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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service The organization may have to use a copy of

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

								00	mapection	
A	For th	ne 2009 ca	alendar		2009, and	dending			, 20	
		applicable	Please use IRS	C Name of organization Black Swamp Conservancy		D Employer identification number				
	Address	s change	label or	Doing Business As				34	1746749	
	Name c	hange	print or type	Number and street (or PO box if mail is not delivered to street address	ess) F	Room/suite		E Telepho	ne number	
	Initial re	eturn	See	132 W. Second St.				(419)	872-5263	
	Termina		Specific Instruc-	City or town, state or country, and ZIP + 4						
	Amende	ed return	tions	Perrysburg, OH 43551				G Gross rec	eipts \$ 368,357	
		on pending	F Nan	ne and address of principal officer Kevin Joyce			H/a) Is this	a group return t	or affiliates? Yes Vo	
	. фр	o poog		as above					cluded? Yes No	
ī	Tax-ex	empt status	S 7 5	501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527						
J	I fax-exempt status									
				oration ☐ Trust ☐ Association ☐ Other ▶	L Year o	f formation	1993		legal domicile OH	
	art I	Summ					1333	W Oldto Of	logar dofficie Off	
_	_			Abo accompany of a second of a		_			·	
				the organization's mission or most significant ac						
e		Lanu	ist obe	ration and land conservation education.						
ğ	.	• • • • • • • • • • • • • • • • • • • •								
err									•••••	
Activities & Governance	2			f the organization discontinued its operations or disposed		han 25% of	its net asse			
٥5	3			ng members of the governing body (Part VI, line				. 3	19	
ies	4	Number	of inde	pendent voting members of the governing body	(Part VI,	line 1b)			19	
ξ	5	Total nur	nber of	f employees (Part V, line 2a)				. 5	3_	
Ac	6	Total nur	nber of	f volunteers (estimate if necessary)				. 6	40	
				elated business revenue from Part VIII, column (C		2		. 7a	None	
	<u> </u>	Net unre	lated bu	usiness taxable income from Form 990-T. line 34	• • •		<u> </u>	. 7b	None	
				KECEIVED			Prior Ye	ar	Current Year	
Revenue	8	Contribu	tions ar	nd grants (Part VIII, line 1h)	SC		;	306,876	347,679	
	9	Program	service	e revenue (Part VIII, line 29) MAY 1. 8. 2.010	. lõl			-0-	-0-	
eve	10	Investme	nt inco	me (Part VIII, column (A), lines 3, 4, and 7d)	اريا .			18,054	5,625	
Œ	11			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and				17,344	4,272	
				idd lines 8 through 11 (must equal Part Mil column		12)		342,274	357,576	
	13	Grants a	nd sımı	lar amounts paid (Part IX, column (A), lines 1-3)				-0-	20,584	
	1			or for members (Part IX, column (A), line 4)	• •			-0-	-0-	
es	15		•	empensation, employee benefits (Part IX, column (A),	lines 5-	10)		127,804	134,062	
Expenses	162			draising fees (Part IX, column (A), line 11e)		, I		-0-	-0-	
Ϋ́	h						· · ·	.xx		
	-		_			I .		136,246	98,653	
				(Part IX, column (A), lines 11a-11d, 11f-24f) . Add lines 13-17 (must equal Part IX, column (A)			_	264,050	253,299	
	18	Povenue	Jenses. Jace avi	penses. Subtract line 18 from line 12	, ime 25	'^· · ├──		78,224	104,277	
or		Hevenue	ICSS CA	penses. Subtract fine 10 from line 12		Boo	inning of Cu		End of Year	
sets c	-	-	. "			1000		562,897		
Asse			•	urt X, line 16)		• • ⊢	1,		1,670,884	
# E	2 2			Part X, line 26)		· ·		60,400	60,718	
Ž				and balances. Subtract line 21 from line 20.			1,5	502,497	1,610,166	
F	art II		ature							
		and belie	enaities of ef, it is∡tru	f perjury, I declare that I have examined this return, including ac ie, correct, and complete Declaration of preparer (other than o	companyir officer) is b	ng schedule: ased on all	s and staten Information	nents, and to of which pre	the best of my knowledge parer has any knowledge	
		1.		mas L Reed	,			5-2-		
Sig	_	 								
He	ere	, ,	ature of o				Date	9		
			THO	MINTS L. NCCD						
		Туре	or print	name and title						
		Preparer'			Date	Check self-	k if		entifying number	
Paid	Н	signature	• 🖊				oyed ▶ 🔲	(see instructi	Ji isj	
_	u parer's	I								
	Only	Firm's na	ame (or yo	ours			EIN	•		
_	Oilly	if self-err address,	and ZIP	+ 4			Phone no	o ▶ ()	
Ma	y the	IRS disci	uss this	return with the preparer shown above? (see ins	tructions	s)		<u> </u>	Yes No	
For	r Priva	cy Act an	d Paper	rwork Reduction Act Notice, see the separate instru	ictions.		Cat No 11	282Y	Form 990 (2009)	
		,	-,	,p					(-500)	

