## Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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Α	For the	2017 cale	endar year, or tax year beginning	January 1	, 2017, ar	nd ending	Decem	iber 31	<b>, 20</b> 17	
В	Check if a	applicable:	C Name of organization Conservation	X Labs, Inc				D Employe	er identification nu	ımber
	Address		Doing business as						47-4066524	
$\exists$	Name cha	ı ı	Number and street (or P.O. box if mail i	is not delivered to street	address)	Room/suite		E Telephon		
$\equiv$	Initial retu	Ĭ	1342 Florida Avenue NW						2024605628	
=		n/terminated	0'1 1 11	, and ZIP or foreign post	al code				2024003020	
=	Amended		Washington, DC, 20009	,				<b>G</b> Gross re	ceinte \$ ¢1	,478,646
=			F Name and address of principal officer:	Dr. Aloy Dobgon C	·FO		II/a\ la thia a an		subordinates? Yes	
	Application	on pending		•	EU					
			1342 Florida Avenue NW, Washing			7	1		included?  Yes	
		npt status:	✓ 501(c)(3)	) ◀ (insert no.) 🔲 △	1947(a)(1) or	527	-		•	110)
J	Website:		.conservationxlabs.org		1.,,		H(c) Group			
			Corporation Trust Association	n Other ▶	L Year	of formation	2015	M State	of legal domicile:	DC
Р	art I	Summ	<u> </u>							
		-	escribe the organization's mission	=						
Activities & Governance	1	and scale	e of conservation efforts through ha	arnessing exponenti	al technology	<u>y, open inr</u>	novation, a	nd entrep	reneurship to e	nd
naı			duced extinction.							
Ver			his box $lacktriangle$ $lacktriangle$ if the organization dis	•		posed of	more than	25% of i	ts net assets.	
ဗိ	3	Number (	of voting members of the govern	ing body (Part VI, Iir	ne 1a) .     .			3		3
∞	4	Number (	of independent voting members	of the governing bo	dy (Part VI, I	line 1b)		4		2
ties	5	Total nun	mber of individuals employed in c	alendar year 2017	(Part V, line	2a) .		5		6
Ę	6	Total nun	mber of volunteers (estimate if ne	cessary)				6		100
Ac			related business revenue from Pa					7a		0
	b	Net unrel	lated business taxable income fro	om Form 990-T, line	e 34			7b		0
Revenue				Prior Ye	ar	Current Ye	ar			
	8	Contribut	tions and grants (Part VIII, line 1h		365,839	1	,440,646			
			service revenue (Part VIII, line 2g					000,007		38,000
		_	ent income (Part VIII, column (A),					0		0.000
æ			venue (Part VIII, column (A), lines					0		
	1		enue—add lines 8 through 11 (mu		365,839		170 ( 1 (			
			nd similar amounts paid (Part IX,						l	21,100
			paid to or for members (Part IX, o					0		0
Expenses	1		other compensation, employee be	•		· -		123,667		380,399
ens			onal fundraising fees (Part IX, colu					0		0
Ϋ́	1		draising expenses (Part IX, colun		15	5,462				
			penses (Part IX, column (A), lines					182,581		263,058
		-	penses. Add lines 13–17 (must ec	•				308,248		664,556
		Revenue	less expenses. Subtract line 18	from line 12				59,591		814,090
or						Beg	ginning of Cui	rent Year	End of Yea	ar
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16)					59,676		873,766
A P	21	Total liab	oilities (Part X, line 26)					0		0
		Net asse	ts or fund balances. Subtract line	e 21 from line 20				59,676		873,766
P	art II	Signat	ture Block							
Un	der penalt	ties of perju	ury, I declare that I have examined this retu	urn, including accompany	ing schedules	and stateme	nts, and to th	e best of m	ny knowledge and	belief, it is
tru	e, correct,	, and compl	lete. Declaration of preparer (other than of	ficer) is based on all infor	mation of which	n preparer ha	as any knowle	edge.		
Siç	gn	Sign	ature of officer				Dat	е		
He	re									
		Type	e or print name and title							
_	.:!	, , ,	· · · · · · · · · · · · · · · · · · ·	reparer's signature		Date		0,	T : PTIN	
	iid			. •				Check L	if	
	eparer							· ·	,	
Us	se Only							's EIN ▶		
N/1~	v the ID		address ► s this return with the preparer sh	own above? (see in	etructions)			ne no.		□ Ne
ıvıa	y me iR	อ นเร <b>c</b> นร์	s this return with the preparer sh	own above: (see in	อน นบนเบทร)				<u> </u>	No

