			Return
Is For		Code	Is For			Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)			07
Form 9	90-BL	02	Form 1041-A			08
Form 4	720 (individual)	03	Form 4720 (other than individual)			09
Form 990-PF 04 Form 5227						10
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069						11
Form 990-T (trust other than above) 06 Form 8870 MOLLY MAYFIELD						
Tele If th If th box 1 1 1 2 1	request an automatic 6-month extension of time until he organization named above. The extension is for the org ▶ X calendar year 2019 or ▶ 1 tax year beginning f the tax year entered in line 1 is for less than 12 months, or Change in accounting period	s in the Ur Group Exe and atta NOVEI panization's , an check reas	Fax No. ▶ nited States, check this box	f this is fo i all memb	r the whole overs the externation organization organization.	group, check this
	f this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.
b li	this application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	y refundable credits and			
e	stimated tax payments made. Include any prior year over	payment a	llowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						
L	sing EFTPS (Electronic Federal Tax Payment System). Se	e instructio	ons.	3c	\$	0.
Cautio instruc	n: If you are going to make an electronic funds withdrawal tions.	l (direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	9-EO for payment
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	8868 (Rev. 1-2020)

923841 12-30-19

FINANCIAL CRIMES ENFORCEMENT NETWORK

BSA E-Filing - Report of Foreign Bank and Financial Accounts (FBAR)

FinCEN Form 114

Filing Name ISLAND CONSERVATION

Submission Type NEW

PIN NOT REQUIRED

Check here X if this report is submitted by an authorized third party, and complete the 3rd party preparer section on page one of the report. The E-file system will auto complete item 46.

ISLANDC20190001

NOTE: The FBAR must be received by the Department of the Treasury on or before April 17, 2020. An automatic extension to October 15, 2020 is available.

This report filed late for the following reason (Check only one):

- a. Forgot to file
- b. Did not know that I had to file
- c. L Thought account balance was below reporting threshold
- d. Did not know that my account qualified as foreign
- e. Account statement not received in time
- f. Account statement lost (Replacement requested)
- g. Late receiving missing required account information
- h. Unable to obtain joint spouse signature in time
- i. Unable to access BSA E-filing system
- z. Other (please provide explanation below)

923151 04-01-19

IC____1

FinCEN Form 114

REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

1 This report is for calendar year ended 12/31 2019 Amended

Part I Fi	iler information		ISLA	NDC	2019	0001				•		
2 Type of filer												
a 🗌 Individ	lual b 🗌 Partnership	c 🗴 Corp	ooration c	1 🗌	Consolid	ated e	🗌 Fidu	iciary or ot	her - Ente	er type		
3 U.S. Taxpay	er Identification Number	3a TIN type	4 Forei	gn ider	ntification	(Comp	lete only if it	em 3 is not	applicable			
9118399	07		N a Type:	:	Passpor	: 🗆	Foreign Tl	N 🗌 Ot	her	MM	/DD/YY\	Y
		XEIN			•		Ū.					
	complete item 4		b Num	ber		- 1	ntry of Issu	ie				
	r organization name						rst name			8 Middle ir	itial 8a	a Suffix
9 Mailing addr	ess (number, street, and	apt. or suite r	ו.)							l		
	LAWARE AVENUE	י פוודשי	r 1									
10 City	LAWARE AVENUE	<u>, 5011</u>		12 71	P/Postal	Code	13 Count	rv				
								,				
SANTA C	-		CA	950			USA					
14 a) Does the Yes No X	e filer have a financial inte Enter number of accou					e Part I	l or Part III	, but maint	tain recor	rds of the informa	tion.	
	e filer have signature auth											
Yes L	」Enter number of acco∟ │	ints		Comp. I	Part IV, ite	ms 34 u	irougri 43 i	or each pers		ose behalf the filer ł	as sign. a	lutnority.
	formation on finance	cial accou	nt(s) ow	ned s	separat	ely						
15 Maximum va	alue of account during cal	endar year	15a Amou	unt 16	Type of a	accoun	ta X B	ank b	Securit	ies c Other	- Enter ty	pe below
	45,659.		unknowi	n								
	ancial institution in which a	account is he	ld									
18 Account nur 2100090	nber or other designation 253	1	g address (• BAL1		er, street,	apt. or	suite no.)	of financial	institutio	on in which accou	nt is hel	d
20 City PUERTO	AYORA	21 State,	if known	2	2 Foreigi	n posta	l code, if k	nown 23 E	Country	DR		
Signature	44a Check here X	if this report	is complete	ed by a	a third pa	rty prep	parer and o	complete tl	he third p	oarty preparer see	tion.	
44 Filer signatur The report wi signed	re 45 Filer	title, if not re	porting a po	ersona	l account	t				46 Date (MM/DE This date will FBAR is elec	ronically si	igned
	47 Preparer's last name LO	48 First i JOUA	name		49 MI V			51 TIN P0122	5111	51a TIN type		
Third Party	52 Contact phone no.		3 Firm's na	ame	V	Self	-empioyea	54 Firm'		54a TIN type		Foreign FIN
Preparer Use Only	(415) 781-250		AKER 1		Y US	LLP)	39-08				Foreign
-	55 Mailing address (nur 135 MATN STRE		apt. or suite						58 ZIP/ 94105	Postal Code	59 C	Country

923141 04-01-19

IC____1

					FORM 114			
Co	omplete a Separ	rate Block for E	ach	Account Owne	ed (Separately		
1	Filing for calendar year	3-4 Check appropria			6	Last Name or Organization Name		
	2019	Foreign Identi			I	SLAND CONSERVATI	ON	
				number here:				
		911839907						
		count during calendar ye 50,852	•		16	Type of account a bank b CASH DIS	Securities c X TRIBUTION	Other - Enter type below
17	GESTION GL	itution in which accoun JOBAL	t is h	eld				
18	Account number or ot 00000000000000000000000000000000		19	Mailing Address (Numl CALLE TEA		Street, Suite Number) of financial inst NOS 220	titution in which account i	s held
20	City SANTIAGO		21	State, if known		22 ZIP/Postal Code, if known	23 Country CHILE	
15		count during calendar y	ear	15a Amount Unknown	16	Type of account a Bank b		Other - Enter type below
17	Name of Financial Inst	itution in which accoun	t is h	eld	I			
18	Account number or ot	her designation	19	Mailing Address (Numl	ber,	Street, Suite Number) of financial ins	titution in which account i	s held
20	City		21	State, if known		22 ZIP/Postal Code, if known	23 Country	
15	Maximum value of acc	count during calendar y	ear	15a Amount Unknown	16	Type of account a Bank b	Securities c	Other - Enter type below
17	Name of Financial Inst	itution in which accoun	t is h	eld	1			
18	Account number or ot	her designation	19	Mailing Address (Numl	ber,	Street, Suite Number) of financial ins	titution in which account i	s held
20	City		21	State, if known		22 ZIP/Postal Code, if known	23 Country	
15	Maximum value of acc	count during calendar y	ear	15a Amount Unknown	16	Type of account a Bank b	Securities c	Other - Enter type below
17	Name of Financial Inst	itution in which accoun	t is h	eld	•			
18	Account number or ot	her designation	19	Mailing Address (Numl	ber,	Street, Suite Number) of financial ins	titution in which account i	s held
20	City		21	State, if known		22 ZIP/Postal Code, if known	23 Country	
15	Maximum value of acc	count during calendar y	ear	15a Amount Unknown	16	Type of account a Bank b	Securities c	Other - Enter type below
17	Name of Financial Inst	itution in which accoun	t is h	eld				
18	Account number or ot	her designation	19	Mailing Address (Numl	ber,	Street, Suite Number) of financial ins	titution in which account i	s held
20	City		21	State, if known		22 ZIP/Postal Code, if known	23 Country	
15	Maximum value of acc	count during calendar y	ear	15a Amount Unknown	16	Type of account a Bank b	Securities c	Other - Enter type below
17	Name of Financial Inst	itution in which accoun	t is h	eld	I			
18	Account number or ot	her designation	19	Mailing Address (Numl	ber,	Street, Suite Number) of financial ins	titution in which account i	s held
20	City		21	State, if known		22 ZIP/Postal Code, if known	23 Country	
020	015 04-01-19		L			1		

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2012314

Form **9990** (Rev. January 2020) Department of the Treasury Internal Revenue Service

Τ.

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

Do not enter social security numbers on this form as it may be made public.