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Form 991	0 (2009)
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Pai	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission Land trust operation and land conservation education.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 180,105 including grants of \$) (Revenue \$) Public education and promotion of land conservation through permanent easements, Lake Erie Island Initiative, etc.
4b	(Code:) (Expenses \$1,829 including grants of \$) (Revenue \$)
	Stewardship of conserved properties including periodic inspection of easements, etc.

4c	(Code:) (Expenses \$ 43,154 including grants of \$ 20,584) (Revenue \$) Land and easement acquisitions.
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Total program service expenses ▶ 225,088

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1_	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		✓_
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	✓	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21, 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		√
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		✓
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	✓	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	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.			
•	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.			
•	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.			
	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X. 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° If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	,	:	,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>,</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		···
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III.	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? If "Yes," complete Schedule G, Part I	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? If "Yes," complete Schedule G, Part II	18	,	1
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		1
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		

Pa	rt IV Checklist of Required Schedules (continued)			-
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21	√	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on 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 through 24d and complete Schedule K. If "No," go to line 25	24a		✓
	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 any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		✓
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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		√
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Schedule L, Part IV	28a 28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	*	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	1	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 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 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, Parts II, III, IV, and V, line 1	34		✓
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		√
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		√
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		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		1	_

u ei	Statements Regarding Other IRS Fillings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	1	- 1	
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 3			
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 this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	-		,
	this return?	3a		✓
	If "Yes," has it filed a Form 990-T for this year? If "No," 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	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	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?	6a		✓_
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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	 7е		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.			,
а	Did the organization make any taxable distributions under section 4966?	9a		√
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10	Section 501(c)(7) organizations. Enter:			
a	initiation fees and capital contributions included on fair vin, line 12			
	aross receipts, included on Form 550, Fair Vin, into 12, for public disc of club literates			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from members or shareholders			
	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? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

Form	990 (2009)		F	Page 6
Pai	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, Schedule O. See instructions.	7b b or c	elow	, and jes ir
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent]		
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_		✓
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		\ <u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		-
6 70	Does the organization have members or stockholders?	-	 	
1 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		1
b	of the governing body?	7b		7
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? If "Yes," provide the names and addresses in Schedule O	<u>9a</u>	<u> </u>	✓
	etion B. Policies (This Section B requests information about policies not required by the Interenue Code.)	ərnal		
1100	ende Code./		T V	T
100	Date the consequent of house local charters have the constant of the consequence of the c	10a	Yes ./	No
	Does the organization have local chapters, branches, or affiliates?	IVa	-	
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		1
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
••	form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		1
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	/	
13	Does the organization have a written whistleblower policy?	13	 	V
14	Does the organization have a written document retention and destruction policy?	14	-	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
•	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	7	
	Other officers or key employees of the organization	15a	7	
U	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	*	<u> </u>	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	~	Ĭ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Ohio			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of int	erest	

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Kevin Joyce, 132 W. Second St., Ste C, Perrysburg, OH 43551

policy, and financial statements available to the public.

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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.