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Part		-	e Accomplishments			_
				ny line in this Part	<u>III</u>	
1	Briefly describe the	•				
					on, and entrepreneurship to d	ramatically improve
	the efficacy, cost, sp	beed, scale and sust	ainability of conservation	efforts to end huma	an induced extinction.	
2	Did the organizatio	n undertake anv si	gnificant program servic	es during the vear	which were not listed on th	e
_						✓ Yes □ No
	If "Yes," describe to	hese new services	on Schedule O.			
3				it changes in how	v it conducts, any program	m
						☐ Yes ✓ No
	If "Yes," describe to	hese changes on S	chedule O.			
4	Describe the organ	nization's program	service accomplishment	s for each of its th	ree largest program service	es, as measured by
					ne amount of grants and al	locations to others
	the total expenses,	and revenue, if any	y, for each program serv	ice reported.		
4a	(Code:)	(Expenses \$	252,339 including gra	nts of \$ <sub></sub>	0) (Revenue \$	0)
					partnership with the World W	
			<del>-</del>		Challenge, which was run with	
					rnment of Australia on replac	
					developing new sustainable o	
					ean conservation, and brough	
					re bespoke programming, cou vorld class science, technolog	
					the companies in our first co	
					nt through the accelerator.	mort succeed.
4b	(Code:)	(Expenses \$	80,018 including gra	nts of \$	0) (Revenue \$	0)
					aboration platform to help de	
					ation. This program was a sp	
					boration space, and project p	
					ograms and activities—acros	
					8.0 tribe. It is where science, e	
					bled solutions to conservation solutions by the entire crown	
					at are born on the Digital Mak	
					able products, teams, and co	
	will help to end extir					
4c	(Code:)	(Expenses \$	125,831 including gra	nts of \$	0) (Revenue \$	0)
					e, battery-powered, pocked-s	
					ents, expensive equipment, c	
					ership with the University of	
					- short sequence genes, such	
					low-cost, battery powered de	
					they are needed most. Our fi	
					es conservation and harms conservation and ha	
	environmental DNA.		ne and uniber trafficking,	and detect patrioger	ns and invasive species in th	c who through
	Chvironinental DNA.					
4d	Other program serv	vices (Describe in S	Schedule O.)			
	(Expenses \$	including	g grants of \$	) (Revenue \$	38,000)	
46	Total program serv	ice evnences	// 4 5 5 7			

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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		1
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		1
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		<b>✓</b>
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		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		· ✓
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		ľ
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		1
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		· ✓
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		1
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		1
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .	11e		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>√</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		<b>✓</b>
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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		· ✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		· ✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		✓
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		✓

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a		✓
	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		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	21		<b>V</b>
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		•	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
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			١,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>√</b>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	040		1
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		<b>∨</b>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		<b>V</b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			,
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		<b>✓</b>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	LI		Ė
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		✓
30	conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	- 50		•
	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		✓
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		✓
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		,	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	<b>V</b>	<b>✓</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	SSA		<b>V</b>
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			Ť
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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,			
00	Part VI	37		<b>✓</b>
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.

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Part	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			. г
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			
b	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	✓	
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 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	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		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			_
	account)?	4a		<b>✓</b>
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	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			,
<b>L</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	OI-		
7	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		,
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
C	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		Ť
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>√</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>√</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>V</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			Ť
	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . <b>10b</b>			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> 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			
	the organization is licensed to issue qualified health plans			

c Enter the amount of reserves on hand . . . . . . . . . . . . . . .