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



AI	or th	e 2019 calendar year, or tax year beginning and e	enaing		
B	Check if Ipplicab	e: C Name of organization		D Employer identific	cation number
	Addre				
	Name chang	pe Doing business as		91-18399	07
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final Feturn	2100 DELAWARE AVENUE	L	(831)359	
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,674,307.
	Amen	SANIA CROZ, CA 93000		H(a) Is this a group re	
				for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: 🚺 501(c)(3) 🛄 501(c) ()◀ (insert no.) 🛄 4947(a)(1) o	or 🛄 527		list. (see instructions)
		te: WWW.ISLANDCONSERVATION.ORG		H(c) Group exemption	
		forganization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1997 N	State of legal domicile: CA
Pa		Summary			
e	1	Briefly describe the organization's mission or most significant activities:	ID CON	SERVATION P	REVENTS
Governance		EXTINCTIONS BY REMOVING INVASIVE SPECIES			
ērn		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	1 1	
2 So	3				13
		Number of independent voting members of the governing body (Part VI, line 1b) \ldots			13
ties		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			31 20
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	d	Net unrelated business taxable income from Form 990-T, line 39	<u></u>		
		Contributions and events (Dout)/III line 1b)		Prior Year 4,781,348.	Current Year 5,457,248.
anı	8	Contributions and grants (Part VIII, line 1h)		1,324,751.	1,183,953.
Revenue	9	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		22,224.	19,171.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-26,514.	13,935.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,101,809.	6,674,307.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		16,880.	218,988.
		Benefits paid to or for members (Part IX, column (4), line 4)		0.	0.
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,320,719.	4,180,590.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25) 800, 54	11.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,410,252.	2,561,780.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		6,747,851.	6,961,358.
	19	Revenue less expenses. Subtract line 18 from line 12		-646,042.	-287,051.
t Assets or Dalances				ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		4,571,428.	4,427,772.
t As: d B;	21	Total liabilities (Part X, line 26)		526,170.	669,565.
Fur	22	Net assets or fund balances. Subtract line 21 from line 20		4,045,258.	3,758,207.
Pa		Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		XECUTIVE OFFICER		Date
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	JOUA V LO			self-employed P01225144
Preparer	Firm's name 🕒 BAKER TILLY US	LLP		Firm's EIN ▶ 39-0859910
Use Only	Firm's address 135 MAIN STREET	, 9TH FLOOR		
	SAN FRANCISCO,	CA 94105-1815		Phone no. (415) 781-2500
May the I	RS discuss this return with the preparer shown al	bove? (see instructions)		X Yes No
932001 01-2	0-20 LHA For Paperwork Reduction Act Not	tice, see the separate instructions.		Form 990 (2019)

	990 (2019) ISLAND CONSERVATION	91-1839907	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: ISLAND CONSERVATION PREVENTS EXTINCTIONS BY REMOVING	INVASIVE SPEC	TES
	FROM ISLANDS, WHERE THE WORLD'S MOST THREATENED PLAN		
	FOUND. WHEN WE INTERVENE TO PREVENT EXTINCTIONS CAUS		
	SPECIES WE ALSO PROTECT ISLAND ECONOMIES, HEALTH, AND		
2	Did the organization undertake any significant program services during the year which were not listed on		
	prior Form 990 or 990-EZ?	Yes	s I 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 server	/ices?Yes	s I No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t	o others, the total expenses	, and
	revenue, if any, for each program service reported.	054	,111.
ła	(Code:) (Expenses 4,555,326. including grants of 218,988.) CONSERVATION OPERATIONS: ISLANDS REPRESENT APPROX. 5		-
	AREA, YET ARE BIODIVERSITY HOTSPOTS THAT HAVE HOSTED		
	MAMMAL, AMPHIBIAN AND REPTILE EXTINCTIONS SINCE 1500		OF
	THESE EXTINCTIONS ARE CAUSED BY INVASIVE SPECIES. WO		
	LOCAL COMMUNITIES, GOVERNMENT MANAGEMENT AGENCIES, A		
	ORGANIZATIONS, WE CAN REMOVE INVASIVE SPECIES FROM IS		
	INTERVENTION ALLOWS THE OPPORTUNITY FOR NATIVE PLANTS		то
	RECOVER. SINCE 1994, ISLAND CONSERVATION AND OUR PAR'	TNERS HAVE DEPI	LOYED
	TEAMS TO 60 ISLANDS WORLDWIDE, TO BENEFIT 1090 POPUL	ATIONS OF 399	
	SPECIES AND SUBSPECIES. IN 2019, ISLAND CONSERVATION	PARTNERED WITH	H
	=140 ORGANIZATIONS TO PLAN, IMPLEMENT AND MONITOR PRO		
	THREATENED SPECIES IN FRENCH POLYNESIA, HAWAII, GALA	-	
4b			,842.
	CONSERVATION SCIENCE - TO ASSESS IF ISLAND RESTORATION		- <i>a</i>
	PROTECTING IMPERILED SPECIES, ISLAND CONSERVATION MOD	-	ES
	AND MAPS TARGETED SPECIES AND THEIR HABITATS BEFORE A INTERVENTION. WE ALSO DO CONSERVATION DATABASE WORK (1170
	PROVIDING DATA TO INFORM OUR CONSERVATION DATABASE WORK (
	OTHER ORGS TO MAKE THAT DATA AVAILABLE FOR OTHER ORGS		
		<u> </u>	
1c	(Code:) (Expenses \$)	(Revenue \$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,970,724.		
			990 (2019
32002	SEE SCHEDULE O FOR CONTINUATION SEE SCHEDULE O FOR CONTINUATION	ON(S)	
7 1			
٦T	113 721074 IC 2019.05000 ISLAND CONSERVATI	ION IC_	1

 Form 990 (2019)
 ISLAND
 CONSERVATION

 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)?		37	
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		- 23
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		- 23
'	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	-		
0	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			
5	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	-		
	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,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13	v	X
	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	14-	х	
1E	or more? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	- 23	
15	foreign 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	15		
10	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,	10		
	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		Х
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
932003	3 01-20-20	Form	990	(2019)

18531113 721074 IC

2019.05000 ISLAND CONSERVATION

IC____1

Form	990	(2019)
	330	(2013)

Part IV Checklist of Required Schedules (continued)