Name and Title	Check this box if the organization did not co		any o	curr			cer, d	irec	tor, or trustee.		
Nours per week	(A)	(B)			•	•				(E)	(F)
Mary Krueger	Name and Title	hours per		,					compensation from the organization	compensation from related organizations	compensation
Kenneth Zeck			./		./				-0-	-0-	-0-
Thomas Reed	Kenneth Zeck								-0-	-0-	-0-
John Wanick	Thomas Reed			-					-0-	-0-	-0-
Secretary/Trustee	John Wanick								-0-	-0-	-0-
Trustee √ -0- -0- Jennifer Fehnrich √ -0- -0- Trustee √ -0- -0- Carol Gee √ -0- -0- Trustee √ -0- -0- Steve Gruner √ -0- -0- Trustee √ -0- -0- Brian Hughes √ -0- -0- Trustee √ -0- -0- Louise Jackson √ -0- -0- Trustee √ -0- -0- Lloyd Jones √ -0- -0- Trustee √ -0- -0- Eric Kraus √ -0- -0- Trustee √ -0- -0- Don Leary √ -0- -0- Ed McNeal √ -0- -0- Trustee √ -0- -0-			✓	<u> </u>	✓			ļ			
Trustee ✓ -0- -0- Carol Gee ✓ -0- -0- Steve Gruner ✓ -0- -0- Brian Hughes ✓ -0- -0- Irustee ✓ -0- -0- Louise Jackson ✓ -0- -0- Irustee ✓ -0- -0- Lloyd Jones ✓ -0- -0- Irustee ✓ -0- -0- Eric Kraus ✓ -0- -0- Trustee ✓ -0- -0- Ed McNeal ✓ -0- -0- Trustee ✓ -0- -0-			1						-0-	-0-	-0-
Trustee ✓ -0- -0- Steve Gruner ✓ -0- -0- Trustee ✓ -0- -0- Louise Jackson ✓ -0- -0- Trustee ✓ -0- -0- Lloyd Jones ✓ -0- -0- Trustee ✓ -0- -0- Eric Kraus ✓ -0- -0- Trustee ✓ -0- -0- Ed McNeal ✓ -0- -0- Trustee ✓ -0- -0-	***************************************		1						-0-	-0-	-0-
Steve Gruner ✓ -0- -0- Trustee ✓ -0- -0- Louise Jackson ✓ -0- -0- Trustee ✓ -0- -0- Lloyd Jones ✓ -0- -0- Trustee ✓ -0- -0- Eric Kraus ✓ -0- -0- Trustee ✓ -0- -0- Ed McNeal ✓ -0- -0- Trustee ✓ -0- -0-			1						-0-	-0-	-0-
Brian Hughes ✓ -0- -0- Trustee ✓ -0- -0- Lloyd Jones ✓ -0- -0- Trustee ✓ -0- -0- Eric Kraus ✓ -0- -0- Trustee ✓ -0- -0- Ed McNeal ✓ -0- -0- Trustee ✓ -0- -0-									-0-	-0-	-0-
Louise Jackson -0- -0- Trustee √ -0- -0- Lloyd Jones -0- -0- -0- Trustee √ -0- -0- Eric Kraus √ -0- -0- Trustee √ -0- -0- Ed McNeal √ -0- -0- Trustee √ -0- -0-	Brian Hughes		- - -	 -					-0-	-0-	-0-
Trustee ✓ -0- -0- Trustee ✓ -0- -0- Eric Kraus ✓ -0- -0- Trustee ✓ -0- -0- Don Leary ✓ -0- -0- Trustee ✓ -0- -0- Ed McNeal ✓ -0- -0- Trustee ✓ -0- -0-	Louise Jackson								-0-	-0-	-0-
Trustee ✓ -0- -0- Trustee ✓ -0- -0- Don Leary ✓ -0- -0- Trustee ✓ -0- -0- Ed McNeal ✓ -0- -0- Trustee ✓ -0- -0-			✓	_	_						
Trustee ✓ -0- -0- Don Leary ✓ -0- -0- Trustee ✓ -0- -0- Ed McNeal ✓ -0- -0- Trustee ✓ -0- -0-			✓						-0-	-0-	-0-
Trustee ✓ -0- -0- Ed McNeal ✓ -0- -0- Trustee ✓ -0- -0-	Trustee		✓						-0-	-0-	-0-
Trustee ✓ -0-			1						-0-	-0-	-0-
			1						-0-	-0-	-0-
Trustee -0-	Neil Munger								-0-	-0-	-0-
Peter Orser	Peter Orser	-			-				-0-	-0-	-0-

Pa	t VII Section A. Officers, Directors, Tru	ıstees, Key	/ Emp	loye	ees,	an	d Hig	hes	t Compensated	Employees (co	ontinued)
	(A)			(F)							
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	≅ Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Fra	zier Reams		-	<u> </u>			8_	├		 -	-
	stee		1						-0-	-0-	-0-
Pau	I Tait		-						_		
	stee		✓						-0-	-0-	-0-
	n VonSeggern								-0-	-0-	-0-
	stee rin Joyce		✓						-0-	-0-	-0-
	cutive Director					✓			67,830	-0-	-0-
									·		
								ĺ			
1h	Total			L	l		L	▶	67,830	-0-	-0-
2	Total number of individuals (including but i					ed a	above				
	reportable compensation from the organization										
									· · · · · · · · · · · · · · · · · · ·		Yes No
3	Did the organization list any former office employee on line 1a? <i>If "Yes," complete S</i>							oye	e, or highest c	ompensated	3 1
4	For any individual listed on line 1a, is the sthe organization and related organizations individual	greater tha								le J for such	4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	comp olete	oens S <i>ch</i>	satıd edu	on 1 le J	rom for s	any ach	unrelated org		5 🗸
Se	ction B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization.	ompensate	d ind	epe	nde	nt c	contra	acto	rs that received	d more than \$1	00,000 of
	(A) Name and business add	tress							(B) Description of s	ervices	(C) Compensation
							-		•		
2	Total number of independent contractors (i						those	list	ed above) who	received	