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? If "No," provide an explanation in Schedule O

14a

14b

13c

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Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Socti	Check if Schedule O contains a response or note to any line in this Part VI	• •		✓
Section	on 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b			
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		<b>√</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		<b>√</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>√</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
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		<b>✓</b>
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		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			·
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a		<b>✓</b>
b b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes,"	12b		
13	describe in Schedule O how this was done	12c		<b>✓</b>
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?			
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b	Other officers or key employees of the organization	15b	✓	
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
04	organization's exempt status with respect to such arrangements?	16b		
17	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ District of Columbia			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(	c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>•</b>	
	Alex Dehgan, Conservation X Labs, 1342 Florida Avenue NW, Washington, DC 20009			

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

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

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d orga	aniz	atic	n c	ompe	nsa	ated any currer	nt officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do n	ot ch	Pos neck ss pe	c) sition more erson	e than o is both or/trust	one n an	Reportable compensation	(E) Reportable compensation from	<b>(F)</b> Estimated amount of
			Institutional trustee	Officer	Key employee	Highest compensated employee	Former		related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Dr. Alex Dehgan, CEO	40	<b>√</b>		<b>√</b>		<b>✓</b>		134,423	5,040	139,465
(2) Dr. Paul Bunje, Director	5	<b>√</b>						C		
(3) Shah Selbe, Director	0.5	1						C	0	(
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

(A) Name and title		(B) Average hours per	box, ι	unles	Pos neck ss pe	rson	than of the thick that is the thick that it is the thick that is the thick that it is the thi	n an tee)	(D)  Reportable compensation	(E) Reportable compensation from	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(15)											
(16)											
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b c d	Sub-total	VII, Sectio						<b>▶ ▶ e)</b> w		5,04	0 0 139,463
3	Did the organization list any <b>former</b> of employee on line 1a? If "Yes," complete	ficer, direc Schedule J	for su	ıch	indi	ivid	ıal				3 ✓
4	For any individual listed on line 1a, is the organization and related organizations individual		an \$1	150,	000	)? /:	f "Ye				
5	Did any person listed on line 1a receive of for services rendered to the organization.								•	ation or individ	
	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Repyear.										
	(A) Name and business add	Iress							<b>(B)</b> Description of s	ervices	<b>(C)</b> Compensation
Not ap	plicable.										
2	Total number of independent contractor received more than \$100,000 of compens							o th	ose listed abo	ove) who	

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

e Total. Add lines 11a-11d . . .

**Total revenue.** See instructions.

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Form 9	90 (201	7)					Page \$
Part	: VIII	Statement of Revenue					
		Check if Schedule O contains a response	or note to	any line in this	Part VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns 1a	0				
3ra Ioui	b	Membership dues 1b	0				
ts, ( Am	С	Fundraising events 1c	0				
Giff ilar	d	Related organizations 1d	0				
ns, Simi	е	Government grants (contributions) 1e	0				
utio er S	f	All other contributions, gifts, grants,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f	1,440,646				
ont	g	Noncash contributions included in lines 1a-1f: \$	0				
	h	Total. Add lines 1a–1f	ness Code	1,440,646			
Program Service Revenue	20	Conservation X Labs, PBC	iless Code	20.000	20.000		
3eve	2a b			38,000	38,000		
ce F	C						
ervi	d						
m S	e						
gra	f	All other program service revenue .					
Pro	g	Total. Add lines 2a–2f	▶	38,000			
	3	Investment income (including dividends,					
		and other similar amounts)	▶	0			
	4	Income from investment of tax-exempt bond pro	oceeds ►	0			
	5	Royalties		0			
		(i) Real (ii)	Personal				
	6a	Gross rents 0	0				
	b	Less: rental expenses 0	0				
	C	Rental income or (loss) 0	0				
	d	Net rental income or (loss)	<b>&gt;</b>	0			
	7a	Gross amount from sales of assets other than inventory 0	i) Other 0				
	b	Less: cost or other basis and sales expenses . 0	0				
	С	Gain or (loss) 0	0				
		Net gain or (loss)	▶	0			
				3			
Other Revenue	8a	Gross income from fundraising events (not including \$					
}ev		of contributions reported on line 1c).					
er F		See Part IV, line 18 a	0				
the	b	Less: direct expenses b	0				
0		Net income or (loss) from fundraising event		0			
		Gross income from gaming activities.  See Part IV, line 19					
	h	Less: direct expenses b	0				
		Net income or (loss) from gaming activities	_	0			
		Gross sales of inventory, less		0			
		returns and allowances a	0				
	b	Less: cost of goods sold b	0				
		Net income or (loss) from sales of inventory	<b>▶</b>				
		Miscellaneous Revenue Busi	ness Code				
	11a						
	b						
	С						
	d	All other revenue					