22 Did the organization report more than 55,000 of grants or other assistance to or for domestic individuals on Part K, columny 65, concepted 55,000 of grants or other assistance to or for domestic individuals on the organization answer "Yes" to Fart K UI. Section A, line 3, 4, or 5 about compensation of the organization resource 1, and former officers, directors, trustees, key employees, and highest compensated employee? If "Yes," complete 55,000 as of the list day of the year, that was issued after Docember 31, 2002? If "Yes," answer lines 24b through 24d and complete 24d. 24b 24 DO the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 25 Do the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 26 DO the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d 26 Do the organization narea as non-behalf of issue for bonds outbanding at any time during the year? 24d 27 X Do the organization narea as non-behalf of issue for bonds outbanding at any time during the year. 25d 28 Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Du the organization orgage in an excess benefit transaction was that a lengaged in an excess benefit transaction was that a lengaged in an excess benefit transaction as on the period and on any of the organization section as a 30% conholed on only of the organization organization reports and any correct or founder, ubustantial contributor, or 30% conholed onthy of any dinthese pereson? If ''res,' complete Schooled L, Part I				Yes	No
22 Did the organization arrever "Ves" to Part VII, Socian A. Im 3.4, or 5 about compensation of the organization's current and tormer officers, directors, trustees, key employees, and highest compensated employees? If "Ves," complete Schedule I, If Yes," to omplete Schedule I, Ves," to Ves," and Ves," to Ves,"	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "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 Docember 31, 2002? If "Yes," answer intes 24b through 244 and complete Schedule X, TWo," got on line accrew account other than a reformal genore at any time during the year to delasse any tax-exempt bonds? 24b 24b 25 Did the organization markst any proceeds of tax-exempt bonds beyond a temporary period exception? 24d 25 Section 501(2)8, 501(2)4, and 501(2)20 organizations. Did the organization engage in an excess benefit transaction with a disqualified portion during the year of delasse any tax-exempt bonds? 24d 26 Bit the organization are that 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 organizations prior Form 598 of 090-E27 If Yes, "complete Schedule L, Part I 25b X 27 Did the organization routing the year of othesis statistic to any current or former officer, director, trustee, key employee, creator of former of rany director, frustee, key employee, creator of former of rany director, frustee, key employee, creator of former of rany director, trustee, key employee, creator of former of rany director, trustee, key employee, creator of former of rany director, trustee, key employee, creator of former of rany director, trustee, key employee, creator of former of rany director, trustee, key employee, creator of former of rany director, trustee, key employee, creator of former of rany director, trustee,		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / 28 X 44a Detter organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K. If 'No.' go to line 25a 284 45 Detter organization invest any proceeds of tax-axempt bonds beyond a temporary period exception? 24a 5 Detter organization invest any proceeds of tax-axempt bonds outstanding at any time during the year / detaeat any tax-exempt bonds? 24d 6 Detter organization and at as in 'on behal of 'issuer for bonds outstanding at any time during the year? 24d 25 Section 50(16)(3), 50(164)(an 650(16)(29) organizations. Dithe organization engage in an excess benefit transaction has not bean reported on any of the organization age in an excess benefit transaction is a prior year, and that the transaction has not bean reported on any of the organization spute that engaged in an excess benefit transaction that a distance to any current or form office, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity (including an employee thered) or famy or these persons? If 'Yes,' complete Schedule I, Pert I 26 X 7 Dot the organization prior is a business tantancion with a discussion with a contributor, or a 35% controlled entity (including an employee thered), a grant selection committee member, or to a 35% controlled entity (including an employee thered), a grant selection committee member, or to a 35% controlled entity or or or or family member of any of these persons? If 'Yes,' complete Schedule I, Pert I 27 <td< td=""><td>23</td><td>Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current</td><td></td><td></td><td></td></td<>	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-esempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issue after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to five 25a 24a X b Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24b X c Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception? 24c X 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization area excess benefit transaction with a disqualified person in a prior year, and that the anacotion may of the organization sprior Forms 990 or 990 E27 if "Yes," complete Schedule L, Part I 25a X 25 Did the organization may amount on Part X, line 5 or 22, for receivables from or payables to any current or form efficience, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or faulty and theory of taminy member of any of theo separization system to any current or forme efficience, director, trustee, key employee, creator or founder, substantial contributor or employee theored, a grant selection committee member, or to a 356 footile L, Part II 26a X 28 Was the organization proved a grant or other assistance to any current or former efficience, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 26a X 29 Did the organization needee any of the 28a // Yes, "complete Schedule L, Part IV 26a X				37	
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d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year? 263 263 Section 501(KS), 501(KA), 501(KA), and 501(C)(20) gramizations. Did the organization magae in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a 25a Is the organization aparts the negrode on any of the organizations prior Forms 900 or 906-211 'Yes,' complete Schedule L, Part I 25b X 25b D Dt the organization prior form any of the organizations prior Forms 900 or 906-211 'Yes,' complete Schedule L, Part I 25b X 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 thereol, a grant selection committee member, or to a 35% controlled ently (including an employee thereol, a grant selection committee member, or to a 35% controlled ently (including an employee) thereol, a grant selection committee member, or to a 35% controlled ently (including an employee) creator or founder, substantial contributor or employee thereol, a grant selection committee member, or to a 35% controlled ently (including an employee) creator or founder, or substantial contributor or employee) thereol, a grant selection committee Schedule L, Part IV 28b X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributors or H 'Yes,' complete Schedule L, Part IV 28b X 28 X </td <td>C</td> <td></td> <td>240</td> <td></td> <td></td>	C		240		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) or ganizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X 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 report any amount on Part X, line 5 or 22, for receivables from or payables to any current 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 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 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 28 Was the organization a pay to b abuinses transaction with no of the following parties (see Schedule L, Part III 27 X 28 Was the organization a pay to b abuinses transaction with one of the following parties (see Schedule L, Part III 28a X 29 Did the organization reports any northole assist and with a disqualified construction or parties member, or to a 35% controlled entity or any individual described in line 28a? If 'Yes,' complete Schedule L, Part II 28a X 29 Did the organization requires any stansition with a disqualified constructin or any individual described in line 28a? If 'Yes,' co	Ь				
transaction with a disqualified person during the year/ if "Yes," complete Schedule L, Part I 25a X b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 99 0 er 90 E27 If "Yes," complete Schedule L, Part I 25b X controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26c X 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 35% controlled entity (including an employee thereor) or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 27 X 28 Was the organization receive control in ine 28a // "Yes," complete Schedule L, Part IV 28a X 29 DA timity member of any individual descriptions? 28a X 29 Did the organization receive control in ine 28a // "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive control into 285,000 in non-cash contributions? If "Yes," complete Schedule M, Part I 31 X <td></td> <td></td> <td>24u</td> <td></td> <td><u> </u></td>			24u		<u> </u>
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 spiror Forms 990 0F 990-E27 If 'Ves,' complete Schedule I, Part I 256 X 260 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 270 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 39% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 281 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 28a X 283 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV 28a X 284 Did the organization inguister, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule L, Part I 28a X 285 Did the organization inguister, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule M, Part I 31 X <tr< td=""><td>254</td><td></td><td>25a</td><td></td><td>x</td></tr<>	254		25a		x
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If 'Yes,' complete Schedule L, Part I 25 X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 33% controlled entity of nality imember of any of these persons? If 'Yes, ' complete Schedule L, Part II 26 X 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 entity (including an employee thereof) or any of these persons? If 'Yes, ' complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 Did the organization receive more individual as and/or organizations describeds in lines 28a or 28b7/I 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule N, Part I 30 X 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I 31 X 31 Did the organization receive ontributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule R, Part I 33 X	h		200		
Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or folder, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? II "Yes," complete Schedule L, Part II 26 X 27 Did the organization proved a grant or divert assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? II "Yes," complete Schedule L, Part IV 27 X 28 Was the organization proventy to a business transaction with one of the following parties (see Schedule L, Part IV 28a X 29 A current or former officer, director, frustee, key employee, creator or founder, or substantial contributor? II 28a X 29 A family member of any individual described in line 28a? II "Yes," complete Schedule L, Part IV 28b X 20 Did the organization receive more than \$25,000 in non-cash contributions? II "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or ther similar assets; or qualified conservation contributions? II "Yes," complete Schedule M 30 X 31 Did the organization receive any bayee entity disregarded as separate from the organization neceive contributions? II "Yes," complete Schedule A, Part II 31 X 32 Did the orga					
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons? If 'Yes, ' complete Schedule L, Part II 26 X 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 thereod, or any of these persons? If 'Yes, ' complete Schedule L, Part II 26 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III 28 X 28 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28 X 29 D A family member of any individual described in line 284? If 'Yes, ' complete Schedule L, Part IV 28 X 20 D A family member of any individual described in line 284? If 'Yes, ' complete Schedule L, Part IV 28 X 20 D d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes, ' complete Schedule L, Part I 28 X 30 D d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule R, Part I 30 X <td></td> <td></td> <td>25b</td> <td></td> <td>x</td>			25b		x
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controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 X 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 entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) 28a X 29 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV) 28a X 29 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization sell, excharge, dispose of, or transfer more than 25% of its net assets?/I "Yes," complete Schedule N, Part I 30 X 31 Did the organization nearby divespared as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part II 33 X 32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule N, Part II 34					
creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part IV Z Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV Zea a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a? If "Yes," complete Schedule L, Part IV Zeb 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets; or qualified conservation contributions? If "Yes," complete Schedule A, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 33 Did the organization netity disregarded as separate from the organization under Regulations sections 501.7701-2 and 301.7701.37 If "Yes," complete Schedule B, Part II, III, or IV, and Part V, line 1 33 34 Did the organization neak a controlled entity within the meaning of section 512(b)(13)? 35a			26		х
entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III. 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28b X c 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 30 Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M. 29 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete Schedule N, Part II. 33 X 33 Did 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 X 34 Was the organization neated to signate throm the organization	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
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instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? I/ "Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? If 'Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?// "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes," complete Schedule A, Part I Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes," complete Schedule N, Part I 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 W as the organization own 100% of an entity disregarded as separate from the organization with a controlled entity within the meaning of section 512(b)(13)? W as the organization nelated to any tax exempt or taxable entity? If 'Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 Schedule N, Part V, line 2 Schedule R, Part V, line 2 Schedule		entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/If ************************************	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
"Yes," complete Schedule L, Part IV 28a X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b X c 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 contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 29 X 30 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 30 X 31 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 nelated to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 5016(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 36 X 38 <td< td=""><td></td><td>instructions, for applicable filing thresholds, conditions, and exceptions):</td><td></td><td></td><td></td></td<>		instructions, for applicable filing thresholds, conditions, and exceptions):			
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Form 990	(2019)
Part V	Stat

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 31			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country BAHAMAS, ECUADOR, CHILE			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		х
	to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization life of one observed as required inclusion of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand	4.4 -		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	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		х
	excess parachute payment(s) during the year?	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

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ISLAND CONSERVATION

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 1a	13		
	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		13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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?			Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			Х
6	Did the organization have members or stockholders?			Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	? 11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	<u> </u>
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	X X	<u> </u>
13	Did the organization have a written whistleblower policy?		X	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45 -	x	
	The organization's CEO, Executive Director, or top management official		X	<u> </u>
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright CA$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501)	c)(3)s onl	y) avai	lable
	for public inspection. Indicate how you made these available. Check all that apply.			
	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	, and fina	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			
	MOLLY MAYFIELD - (309)519-0611			
	2100 DELAWARE AVENUE, SUITE 1, SANTA CRUZ, CA 95060			
932006	5 01-20-20	Fori	n 990	(2019)

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Part VII	Compensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independe	ent Contra	ctors			

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.