Par	: VII	Statement of Re	venue						
!						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns Membership dues		1a 1b					;
ff.	c	Fundraising events		1c					
<u>.</u> g.≣	ı	Related organizations	-	1d	- 40.000				
SIO	l .	Government grants (contri		1e	10.000				
buti her	f	All other contributions, gifts, g		4.	227 670				
호	_	and similar amounts not include	000 above _	1f	337,679 4,916				•
a G		Noncash contributions include Total. Add lines 1a–1f				347.679			ŀ
		70441714411110014111	<u> </u>	İ	Business Code	5111076			
Program Service Revenue	2a			ľ					
æ	ь								
<u> </u>	c			1					
ě	ď							-	
Ē	e			ſ					
ogra	f	All other program service		_					
	g	Total. Add lines 2a-2f	<u> </u>		•				
	3	Investment income (included other similar amounts)				8,551			8,551
	4	Income from investment o	f tax-exempt	bond	proceeds >				
	5	Royalties	(i) Real	- 1					
					(II) Personal				į į
		Gross Rents	4,	500 -0-					1
		Less: rental expenses	A	500			,		
	q C	Rental income or (loss) Net rental income or (lo				4,500			4,500
	l		(i) Securities		(ii) Other	4,500			4,300
	/a	Gross amount from sales of assets other than inventory		041	(1)	24	.√ %		,
	ь	Less cost or other basis				*	2		1
	_	and sales expenses .	9,	967					1
	С	Gain or (loss)	(2,9	926)	-		* * ***	4	an enterprise
	d	Net gain or (loss) .			•	(2,926)			(2,926)
Revenue	8a	Gross income from events (not including \$.					,
ě		of contributions reported			500		* ½		1
_	١.	See Part IV, line 18		- 1	586 814				
Othe		Less: direct expenses Net income or (loss) fro		b ((228)	(228)		
				Ī	vents	(220)	(220)		
	9a	Gross income from gam See Part IV, line 19	ing activities	5. a					
	ь	Less: direct expenses.							
		Net income or (loss) fro			ties				
	10a	Gross sales of inve	entory, less	s					,
		returns and allowances			7				
		Less: cost of goods sol			-	~		* ***	
	С	Net income or (loss) from		vento					
		Miscellaneous Reve			Business Code				
	l .						- -		
	b	***************************************							
	<u>بر</u>	All other revenue		r	-				
	ı	Total. Add lines 11a-1							-
	12	Total revenue. See ins				357,576	(228)		10,125

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) but are not required to complete columns (B), (C), and (D).								
Do 7b	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	20,584	20,584	*	1				
2	Grants and other assistance to individuals in the U S See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				, - ,				
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	67,830	54,264		13,566				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7	Other salaries and wages	53,041	46,473		6,568				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)								
9	Other employee benefits	3.750	3,506		244				
10	Payroll taxes	9,441	7,870		1,571				
11	Fees for services (non-employees)								
а	Management	40.004							
	Legal	10,021	9.563	458					
С	Accounting								
	Lobbying								
	Professional fundraising services. See Part IV, line 17								
	Investment management fees	6.163	6 162						
_	Other	0.103	6,163						
12	Advertising and promotion	17,201	13,711		3,490				
13	Office expenses	226	226	7.	3,490				
14	Information technology	220	220						
15	Royalties	15,960	13.646	2,314					
16	Occupancy	5,625	5,625	2,014	·-				
17	Travel	0,020	0,020						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings.	143	143						
20									
21				~~					
22	Payments to affiliates	1,763	1,763						
23	Insurance								
		J. J. J. 1990 1	i a se se se	* * * * *	5 6 9 7 8 8 7 7 T				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				1.71.18				
	and labeled miscellaneous may not exceed		\$ 30	1 1					
	5% of total expenses shown on line 25 below.)	* 4%		.					
а	Education expenses	18.557	18,557						
b	Consulting-land protection	13,008	13,008						
С	Stewardship expenses	1,829	1,829						
d	Dues & memberships	3.729	3,729						
е									
f	All other expenses	4,428	4,428						
25	Total functional expenses. Add lines 1 through 24f	253,299	225,088	2,772	25,439				
26	Joint costs. Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	22,040	1	56,883
	2	Savings and temporary cash investments	491,817	2	560,405
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			1
		employees, and highest compensated employees. Complete Part II of Schedule L		5	!
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	<u> </u>	8	
₹	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D			a 2
	ь	Less: accumulated depreciation . 10b 21.319	1,047,189	10c	1,053,405
	11	Investments—publicly traded securities	1,660	11	-0-
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	191	15	191
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,562.897	16	1,670,884
	17	Accounts payable and accrued expenses	971	17	0-
	18	Grants payable		18	_
	19	Deferred revenue	56,535	19	56,470
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Γ	·	23	
	24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	-
	25	Other liabilities Complete Part X of Schedule D	2,894	25	4,248
	26	Total liabilities. Add lines 17 through 25	60,400	26	60,718
alances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		*	
aŭ	27	Unrestricted net assets	771,229	27	782,029
Bal	28	Temporarily restricted net assets	705,766	28	802,135
٦	29	Permanently restricted net assets	25,502	29	26,002
or Fund B		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			, ,
Net Assets or	30	Capital stock or trust principal, or current funds		30	
se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
É	33	Total net assets or fund balances	1,502,497	33	1,610,166
_	34	Total liabilities and net assets/fund balances	1,562,897	34	1,670,884