1,478,646

38,000

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service Management and general expenses 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 . . . 2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . . 21,100 21,100 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . n n 5 Compensation of current officers, directors, trustees, and key employees . . . . . 134,423 94,086 26,885 13,452 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . 0 Other salaries and wages 7 218,220 218,220 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 0 Other employee benefits . . . . . . . 9 0 0 0 0 10 Payroll taxes . . . . . . . . . . . . 27,756 24,727 2,019 1,010 11 Fees for services (non-employees): Management . . . . . . . 0 0 Legal . . . . . . . . . . . . . . 5,658 5,656 0 0 12,805 12,805 0 0 Lobbying . . . . . . . . . . . . 0 0 Professional fundraising services. See Part IV, line 17 0 0 Investment management fees . . . . . f 0 0 0 0 Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 113,350 112,350 1,000 12 Advertising and promotion . . . . . 9,581 9,581 0 0 13 Office expenses . . . . . . . 1,302 1,302 0 0 14 Information technology . . . . . 6<u>,</u>043 6,043 0 0 15 0 0 0 Occupancy . . . . . . . . . 16 <u>45</u>,118 45,118 n 0 17 23,620 23,620 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings . 6,640 0 6,640 0 20 0 0 0 0 21 Payments to affiliates . . . . . 0 0 0 22 Depreciation, depletion, and amortization . 0 0 0 0 23 0 0 0 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Scientific Equipment, Materials, and Reagents 28,723 28,723 0 Make for the Planet Engineering Competition 3,291 3,291 0 0 Recruitment C 927 927 0 0 Reimbursement to Related Org 6,000 6,000 0 0 All other expenses 0 **Total functional expenses.** Add lines 1 through 24e 25 95,697 664,556 553,398 15,462 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 ŠOP 98-2 (ASC 958-720)