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	Position (do not check more than one		Reportable	Reportable	Estimated				
	hours per	r box, unless per		erson is both an		h an	compensation	compensation	amount of	
	week	officer and a director/tr		n/trus	lee)	from	from related	other		
	(list any	recto						the	organizations	compensation
	hours for related	er di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trust		ee	npen:		(00-2/1099-00130)		and related
	below	d ual ti	itiona		nploy	st cor iyee	5			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANGUS PARKER	1.00			_						
CHAIR		X		X				0.	0.	0.
(2) IVAN SAMUELS	1.00									
VICE CHAIR		X		X				0.	0.	0.
(3) JERROD SCHRECK	1.00									
TREASURER		X		X				0.	0.	0.
(4) INGRID PARKER	1.00									
SECRETARY		X		X				0.	0.	0.
(5) CHRIS CARR	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) LYNNE HALE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KERRI FOLMER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) VIRGINIA CARTER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) KATIE DOLAN	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(10) ELEANOR STERLING	1.00									-
BOARD MEMBER		х						0.	0.	0.
(11) DELIA KULUKUNDIS	1.00									
BOARD MEMBER		х						0.	0.	0.
(12) DANIEL SIMBERLOFF	1.00								0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(13) JEN STEELE	1.00							0	0	0
BOARD MEMBER	40.00	X						0.	0.	0.
(14) KAREN POIANI	40.00			37				204 024	0	20 720
CEO	40.00			X				204,924.	0.	30,739.
(15) DOUGLAS BRAGDON	40.00			37				120 224	0	
<u>COO</u>	40.00			X				138,334.	0.	20,750.
(16) RACHEL WADSWORTH	40.00					v		155 056	0	22 202
DIRECTOR OF PHILANTHROPY	10 00	<u> </u>				X		155,956.	0.	23,393.
(17) KARL CAMPBELL	40.00	-				v		115 560	0.	21 025
LATIN AMERICA REGIONAL EXECUTIVE DIR						X		145,568.	0.	21,835.
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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box	(C) Position (do not check more th box, unless person is officer and a director/t				h an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) mated ount of ther	nated unt of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compensation from the organization and related organizations		
(18) GREGORY HOWALD	40.00					x		125 106		0.	20	266	
DIRECTOR OF GLOBAL AND EXTERNAL AFFA (19) HEATH PACKARD	40.00					^		135,106.		0.	20	,266	•
MAJOR GIFTS OFFICER						x		129,634.		0.	19	,445	; .
(20) CHAD HANDSON DIRECTOR OF PROGRAMS AND INTEGRATION	40.00					x		106,726.		0.		,009	
1b Subtotal								1,016,248.		0.	152	,437	/.).
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								1,016,248.		0.	152	,437	
2 Total number of individuals (including but n									,000 of reportabl	-		1	9
compensation from the organization												es N	
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	,							, , ,			3	X	
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization			x	
and related organizations greater than \$15Did any person listed on line 1a receive or a										1	4		
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	e J f	or si	uch j	pers	son .	<u></u>				5	X	<u> </u>
1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pens	ation fro	om	
the organization. Report compensation for (A)	the calendar y	ear	endi	ng w	vith	or w	ithiı	n the organization's tax (B)	year.		(C)		
Name and business	address	N	ONI	Ξ			_	Description of s	ervices	C	ompens	sation	
							_						
							_						
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se lis	stec	d above) who received n	nore than				
\$100,000 of compensation from the organi	zation 🕨				(0							

\$100,000 of compensation from the organization

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Pa	rt VII	I Statement of Re	venue					
		Check if Schedule O	contains a response	or note to any li				
					(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue	function revenue		from tax under
								sections 512 - 514
nts	1 a	Federated campaigns						
Gra	b	Membership dues	1b					
Αŭ, (с	Fundraising events	1c					
Gif İlar	d	Related organizations	1d					
Sin,	е	Government grants (contr	ributions) 1e					
er tio	f	All other contributions, gifts,						
ġ		similar amounts not included		457,248.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in		4,975.				
ភីប័	h	Total. Add lines 1a-1f			5,457,248.			
				Business Code	1 102 052	1 102 052		
ice	2 a	CONTRACT INCC)ME	541900	1,183,953.	1,183,953.		
ue	b							
۳ S آer	с							
Ber	d							
Program Service Revenue	e	.	<u> </u>					
-	t	All other program service			1,183,953.			
	g	Total. Add lines 2a-2f		· · · · ·	<u>, 105, 955</u>			
	3	Investment income (includ	-		19,171.			19,171.
	4	other similar amounts) Income from investment of						
	5	Royalties						
	Ŭ	noyanes	(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
		Net rental income or (loss		►				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a					
	b	Less: cost or other basis						
anu		and sales expenses	7b					
Revenue	с	Gain or (loss)	7c					
	d	Net gain or (loss)		►				
Other	8 a	Gross income from fundraisi	ng events (not					
δ		including \$	of					
		contributions reported on						
		Part IV, line 18			-			
		Less: direct expenses						
		Net income or (loss) from		<u></u>				
	9 a	Gross income from gamin	-					
		Part IV, line 19			-			
		Less: direct expenses						
		Net income or (loss) from	· · ·	▶				
	10 a	Gross sales of inventory, I						
	h	and allowances Less: cost of goods sold			1			
		Net income or (loss) from	·····					
			calor of inventory	Business Code				
ŝno	11 a	MISCELLANEOUS	INCOME	900099	17,601.			17,601.
nue		FOREIGN CURRE		900099	-3,666.			-3,666.
eve	c		- •		,			
Miscellaneous Revenue	_	All other revenue						
2		Total. Add lines 11a-11d			13,935.			
	12	Total revenue. See instruction			6,674,307.	1,183,953.	0.	33,106.
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ISLAND CONSERVATION

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ISLAND CONSERVATION

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
70,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	217,000.	217,000.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	1,988.	1,988.		
4	Benefits paid to or for members		_,		
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	341,867.	37,607.	247,060.	57,200
6	Compensation not included above to disqualified		.,		.,
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,950,545.	2,126,177.	414,273.	410,095
8	Pension plan accruals and contributions (include	2,550,5450	2,120,111.	414,2750	410,000
0	section 401(k) and 403(b) employer contributions)	58,140.	37,233.	11,928.	8,979.
0		556,550.	379,842.	115,822.	60,886
9 10	Other employee benefits	273,488.	175,540.	54,569.	43,379
10 11	Payroll taxes	275,400.	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	57,509.	=5,575
11	Fees for services (nonemployees):				
	Management	67,220.	58,571.	8,649.	
b		53,456.	18,948.	34,508.	
	Accounting	55,450.	10,940.	54,500.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	626 071	E22 00E	102 422	2 524
	column (A) amount, list line 11g expenses on Sch 0.)	636,971.	532,005.	102,432.	2,534.
12	Advertising and promotion	657,307.	451,041.	173,643.	32,623.
13	Office expenses	63,818.			2,782
14	Information technology	03,010.	49,864.	11,172.	4,704
15	Royalties	158,041.	3,673.	154,048.	320.
16	Occupancy			83,851.	82,546
17	Travel	763,619.	597,222.	03,051.	02,340.
18	Payments of travel or entertainment expenses				
<i>.</i> -	for any federal, state, or local public officials	20 006	7 05/	0 270	0 999
19	Conferences, conventions, and meetings	20,006.	7,954.	9,279.	2,773.
20					
21	Payments to affiliates	E (1)		E (1)	
22	Depreciation, depletion, and amortization	5,643. 52,693.	1 000	5,643. 47,383.	421.
23		52,093.	4,889.	4/,303.	421.
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	CHARTERS	81,554.	20,827.		60,727.
b	ANIMAL CARE	1,452.	1,452.		
с	SHARED COSTS	0.	248,891.	-284,167.	35,276
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	6,961,358.	4,970,724.	1,190,093.	800,541.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
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Part X Balance Sheet