Pai	t XI Financial Statements and Reporting			
			Yes	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," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		✓
b	Were the organization's financial statements audited by an independent accountant?	2b		\
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both	,		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
	· · · · · · · · · · · · · · · · · · ·			

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service

Name of the organization

Employer identification number **Black Swamp Conservancy** 1746749 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. Π An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Ω An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II c Type III-Functionally integrated e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (III) below, the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? . . . (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (III) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization the organization in (described on lines 1-9 in col (i) listed in your organization in col support above or IRC section. governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes Yes No No Yes

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not 171,135 218,837 305,039 347,679 306,876 1.349.566 include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 171.135 218.837 305.039 306,876 347.679 1,349,566 Total. Add lines 1 through 3 . . . 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 257,408 shown on line 11, column (f) Public support. Subtract line 5 from line 4 1,092,158 Section B. Total Support (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (e) 2009 (f) Total 171,135 218,837 305,039 306,876 347.679 1,349,566 Amounts from line 4 . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 6.516 14,438 13,829 33.297 13,051 81,131 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 -0--0-7,005 586 7.591 (Explain in Part IV) 1,438,288 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 75.935 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 % 15 73.191 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 331/4 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/4 % or more, check this 17a 10%-facts-and-circumstances test - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support				····			
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						•	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					<u> </u>		
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge 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							
С	Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)				-			
	tion B. Total Support							
Ca	ılendar year (or fiscal year begınning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total
9 10a	Amounts from line 6							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	First five years. If the Form 990 is for torganization, check this box and stop	here .			h, or fifth tax y			````
	tion C. Computation of Public Su					, , ,		
15	Public support percentage for 2009 (lin			ne 13, column	(f))	15		<u>%</u>
16	Public support percentage from 2008 Stion D. Computation of Investmen					16		%
	•					<u> </u>		
17	Investment income percentage for 2009	-		-		17		<u>%</u> %
18 19a	Investment income percentage from 20 33% % support tests—2009. If the organizer is not more than 33% %, check this b	anızatıon dıd n	ot check the b	ox on line 14, a				%, and line
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	ization did not box and stop	check a box or here. The orga	n line 14 or line nization qualifie	19a, and line 1 es as a publicly	6 is mi suppo	ore than rted orga	33⅓ %, and inization ▶ □
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this be	ox and	see inst	tructions ▶ □

Schedule A	/Form	990 or	990-F7	2000
SCHEUUIE 7	1 (FQIIII	330 UI	33U*EZ	2005

Part	II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
Part II, Line 10	
2008: Fundra	ising gross proceeds = 7,005
2009: Fundra	ising gross proceeds = 586

•	

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations. Complete Part III Name of organization Employer identification number **Black Swamp Conservancy** 1746749 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. Volunteer hours . . . Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by organization managers under section 4955 . • \$______ If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes · · · · · Yes No b If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (d) Amount paid from (e) Amount of political contributions received and filing organization's funds If none, enter -0promptly and directly delivered to a separate political organization If none, enter -0-