### Part X Balance Sheet

1   Cash—non-interest-bearing   59,676   1   873,766     2   Savings and temporary cash investments   0   2   0     3   Pledges and grants receivable, net   0   3   0     4   Accounts receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   0   5   0     6   Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L   0   5   0     6   Loans and other receivables from other disqualified persons (as adefined under section 498/81/1), penson described in section 498(6)(3)(8), and contributing employees and sponsoring organizations (se instructions). Complete Part II of Schedule L   0   6   0     7   Motes and loans receivable, net   0   7   0   0     8   Inventories for sale or use   0   8   0   0     9   Propaid expenses and deferred charges   0   9   0   0   0     10   Lard, buildings, and equipment: cost or other basis. Complete Part V of Schedule D   b Less: accumulated depreciation   10a   0   10c   0   0     10   Less: accumulated depreciation   10a   0   0   10c   0   0   0   10c   0   0   0   10c   0   0   0   10c   0   0   0   0   0   0   0   0   0			Check if Schedule O contains a response or note to any line in this Par	rt X		🗌
2 Savings and temporary cash investments						
2 Savings and temporary cash investments		1	Cash-non-interest-bearing	59,676	1	873,766
3   Pledges and grants receivable, net   0   3   0   0   0   0   0   0   0   0		2				
A Accounts receivable, net  5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.  6 Complete Part II of Schedule L  6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(II), persons described in section 4958(g)(SiB), and contributing employers and sponsoring organizations of section 501(g)*) voluntary employees beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net  9 Prepaid expenses and deferred charges  9 Prepaid expenses and deferred charges  10a Load, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D  10b Less: accumulated depreciation  10 Loans accumulated depreciation  11 Investments—publicity traded securities  11 Investments—publicity traded securities  12 Investments—publicity traded securities  13 Investments—publicity traded securities  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  10 Tax -exampt bond liabilities  10 Deferred revenue  20 Tax-exampt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to urrent and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part IV of Schedule D  21 Secured mortgages and notes payable to urrelated third parties  22 Unsecured notes and loans payable to urrelated third parties  23 Secured mortgages and notes payable to urrelated third parties  24 Unsecured notes and loans payable to urrelated third parties  25 Other liabilities income tax, payables to related third parties  26 Total liabilities. Add lines 17 through 25, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  29 Permanentl		3		0	3	0
Secure   Complete		4		0	4	0
trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5				
6 Loans and other receivables from other disqualified persons (as defined under section 4558(f)(1), persons described in section 4558(c)(3)(8), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employee's beneficiary organizations (see instructions). Complete Part II of Schedule L						
4956(f(1), persons described in section 4958(c(3)(E), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L  7 Notes and loans receivable, net  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  1 Investments—publicity traded securities  1 Investments—publicity traded securities. See Part IV, line 11  1 Investments—program-related. See Part IV, line 11  2 Investmen			Complete Part II of Schedule L	0	5	0
9 Prepaid expenses and deferred charges	its	6	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	0	6	0
9 Prepaid expenses and deferred charges	sse	7	Notes and loans receivable, net	0	7	0
10a	Ř	8	Inventories for sale or use	0	8	0
ther basis. Complete Part VI of Schedule D b Less: accumulated depreciation		9	Prepaid expenses and deferred charges	0	9	0
b Less: accumulated depreciation		10a				
11						
12		b				0
13		11	· · ·			0
14		12	· · · · · · · · · · · · · · · · · · ·			0
15 Other assets. See Part IV, line 11		13	. 9			0
16		14				0
17		15				0
18 Grants payable				59,676		873,776
19 Deferred revenue						0
20 Tax-exempt bond liabilities			· ·			0
21 Escrow or custodial account liability. Complete Part IV of Schedule D .  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L						0
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			· · · · · · · · · · · · · · · · · · ·			0
trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21		0	21	0
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	es	22				
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	Ħ					
Unsecured notes and loans payable to unrelated third parties  Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	jab		· · · · · · · · · · · · · · · · · · ·			0
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	_					0
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			· · ·	0	24	0
Total liabilities. Add lines 17 through 25		25	parties, and other liabilities not included on lines 17-24). Complete Part X			
Organizations that follow SFAS 117 (ASC 958), check here   Organizations that follow SFAS 117 (ASC 958), check here   Organizations that follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that do not follow SFAS 117 (ASC 958), check here   Organizations that d			L.			
Complete lines 27 through 29, and lines 33 and 34.  Unrestricted net assets		26		0	26	0
27	ces					
Temporarily restricted net assets	an	27	Unrestricted net assets	59,676	27	873,776
Permanently restricted net assets	Bal	28	Temporarily restricted net assets			0
Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.  30 Capital stock or trust principal, or current funds	ק	29	Permanently restricted net assets	0	29	0
30 Capital stock or trust principal, or current funds	or Fur					
%31Paid-in or capital surplus, or land, building, or equipment fund3132Retained earnings, endowment, accumulated income, or other funds3233Total net assets or fund balances59,67633873,77634Total liabilities and net assets/fund balances59,67634873,776	ts (	30	Capital stock or trust principal, or current funds		30	
X       32       Retained earnings, endowment, accumulated income, or other funds .       32         33       Total net assets or fund balances	sse	31			31	
33       Total net assets or fund balances	Ă	32			32	
Total liabilities and net assets/fund balances	Net	33	Total net assets or fund balances	59,676	33	873,776
	_	34	Total liabilities and net assets/fund balances			873,776

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Part	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		1	,478,646
2	Total expenses (must equal Part IX, column (A), line 25)	2			664,556
3	Revenue less expenses. Subtract line 2 from line 1	3			814,090
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			59,676
5	Net unrealized gains (losses) on investments	5			0
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10			873,776
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	$\perp$
				Ye	s No
1	Accounting method used to prepare the Form 990:  Cash  Accrual  Other		.		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	olain	ın		
_					
2a				а	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were compreviewed on a separate basis, consolidated basis, or both:	ollea	or		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
D	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited.		-	b	<b>√</b>
	separate basis, consolidated basis, or both:	a on	a		
	Separate basis Consolidated basis Both consolidated and separate basis				
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	oreia	ht		
C	of the audit, review, or compilation of its financial statements and selection of an independent account		_	c	1
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.	Piaiii	""		
За		forth	in		
oa	the Single Audit Act and OMB Circular A-133?			а	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao th		-	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			ь	
	, , , , , , , , , , , , , , , , , , ,				90 (2017)

Form **990** (2017)