ISLAND CONSERVATION

				w line in this Dout V			
		Check if Schedule O contains a response or r	iote to ar	iy line in this Part X	(A)		(B)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,144,963.	1	1,178,384.
	2	Savings and temporary cash investments			153,191.	2	622,831.
	3				1,028,140.	3	2,004,605.
	4	Accounts receivable, net			328,362.	4	529,088.
	5	Loans and other receivables from any current				-	
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of th				5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	-			6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			84,582.	9	70,748.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	238,070.			
	b	Less: accumulated depreciation	10b	238,070.	5,643.	10c	0.
	11	Investments - publicly traded securities			792,764.	11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, lir	ie 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	33,783.	15	22,116.		
	16	Total assets. Add lines 1 through 15 (must e	qual line (33)	4,571,428.	16	4,427,772.
	17	Accounts payable and accrued expenses \dots	526,170.	17	390,876.		
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo					
Liabilities		trustee, key employee, creator or founder, sul					
Liat		controlled entity or family member of any of th				22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lir	ies 17-24). Complete Part X	0.	0.5	278,689.
		of Schedule D			526,170.	25	669,565.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c		• • X	520,170.	26	009,303.
es		and complete lines 27, 28, 32, and 33.	neck ner				
anc	27	Net assets without donor restrictions			2,149,398.	27	1,805,512.
Bal	28	Net assets with donor restrictions			1,895,860.	28	1,952,695.
lpu	20	Organizations that do not follow FASB ASC			_,	20	_,,
Ρu		and complete lines 29 through 33.	, 000, 011				
s or	29	Capital stock or trust principal, or current fund	ds			29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances		E	4,045,258.	32	3,758,207.
_	33	Total liabilities and net assets/fund balances			4,571,428.	33	4,427,772.

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Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 1	otal revenue (must equal Part VIII, column (A), line 12)	1	6,674		
2 1	otal expenses (must equal Part IX, column (A), line 25)	2	6,961		
3 F	Revenue less expenses. Subtract line 2 from line 1	3	-287		
4 N	let assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,045	5,2	58.
5 N	let unrealized gains (losses) on investments	5			
	Donated services and use of facilities	6			
	nvestment expenses	7			
	Prior period adjustments	8			
9 (Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10 N	let assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
c	olumn (B))	10	3,758	3,2	07.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1 /	Accounting method used to prepare the Form 990: 🛄 Cash 🛛 🖾 Accrual 🔛 Other				
ľ	f the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a \	Vere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
ľ	f "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
s	eparate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b V	Vere the organization's financial statements audited by an independent accountant?		2b	Х	
ľ	f "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	s,		
c	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c l	f "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	,		
r	eview, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
ľ	f the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	0.		
3a A	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit		1
A	ct and OMB Circular A-133?		За		Х
b li	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
c	r audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

932012 01-20-20

SCHEDULE A	
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(Form	990	or	990-EZ
	220		

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.

OMB No. 1545-0047
2019
Open to Public Inspection

	artment of the Treasury nal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.					Open to Public Inspection			
Name of	the organizati	-						Emplover	identification number
	U U	ISLA	ND CONSERV	ATION					1-1839907
Part I	Reason			All organizations must co	omplete th	is part.) Se	ee instruction		
The organ				For lines 1 through 12, c					
1		•		on of churches described		,			
2	-			Attach Schedule E (Forn			·//··//·		
3				anization described in s e			ii)		
4	•		1 0	njunction with a hospital)(iii) Enter	the hospital's name
- L	city, and stat			njunotion with a noopita					the neoplital o hame,
5			or the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental	unit describ	ned in
•	0	•	Complete Part II.)			iou oy u g	ovorninoritar		
6				nental unit described in :	section 17	70(h)(1)(A)	(v)		
7 X				intial part of its support f				the general	nublic described in
/ []	•		omplete Part II.)	initial part of its support i	ioni a gov	erninenta		ine general	
8				(1)(A)(vi). (Complete Par	+ II)				
9				in section 170(b)(1)(A)(ad in coniu	unction with a	land-grant	college
J	-	-	-	ulture (see instructions).		-		-	-
	university:		grant conege of agric			name, or	y, and state c	T the coneg	
10		ion that norma	Illy receives: (1) more	e than 33 1/3% of its sup	nort from	contributi	ons member	shin fees a	and aross receipts from
				ct to certain exceptions,					
				(less section 511 tax) fr	. ,				U U
			mplete Part III.)			.5505 2090		gamzation	
11			,	ively to test for public sa	fety See	section 5()9(a)(4)		
12	-	-	-	ively for the benefit of, to	•			arry out the	nurnoses of one or
				ed in section 509(a)(1) o					
	. ,		•	of supporting organizatio					
a 🗌				supervised, or controlled					, aivina
u				gularly appoint or elect a					
			complete Part IV, Se		amajonty				apporting
ь	-			or controlled in connec	tion with it	ts sunnart	ed organizati	on(s) hy ha	wina
			-	anization vested in the s			•		-
		-	t complete Part IV,					age the sup	poned
c 🗌	_			g organization operated	in connec	tion with	and functions	Illy integrate	ed with
U				b). You must complete I				iny integrate	eu with,
d 🗌		0	.,	porting organization oper			-	rted organi	zation(s)
u				zation generally must sat				-	
		-		nplete Part IV, Sections	•		-	u an attent	TVCHC33
e 🗌	- ·		,	written determination fro					
C		•		nally integrated support			r i ype i, i ype	, n, rype m	
f Ent			• •			201011.			
			n about the supporte						
-	(i) Name of supp	-	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount o	f monetary	(vi) Amount of other
	organizatior	ı		(described on lines 1-10	Yes	No No	support (see i	nstructions)	support (see instructions)
				above (see instructions))					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 ISLAND CONSERVATION

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	6132607.	5916138.	3236820.	4781348.	5457248.	25524161.	
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	5,000.					5,000.	
4	Total. Add lines 1 through 3	6137607.	5916138.	3236820.	4781348.	5457248.	25529161.	
	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)						10846990.	
6	Public support. Subtract line 5 from line 4.						14682171.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b)2016 5916138.	(c) 2017	(d) 2018	(e) 2019	(f) Total 25529161.	
7	Amounts from line 4	6137607.	5916138.	3236820.	4781348.	5457248.	25529161.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources \dots	2,130.	1,756.	8,227.	22,353.	19,171.	53,637.	
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.)	1,744.	-3,743.	-12,345.	-26,514.	13,935.	-26,923.	
11	Total support. Add lines 7 through 10						25555875.	
	Gross receipts from related activities,	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,480,176.	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —	
<u> </u>	organization, check this box and stor ction C. Computation of Publ	here	roontogo		<u></u>	<u></u>	▶∟⊥	
							57.45 %	
	Public support percentage for 2019 (.,,		14	10 - 1	
	Public support percentage from 2018					15	,	
16a	33 1/3% support test - 2019. If the c	-					ox and ► X	
h	stop here. The organization qualifies33 1/3% support test - 2018. If the organization		•		lino 15 io 22 1/20/		······ · · —	
U								
17~	and stop here. The organization qual							
17 d	a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization							
	meets the "facts-and-circumstances"			-	-	-		
h	10% -facts-and-circumstances tes	-	-	• • • •	-			
U	more, and if the organization meets the							
	organization meets the "facts-and-circ							
18	Private foundation. If the organization							
10	i mate ioundation. Il the organizatio			a, 100, 17a, 01 17k			IJ 🔽 🗖	

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990 EZ) 2019 ISLAND CONSERVATION

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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	'						
	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						
1 0	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	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.)						
14	First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3) orga	nization,
	check this box and stop here		-				
Se	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2019 (li	ne 8, column (f), d	divided by line 13,	column (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	stment Incom	ne Percentage)			
17	Investment income percentage for 20	19 (line 10c, colur	mn (f), divided by	ine 13, column (f)))	17	%
18	Investment income percentage from 2	2018 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and lin	ne 15 is more than a	33 1/3%, and lin	e 17 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly	supported organiza	ation	
k	33 1/3% support tests - 2018. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organizatio	on ►
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check	this box and see in	structions	>
9320	23 09-25-19				Sch	edule A (Form 9	990 or 990-EZ) 2019

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990 or 990-EZ) 2019

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in</i> Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
Ũ	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.	,-		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	truction	2)	
2	Activities Test. Answer (a) and (b) below.	a doctorio	Yes	No
ے a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	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	· · · · · · · · · · · · · · · · · · ·	20		
D				
	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	0		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	6		
-	trustees of each of the supported organizations? <i>Provide details in</i> Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	~		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
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Schedule A (Form 990 or 990-EZ) 2019 ISLAND CONSERVATION

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

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

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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lv integrate	ed Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
_5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
<u> i</u>	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 ISLAND CONSERVATION

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

DEHEDOLE A, TAKI II, DINE IV, EXIDANATION FOR OTHER INCOME.	
MISCELLANEOUS INCOME	
2015 AMOUNT: \$ 1,744.	
2016 AMOUNT: \$ -3,743.	
2017 AMOUNT: \$ -12,345.	
2018 AMOUNT: \$ 2,143.	
2019 AMOUNT: \$ 17,601.	
FOREIGN CURRENCY LOSS	
2018 AMOUNT: \$ -28,657.	
2019 AMOUNT: \$ -3,666.	