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Scn	edule C (Form 990 or 990-EZ) 2009					Page 2
Pa	ort II-A Complete if the organiza under section 501(h)).	tion is exem	pt under section	n 501(c)(3) and	filed Form 5768	(election
	Check ► ☐ if the filing organization Check ► ☐ if the filing organization				one apply	
		bying Expend	ditures		(a) Filing organization's totals	(b) Affiliated group totals
t	Total lobbying expenditures to influen Total lobbying expenditures to influen Total lobbying expenditures (add lines Other exempt purpose expenditures Total exempt purpose expenditures (a Lobbying nontaxable amount. Enter the columns	ce a legislative 1a and 1b) dd lines 1c an	body (direct lobb	yying)		
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000	20% of the a \$100,000 plu \$175,000 plu	nontaxable amou mount on line 1e s 15% of the excess s 10% of the excess s 5% of the excess	s over \$500,000 s over \$1,000,000	4 -	\$
•	4-۱ (Some organizations that m	r less, enter -0 r less, enter -0 n either line 1h · · · · /ear Averaging ade a section	or line 1, did the or line 1, did the or line 5, did the or line 5, did the or line 6, di	organization file Fo	mplete all of the f	☐ Yes ☐ No
_	Lobbyin	g Expenditure	es During 4-Year	Averaging Period	1	_
	Calendar year (or fiscal year beginning ın)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
28	Lobbying nontaxable amount					
ŀ	Lobbying ceiling amount (150% of line 2a, column (e))					
	Total lobbying expenditures					
	d Grassroots nontaxable amount					
•	Grassroots ceiling amount (150% of line 2d, column (e))					
f	Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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Part III-	-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II	01(c)	(5), o		
	es, assessments and similar amounts from members		1		
	ction 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli- penses for which the section 527(f) tax was paid).	itical	-		
-	rent year		2a	1	
	ryover from last year	• •	2b		
c Tota		• •	2c		
	gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	•	3		
	otices were sent and the amount on line 2c exceeds the amount on line 3, what portion of				
	sess does the organization agree to carryover to the reasonable estimate of nondeductible lobb				
and	d political expenditure next year?		4		
	cable amount of lobbying and political expenditures (see instructions)		5		
Part IV	Supplemental Information				
Also, con	e this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, implete this part for any additional information: The executive director was the only employee or volunteer to engage in lobbying active.		•	·	ne 1ı.
consiste	ed of participating in a day of brief visits with state legislators on conservation issues, a	dvoc	ating	to revise s	tate
property	y tax law for easement-protected properties, advocating with the Congressional delegat	ion fr	om ou	ır service	area
for supp	port for the enhanced federal income tax incentives for conservation easement donation	is and	d mee	ting with	
Reps. K	aptur and Latta to update them on Conservancy activities.				

SCHEDULE D (Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Blac	ck Swamp Conservancy		34	! !	1746749	
Pa	Organizations Maintaining Donor Advised Funds or Other Similar the organization answered "Yes" to Form 990, Part IV, line 6.	r Fund	s or	Account	s. Comple	ete if
	(a) Donor advised funds		(b) F	unds and oth	ner accounts	
1	Total number at end of year	-				
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year) .					
4	Aggregate value at end of year			"		
5	Did the organization inform all donors and donor advisors in writing that the assets funds are the organization's property, subject to the organization's exclusive legal of				☐ Yes	□No
6	Did the organization inform all grantees, donors, and donor advisors in writing that used only for charitable purposes and not for the benefit of the donor or donor adv purpose conferring impermissible private benefit?	grant fu	unds of	can be ny other	☐ Yes	
Pa	rt II Conservation Easements. Complete if the organization answered "Yes	" to Fo	rm 99	90, Part I\	/, line 7.	
2	Purpose(s) of conservation easements held by the organization (check all that apply Preservation of land for public use (e.g., recreation or pleasure) Preservation of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribe easement on the last day of the tax year.	ion of a tion of a	a cert	tified histo	rıc structur	·e
	• •			Held at th	ne End of the	Tax Year
а	Total number of conservation easements		2a	+	69	
b	Total acreage restricted by conservation easements		2t		8,104	
C	Number of conservation easements on a certified historic structure included in (a)		20		-0-	•
d	Number of conservation easements included in (c) acquired after 8/17/06		20		-0-	
	Number of conservation easements modified, transferred, released, extinguished, o		natad.	by the or	nonization.	during
3	the tax year -0-	, reum	ialeu	by the ort	yanızanon	during
4	Number of states where property subject to conservation easement is located ▶	2				
5	Does the organization have a written policy regarding the periodic monitoring, inspe			ina of		
•	violations, and enforcement of the conservation easements it holds?				✓ Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conserv ▶ 98	ation ea	asem	ents durin	g the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ▶\$ 2,938	easem	ents	during the	year	
8	Does each conservation easement reported on line 2(d) above satisfy the requirement 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		sectic	on 	☐ Yes	□ No
9	In Part XIV, describe how the organization reports conservation easements in its re- balance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements					
Pa	Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered "Yes" to Form 990, Part IV, line 8	or Othe 3.	er Sir	nilar Ass ———	ets.	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenu art, historical treasures, or other similar assets held for public exhibition, education, or provide, in Part XIV, the text of the footnote to its financial statements that describe	resear	ch in t	furtheranc		
b	If the organization elected, as permitted under SFAS 116, to report in its revenue st historical treasures, or other similar assets held for public exhibition, education, or i provide the following amounts relating to these items:	researcl	h ın fı	urtherance	of public	service,
	(i) Revenues included in Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical treasures, or other similar following amounts required to be reported under SFAS 116 relating to these items:					
a b	Revenues included in Form 990, Part VIII, line 1					

Schedule	n	(Form	agni	2009

Par	t III Organizations Maintainii	ng Collections	of Art, H	istoric	<u>al Treasures, c</u>	or Other Similar	Assets (contin	ued)
3	Using the organization's acquisition, collection items (check all that apply	accession, and o	other reco	ords, ch	eck any of the f	ollowing that are a	significa	nt use	of its
а	Public exhibition		d		Loan or exchan	ge programs			
b	Scholarly research		е		Other	• • • • • • • • • • • • • • • • • • • •		· • • • • • • • • • • • • • • • • • • •	
C	Preservation for future generati	ons							
4	Provide a description of the organization Part XIV.	ation's collections	s and exp	lain ho	w they further th	ne organization's e	exempt pi	ırpose	ın
5	During the year, did the organization s assets to be sold to raise funds rather	olicit or receive do than to be mainta	onations o	f art, his art of th	storical treasures ne organization's	, or other similar collection?	. 🔲	Yes [] No
Par	Escrow and Custodial A IV, line 9, or reported an a					swered "Yes" to	Form 990	, Part	
	Is the organization an agent, trustee included on Form 990, Part X?					s or other assets	not	Yes 🗆] No
b	If "Yes," explain the arrangement in	Part XIV and con	nplete the	follow	ing table:		Amount		
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f	_		
2a b		unt on Form 990				· · · · · ·	. D	Yes 🗌] No
Par	t V Endowment Funds. Cor	nplete if the org	ganızatıo	n ansv	vered "Yes" to	Form 990, Part	IV, line	10.	
		(a) Current year	(b) Prid	or year	(c) Two years ba	ck (d) Three years b	ack (e) Fo	ur years	back
1a	Beginning of year balance								ì
b	Contributions								
С	Net investment earnings, gains, and losses								manic v ske a soon
d	Grants or scholarships								
	Other expenditures for facilities and programs								!
f g	Administrative expenses End of year balance								
2	Provide the estimated percentage of	the year end ba	lance hel	d as:					
а	Board designated or quasi-endowm	-							
b	Permanent endowment ▶	%							
C	Term endowment ▶ %								
3a	Are there endowment funds not in the organization by.	e possession of th	ne organiz	ation th	at are held and	administered for th	ne	Yes	No
	(i) unrelated organizations						3a(<u> </u>
	(ii) related organizations						3a(i	-	$\overline{}$
b	If "Yes" to 3a(II), are the related organizations	ınızatıons listed a	s require	on Sc	hedule R?		. 3b		\vdash
4	Describe in Part XIV the intended us	es of the organiz	zation's er	ndowm	ent funds.				
Par	t VI Investments—Land, Bu	ildings, and Eq	uipmen	t. See l	Form 990, Parl	X, line 10.	•		
	Description of investment	(a) Cost or of (investm			ost or other sis (other)	(c) Accumulated depreciation	(d) B	ook value	e
1a	Land	1.	.041,342					1,041	1,342
b	Buildings	• •							
C	Leasehold improvements	• •	20.555				<u> </u>		
d e	Equipment Other		33,382			21,319			2,063
Iota	I. Add lines 1a through 1e (Column (d) r	nust equal Form 9	90, Part X	, columi	n (B), line 10(c))	<u> ▶</u>		<u> 1,053</u>	3 <u>.405</u>

Part VII	Investments—Other Securities	. See Form 990, Part X,	line 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ation rket value
Financial d	derivatives			
Closely-he	ld equity interests			
				