932028 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

** PUBLIC DISCLOSURE COPY **

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

2019

Employer identification number

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ISLAND	CONSERVATION

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

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

91-1839907

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$207,009.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	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		\$ <u>10,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	· · · ·	\$5,485.	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		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

18531113 721074 IC

ISLAND CONSERVATION

Name of organization

Employer identification number

Page 2

91-1839907

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 10,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution X 8 Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X Person Payroll 150,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 10 Х Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 11 X Person Payroll 85,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 12 X Person Pavroll 20,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

2019.05000 ISLAND CONSERVATION

18531113 721074 IC

923452 11-06-19

18531113 721074 IC

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	Contributoro (

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
13		\$ 100,000. \$\$ Person X Payroll Noncash Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
14		Sector contribution Person X \$ 200,000. Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
15		Sector Sector \$ 300,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b)	(c) (d) Total contributions Type of contribution
<u>16</u>	Name, address, and ZIP + 4	Total contributions Type of contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
17		Sector contribution Person X \$\$ 28,089. Payroll Displayed (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
18		* 30,856. * 30,856.

Employer identification number

91-1839907

Part I

(a)

No.

19

(a)

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18531113 721074 IC

noncash contributions.)

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No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$30,000.	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
		\$\$\$\$\$\$	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
		\$\$\$\$	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
23		\$78,545.	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
		\$25,000.	Person X Payroll Noncash (Complete Part II for

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

(b)

Name, address, and ZIP + 4

(b)

ISLAND CONSERVATION

Employer identification number

(d)

Type of contribution

X

91-1839907

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

(d)

(c)

Total contributions

(c)

\$

100,000.

Part I

noncash contributions.)

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(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>25</u>		\$10,130.	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
<u>26</u>		\$7,300.	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
27		\$ <u>1,266,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>28</u>		\$25,000.	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
<u>29</u>		\$20,000.	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
30		\$240,000.	Person X Payroll Noncash (Complete Part II for

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

Employer identification number

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Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$50,000.	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
32		\$ <u>786,213.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33		\$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
34		\$ <u>385,782.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35		\$53,000.	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
36		\$21,858.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

IC____1

923452 11-06-19

18531113 721074 IC

2019.05000 ISLAND CONSERVATION

Page	2
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Employer identification number

91-1839907

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	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
<u>40</u>		\$25,000.	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
		\$60,000.	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
42		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

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2019.05000 ISLAND CONSERVATION

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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ISLAND	CONSERVATION

	Employer	identification	number
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91-1839907

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$25,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$ <u>50,000.</u>	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$14,500.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$ <u>262,500.</u> 	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47		\$5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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923452 11-06-19

Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>49</u>		\$ <u>15,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$5,046.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
52		\$25,000.	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
53		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Turne of contribution
	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

IC____1

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2019.05000 ISLAND CONSERVATION

Name of organization

Employer identification number

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ISLAND CONSERVATION

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
50	32 SH OF MSFT		
		\$5,046.	12/31/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		—	

Name of or	ganization				Employer identification number
TSLAND	CONSERVATION				91-1839907
Part III	Exclusively religious, charitable, etc., contrib from any one contributor. Complete columns (completing Part III, enter the total of exclusively religious	a) through (e) and the following li s, charitable, etc., contributions of \$1,0	ne entry For o	raanizations	hat total more than \$1,000 for the yea
(a) No. from	Use duplicate copies of Part III if additiona (b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
Part I			(c) Use or giπ		
_		(e) Transfer o	of gift		
	Transferee's name, address,	and ZIP + 4	Re	elationship of trar	Isferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
Part I					
ŀ		(e) Transfer (of gift		
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descr	iption of how gift is held
		(e) Transfer of			
-	Transferee's name, address,		-	elationship of trar	sferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
F	(e) Transfer of gift				
F	Transferee's name, address,	and ZIP + 4	Re	elationship of tran	Isferor to transferee
923454 11-06-	-19			Schedule E	8 (Form 990, 990-EZ, or 990-PF) (2019)

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. To to www.irs.gov/Form990 for instructions and the latest informat



No

Tax Year

	Revenue Service	Attach to Form 990. 1990 for instructions and the latest information.		Inspection	Sile
-	e of the organization			identification n	umber
	ISLAND CONSERVATION	ON		1-1839907	
Par	t I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds or A	ccounts.	Complete if the	
	organization answered "Yes" on Form 990, Part IV,				
		(a) Donor advised funds	(b) Funds an	d 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		nds		
	are the organization's property, subject to the organization	-		Yes	No
6	Did the organization inform all grantees, donors, and donor				
	for charitable purposes and not for the benefit of the donor	0 0			
		· · · · ·	•	Yes	No
Par		organization answered "Yes" on Form 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).			
	Preservation of land for public use (for example, recre	eation or education) Preservation of a histo	orically impor	rtant land area	
	Protection of natural habitat	Preservation of a cert			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form of a co	onservation e	easement on the	last
	day of the tax year.			at the End of the Ta	
а	Total number of conservation easements		2a		
			2b		
	Number of conservation easements on a certified historic s		2c		
d	Number of conservation easements included in (c) acquired	d after 7/25/06, and not on a historic structure			
	listed in the National Register		2d		
3	Number of conservation easements modified, transferred,		nization durir	ng the tax	
	year ►				
4	Number of states where property subject to conservation e	easement is located 🕨			
5	Does the organization have a written policy regarding the p	periodic monitoring, inspection, handling of			_
	violations, and enforcement of the conservation easements	s it holds?		Yes L	No
6	Staff and volunteer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing conservati	on easemen	ts during the yea	r
	►				
7	Amount of expenses incurred in monitoring, inspecting, ha	Indling of violations, and enforcing conservation ea	asements du	ring the year	
	►\$				
8	Does each conservation easement reported on line 2(d) ab		, (,		_
	and section 170(h)(4)(B)(ii)?			_ L. ∐Yes L	No
9	In Part XIII, describe how the organization reports conserva-				
	balance sheet, and include, if applicable, the text of the foo	otnote to the organization's financial statements the	nat describes	s the	
De	organization's accounting for conservation easements.	of Art Historical Tracquires or Other	Cimilar A		
Par	t III Organizations Maintaining Collections		Similar A	ssels.	
	Complete if the organization answered "Yes" on For				
та	If the organization elected, as permitted under FASB ASC s				
	of art, historical treasures, or other similar assets held for p		Ince of public	0	
	service, provide in Part XIII the text of the footnote to its fin		·	in of	
b	If the organization elected, as permitted under FASB ASC s				
	art, historical treasures, or other similar assets held for pub	plic exhibition, education, or research in furtheranc	e of public s	ervice,	
	provide the following amounts relating to these items:		•		
	(i) Revenue included on Form 990, Part VIII, line 1		N .		
~					
2	If the organization received or held works of art, historical t		provide		
_	the following amounts required to be reported under FASB	0	•		
а	Revenue included on Form 990, Part VIII, line 1		. 🕨 💲		

b Assets included in Form 990, Part X

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Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 ISLAND	CONSERVATI	ON				9	91-18	3990'	7 _{Pa}	ige 2
Par	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures,	or Othe	er Simila	r Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other record	ls, chec	k any of the	following the	at make s	significant (use of its			
а	Public exhibition d Loan or exchange program										
b	Scholarly research e Other										
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how tł	ney further t	he organizat	ion's exe	mpt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
	to be sold to raise funds rather than to be m	aintained as part of t	he orga	nization's co	ollection?				Yes		No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	on answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributior	ns or other as	ssets not	included		-		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount	t	
	Beginning balance										
	Additions during the year										
e	Distributions during the year										
t	Ending balance										
	Did the organization include an amount on F								Yes		∫ No]
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete it										1
1 41		(a) Current year		Prior year	(c) Two yea			ears hack	(a) Four	vears	hack
10	Beginning of year balance	(a) Current year	(0) -	noi yeai	(C) 1 WO yea	13 Dack			(e) i oui	ycars	Jack
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	a Are there endowment funds not in the possession of the organization that are held and administered for the organization										
	by: Yes No										
	(i) Unrelated organizations 3a(i)										
	· · · · · ·							3a(ii)			
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b										
	Describe in Part XIII the intended uses of the		wment	funds.							
Par	t VI Land, Buildings, and Equipm			/ 100 110 (line 10				
	Complete if the organization answere										
	Description of property	(a) Cost or o basis (investr			or other (other)	. ,	ccumulate preciation		(d) Bool	k value)
1a	Land										
	Buildings				0 001		00.03				
	Leasehold improvements				9,024.	<u> </u>	29,02				0.
	Equipment				9,237.		149,23				0.
	Other				9,809.		59,80				0.
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c.)						0.

Schedule D (Form 990) 2019

932052 10-02-19

Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		

 (E)
 (F)

 (G)
 (H)

 Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►
 (E)

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25 (b) Book value (a) Description of liability Federal income taxes (1) 278,689 GRANT ADVANCES (2) (3) (4) (5) (6) (7) (8) (9) 278,689. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2019

932053 10-02-19

Sche	dule D (Form 990) 2019 ISLAND CONSERVATION		91-1	1839907 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With Reve		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	6,674,307.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			6,674,307.
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		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			6,674,307.
Pa	t XII Reconciliation of Expenses per Audited Financial State	-	enses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12			6 0 6 1 2 5 0
1	Total expenses and losses per audited financial statements		1	6,961,358.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	Other losses			
d	Other (Describe in Part XIII.)			0
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1			6,961,358.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	46		
	· · · · · · · · · · · · · · · · · · ·			-
c	Add lines 4a and 4b			0.
с 5				0. 6,961,358.

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 X, LINE 2:

THE ORGANIZATION IS RECONGNIZED AS A PUBLIC CHARITY EXEMPT FROM FEDERAL
INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND
SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, WHEREBY ONLY
UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE INTERNAL
REVENUE CODE AND SIMILAR CODE SECTIONS OF THE CALIFORNIA REVENUE AND
TAXATION CODE, IS SUBJECT TO INCOME TAX. MANAGEMENT BELIEVES THAT ALL OF
THE ORGANIZAION'S ACTIVITIES WERE DIRECTLY TO ITS EXEMPT PURPOSE.

EACH YEAR, MANAGEMENT CONSIDERS WHETHER THE ORGANIZATION HAS ANY UNCERTAIN

TAX POSITIONS THAT REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS;

INCLUDING THE ORGANIZATION HAS ENGAGED IN ACTIVITIES THAT COULD AFFECT THE Schedule D (Form 990) 2019 932054 10-02-19

	LAND CONSERVATION	91-1839907 Page 5
Part XIII Supplemental Informat	ion (continued)	
ORGANIZATION'S INCOME	TAX STATUS OR RESULT IN TAXABLE	INCOME. MANAGEMENT
BELIEVES THAT ANY POSI	TIONS THE ORGANIZATION HAS TAKEN	ARE SUPPORTED BY
SUBSTANTIAL AUTHORITY	AND WOULD MORE LIKELY THAN NOT B	E SUSTAINED UPON
EXAMINATION BY THE APP	LICABLE TAXING AUTHORITY. MANAGE	MENT HAS DETERMINED
THAT THE ORGANIZATION	DOES NOT HAVE ANY MATERIAL UNCER	TAIN TAX POSITIONS
THAT REQUIRE RECOGNITI	ON OR DISCLOSURE IN THE FINANCIA	L STATEMENTS.

Schedule D (Form 990) 2019

932055 10-02-19

ISLAND CONSERVA	TION			91-183990	7
Part I General Infor	mation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "Y	'es" on
Form 990, Part IV	/, line 14b.		· · · · · · · · · · · · · · · · · · ·	-	
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra		
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance? X	Yes 🗌 No
2 For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance outs	ide the
United States.					
3 Activities per Region. (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is i	needed.)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		investments
		in the region	recipients located in the region)	of service(s) in the region	in the region
				STRATEGIC PLANNING,	
				PROJECT MANAGEMENT, AND	
EAST ASIA AND THE				OUTREACH ACTIVITIES TO	
PACIFIC	0	5	PROGRAM SERVICES	SUPPORT REMOVAL OF	722,882.
				PROJECT MANAGEMENT,	
				ACTIVITIES TO SUPPORT	
				REMOVAL OF INVASIVE	
SOUTH AMERICA	2	17	PROGRAM SERVICES	SPECIES.	1,509,955.
				STRATEGIC PLANNING,	
				PROJECT MANAGEMENT, AND	
CENTRAL AMERICA AND				OUTREACH ACTIVITIES TO	
THE CARIBBEAN	0	2	PROGRAM SERVICES	SUPPORT REMOVAL OF	166,583.
					, ,
0 • Outstatel	2	24			2 200 400
3 a Subtotal	2	24			2,399,420.
b Total from continuation	0	_			_
sheets to Part I	0	0			0.
c Totals (add lines 3a		24			2 200 400
and 3b)	2	24			2,399,420.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2019

932071 10-12-19

IC____1

Treasury	Attach to Form 990.
Service	Go to www.irs.gov/Form990 for instructions and the latest information.

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Internal Revenue S

SCHEDULE F

(Form 990)

Name of the	organizatior
-------------	--------------

Employer identification number

Schedule F (Form 990) 2019

ISLAND CONSERVATION

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

	of k, FMV, her)
$\left \begin{array}{c c c c c c c c c c c c c c c c c c c $	
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	
by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3 Enter total number of other organizations or entities	

Schedule F (Form 990) 2019

91-1839907

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (c) Number of (d) Amount of (e) Manner of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement

Schedule F (Form 990) 2019

(f) Amount of

noncash

assistance

(g) Description of

noncash assistance

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

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 ISLAND CONSERVATION
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Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

A CONTRACT IS CREATED BASED ON REQUIREMENTS FROM THE GRANTOR. PROGRAM

STAFF EVALUATE PERFORMANCE ON DELIVERABLES AND APPROVE FOR PAYMENT WHEN

COMPLETE.

PART I, LINE 3, COLUMN (E):

REGION: EAST ASIA AND THE PACIFIC

(E) SPECIFIC TYPES OF SERVICES IN REGION: STRATEGIC PLANNING, PROJECT

MANAGEMENT, AND OUTREACH ACTIVITIES TO SUPPORT REMOVAL OF INVASIVE

SPECIES.

REGION: CENTRAL AMERICA AND THE CARIBBEAN

(E) SPECIFIC TYPES OF SERVICES IN REGION: STRATEGIC PLANNING, PROJECT

MANAGEMENT, AND OUTREACH ACTIVITIES TO SUPPORT REMOVAL OF INVASIVE

SPECIES.

932075 10-12-19

Schedule F (Form 990) 2019

SCHEDULE I (Form 990) Department of the Treasury	Go	arants and Oth vernments, ar ete if the organizatio	nd Individual n answered "Yes" Attach to For	ls in the Ŭni ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization	CONSERVATIO	N					Employer identification number 91-1839907
Part I General Information on Gra	ants and Assistance						
 Does the organization maintain recorder criteria used to award the grants of 2 Describe in Part IV the organization 	or assistance?						
Part II Grants and Other Assistan					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more	than \$5,000. Part II car	be duplicated if addit	ional space is need	ded.			
1 (a) Name and address of organiza or government	tion (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
GALAPAGOS CONSERVANCY 11150 FAIRFAX BOULEVARD FAIRFAX, VA 22030	13-3281486	501C3	217,000.	0.			TO PROMOTE SCIENCE CONSERVATION AND ENVIRONMENTAL EDUCATION IN THE GALAPAGOS ISLANDS.
 2 Enter total number of section 501(3 Enter total number of other organiz LHA For Paperwork Reduction Act N 	zations listed in the line	1 table	ne line 1 table				▶ <u>1.</u> Schedule I (Form 990) (2019)

Page 2

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

(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
	(b) Number of recipients	(b) Number of recipients (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (b) Number of recipients (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant (c) Amount of cash grant	(b) Number of recipients (c) Amount of cash grant (d) Amount of non-cash assistance Image: Image	(b) Number of recipients (c) Amount of cash grant (d) Amount of non- cash assistance (e) Method of valuation (book, FMV, appraisal, other) Image: Image

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

PART I, LINE 2:

SUBGRANTS AWARDS ARE BASED ON A SUB GRANT TEMPLATE WHICH IS MODIFIED TO

ACCOMODATE THE PARTICULAR REQUIREMENTS OF SOURCE FUNDING. STANDARD

REQUIREMENTS INCLUDE SEMIANNUAL PROGRESS REPORTS AND A COMPREHENSIVE FINAL

REPORT.

SC	CHEDULE J Compensation Information	n		OMB No.	1545-00	47	
	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20 ⁻		10	
-	Compensated Employees	Dent IV line 00		20	IJ		
Dena	► Complete if the organization answered "Yes" on Form 990 ► Attach to Form 990.	, Part IV, line 23.		Open to			
	Go to www.irs.gov/Form990 for instructions and the latest information.				Inspection		
Nan	me of the organization		Employer id			mber	
_	ISLAND CONSERVATION		91-1	83990	7		
Pa	Part I Questions Regarding Compensation						
					Yes	No	
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a per-		n 990,				
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the						
	X First-class or charter travel Housing allowance or restrictions of the second se	•					
	Travel for companions						
	Tax indemnification and gross-up payments						
	Discretionary spending account	n as maid, chauffei	ur, chef)				
١.	. If any of the bayes on line to are abacted, did the average time follows switting as "	na noveret					
D	If any of the boxes on line 1a are checked, did the organization follow a written policy regardi			41-	Х		
•	reimbursement or provision of all of the expenses described above? If "No," complete Part III			1b	1		
2				2	х		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on			2	21		
3	Indicate which, if any, of the following the organization used to establish the compensation o	f the organization'	e				
5	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a						
	establish compensation of the CEO/Executive Director, but explain in Part III.	a related organizat					
	Compensation committee Written employment co	ntract					
	□ Independent compensation consultant						
	Form 990 of other organizations	•	ommittee				
		or compensation c					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect t	o the filina					
	organization or a related organization:	5					
а				4a		X	
b						X	
с	Participate in, or receive payment from, an equity-based compensation arrangement?					X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each iter						
	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 accru	e any compensati	on				
	contingent on the revenues of:						
а	a The organization?			5a		X	
	Any related organization?					X	
	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 accru	e any compensati	on				
	contingent on the net earnings of:						
	a The organization?					X	
b	o 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					37	
	not described on lines 5 and 6? If "Yes," describe in Part III			7		X	
8		-				37	
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			8		X	
9	, 5						
	Regulations section 53.4958-6(c)?						
LHA	A For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Sched	ule J (Forr	n 990) 2019	

932111 10-21-19

91-1839907

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.

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) KAREN POIANI (i	204,924.	0.	0.	0.	30,739.	235,663.	0.
CEO (i) 0.	0.	0.	0.	0.		0.
(2) DOUGLAS BRAGDON (i	138,334.	0.	0.	0.	20,750.	159,084.	0.
C00 (ii) 0.	0.	0.	0.	0.	0.	0.
(3) RACHEL WADSWORTH (i	155,956.	0.	0.	0.	23,393.	179,349.	0.
DIRECTOR OF PHILANTHROPY (i) 0.	0.	0.	0.	0.		0.
(4) KARL CAMPBELL (i	145,568.	0.	0.	0.	21,835.	167,403.	0.
LATIN AMERICA REGIONAL EXECUTIVE DIR (i) 0.	0.	0.	0.	0.		0.
(5) GREGORY HOWALD (i	135,106.	0.	0.	0.	20,266.	155,372.	0.
DIRECTOR OF GLOBAL AND EXTERNAL AFFA (i) 0.	0.	0.	0.	0.	0.	0.
(i							
(ii							
(i							
(i)						
(i							
(i)						
(i							
(ii)						
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(ii							
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(ii							
(i							
(ii							
(i							
(i							
(i							
(ii							

Part III Supplemental Information

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

PART I, LINE 1A:

WE CHARTER HELICOPTERS AND PLANES FOR ACCESS TO AND WORK ON REMOTE ISLANDS.

WE HAVE A POLICY AGAINST FIRST CLASS TRAVEL EXCEPT UNDER VERY UNUSUAL

CIRCUMSTANCES SUCH AS MEDICAL EMERGENCY.

WE PAY ONE EMPLOYEE A SMALL STIPEND FOR PROJECT GUN STORAGE OUTSIDE OF CA.

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



ISLAND CONSERVATION

Employer identification number 91 - 1839907

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILE. SPECIES BENEFITTING FROM THIS WORK INCLUDE THE CRITICALLY

ENDANGERED RAYADITO ON ALEJANDRO SELKIRK, THE ENDANGERED NEWELL'S

SHEARWATER IN HAWAII, AND ENDANGERED PERUVIAN DIVING-PETREL ON CHANARAL

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

CHIEF EXECUTIVE OFFICER AND CHIEF OPERATING OFFICER REVIEW THE FIRST DRAFT OF FORM 990 AND REQUEST REVISIONS AS APPROPRIATE. CHIEF OPERATING OFFICER PROVIDES THE SECOND DRAFT OF FORM 990 TO ALL BOARD MEMBERS INCLUDING FINANCE COMMITTEE AND TREASURER. BOARD MEMBERS REVIEW AND PROVIDE COMMENTS REGARDING CONCERNS OR ISSUES. FINANCE COMMITTEE, CHIEF OPERATING OFFICER AND BOARD MEMBERS MEET TO REVIEW THE FINAL DRAFT OF FORM 990. FINANCE COMMITTEE VOTES TO RECOMMEND APPROVAL OF FINAL 990. BOARD VOTES TO APPROVE 990.

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

EACH FALL-WINTER THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED TO BOARD AND STAFF, AND ANY POTENTIAL CONFLICTS ARE REPORTED. FOLLOWING FULL DISCLOSURE OF A POSSIBLE CONFLICT OF INTEREST, THE BOARD OF DIRECTORS SHALL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS AND IF SO, THE BOARD SHALL VOTE TO AUTHORIZE OR REJECT THE TRANSACTION OR TAKE ANY OTHER ACTION DEEMED NECESSARY TO ADDRESS THE CONFLICT AND PROTECT ISLAND CONSERVATION'S BEST INTERESTS. BOTH VOTES SHALL BE BY A MAJORITY VOTE WITHOUT COUNTING THE VOTE OF ANY INTERESTED DIRECTOR, EVEN IF THE DISINTERESTED DIRECTORS ARE LESS THAN A QUORUM PROVIDED THAT AT LEAST ONE CONSENTING DIRECTOR IS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

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DISINTERESTED.

ANY ACTION TAKEN SHALL BE REFLECTED IN THE OFFICIAL MINUTES OF ISLAND CONSERVATION. AN INTERESTED BOARD MEMBER, OFFICER, OR STAFF MEMBER SHALL NOT PARTICIPATE IN ANY DISCUSSION OR DEBATE OF THE BOARD OF DIRECTORS, OR OF ANY COMMITTEE OR SUBCOMMITTEE THEREOF IN WHICH THE SUBJECT OF DISCUSSION IS A CONTRACT, TRANSACTION, OR SITUATION IN WHICH THERE MAY BE A PERCEIVED OR ACTUAL CONFLICT OF INTEREST. HOWEVER, SHE OR HE MAY BE PRESENT TO PROVIDE CLARIFYING INFORMATION IN SUCH A DISCUSSION OR DEBATE UNLESS OBJECTED TO BY ANY PRESENT BOARD OR COMMITTEE MEMBER. ANYONE IN A POSITION TO MAKE DECISIONS ABOUT SPENDING ISLAND CONSERVATION'S RESOURCES (I.E. TRANSACTIONS SUCH AS PURCHASE CONTRACTS) - WHO ALSO STANDS TO BENEFIT FROM THAT DECISION - HAS A DUTY TO DISCLOSE THAT CONFLICT AS SOON AS IT ARISES (OR BECOMES APPARENT); SHE OR HE SHOULD NOT PARTICIPATE IN ANY FINAL DECISIONS.

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

ISLAND CONSERVATION PERIODICALLY OBTAINS RELEVANT MARKET DATA TO ENSURE THAT HIRING COMPENSATION DECISIONS ARE CONSISTENT WITH MARKET CONDITIONS, BOTH FOR THE CEO WHOSE COMPENSATION IS REVIEWED AND APPROVED BY THE BOARD, AND OTHER STAFF WHOSE COMPENSATION IS NOT REGULARLY REVIEWED AND APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

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