				-
	• • • • • • • • • • • • • • • • • • • •			
• • • • • • • • • • • • • • • • • • • •				
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12)		<i>\$</i>	
Part VIII		d. See Form 990. Part X.	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of value	ation
`		(-,	Cost or end-of-year ma	
				
	(b) must equal Form 990, Part X, col (B) line 13)	at V. Iva a 45	· · · · · · · · · · · · · · · · · · ·	^**
Part IX	Other Assets. See Form 990, Pa			(1) D
Deposits	·	(a) Description		(b) Book value
Deposits				131
-			-	
	· · · · · · · · · · · · · · · · · · ·			
-		•		
	<u> </u>			
Total. (Colu	umn (b) must equal Form 990, Part X, col	(B) line 15)		191
Part X	Other Liabilities. See Form 990,	Part X, line 25.		
1.	(a) Description of liability	(b) Amount		
	come taxes			
Payroll w	ithholding	4,248		
			}	
			4	
			4	
		<u> </u>	-	
			-	
Total /Column	Ah must squal Form 000. Part V and Ah lang 05 1	8.040	-{	
Total. (Column	n (b) must equal Form 990, Part X, col (B) line 25)	4,248	I.	

Sched	lule D (Form 990) 2009			Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Financial S	tatem	ents
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3_	·
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	<u> </u>
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV.)		8	
9	Total adjustments (net). Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combi		10	Data
	t XII Reconciliation of Revenue per Audited Financial Sta			Return
1	Total revenue, gains, and other support per audited financial statemen	ts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
а	Net unrealized gains on investments	2b	-	
b	Donated services and use of facilities	2c		
C	Recoveries of prior year grants	2d	-	
d	Other (Describe in Part XIV.)		2e	
e	Add lines 2a through 2d		3	
3	Subtract line 2e from line 1		_	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a		
_	Investment expenses not included on Form 990, Part VIII, line 7b . Other (Describe in Part XIV.)	4b		
b			4c	-
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			
Pai	t XIII Reconciliation of Expenses per Audited Financial Sta			er Return
1	Total expenses and losses per audited financial statements		1	
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	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 .	4a	4	
b	Other (Describe in Part XIV.)	4b		_
С				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I	<u>, line 18)</u>	5	<u>.l</u>
	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5,			
	2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b	; and Part XIII, lines 2d a	nd 4b.	Also complete
11115	part to provide any additional information		• • • • • • •	
Par	t II, Line 9: The organizations records donated and purchased char	itable conservation ease	ements	as an asset on
the	balance sheet at \$1.			
		••••••		
•			•••••	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

2009

OMB No 1545-0047

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ŝ Land conservation (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Employer identification number None 1746749 ✓ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (g) Description of non-cash assistance 34 . X X (f) Method of valuation (book, FMV, appraisal, other) ΥX None (e) Amount of non-cash assistance (d) Amount of cash grant 19,584 . Part IV and Schedule I-1 (Form 990) if additional space is needed . Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? Part | General Information on Grants and Assistance 501(c)(3) 34-1571233 (p) EIN Enter total number of other organizations P.O. Box 314, Novelty. OH 44072 Western Reserve Land Conserv 1 (a) Name and address of organization Black Swamp Conservancy Name of the organization Part II

Schedule I (Form 990) 2009

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Page 2

Schedule I (Form 990) 2009

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part I, Question 2: The organization assures the money is used for proper purposes in two ways: 1) Contacting the funding source to ensure that the project is an acceptable use of funds; 2) Obtaining documentation that the money is being spent on the project, such as a closing statement when the transaction concludes. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name	of the organization			Employer identification number									
Black Swamp Conservancy					34 : 174674						46749	•	
Par	Excess Benefit Transactions Complete if the organization answer								Part V	, line	40b		
_	(a) Name of discussified names	// Day								(c) Corrected?			
1 (a) Name of disqualified person				(b) Description of transaction			transactio	action				Yes	No
											-		
		···			_								
	Enter the amount of tax imposed on the under section 4958									▶ \$			
Par	Loans to and/or From Interes Complete if the organization ar			on Form 99	90, Part I	V, line 26,	or Form	990-E	Z. Pa	rt V. I	ıne 3	3a.	
	(a) Name of interested person and purpose		to or from inization?	(c) Original principal amount		(d) Balance due		(e) In default?				(g) Written agreement?	
		То	From					Yes	No	Yes	No	Yes	No
							_	-					
	·	 						-	ļ				
					-					-			
										-			
				<u></u>				ļ					
Total					. ▶ \$					75			-
Par	Grants or Assistance Benefiti Complete if the organization ar	-			n Part IV	/ line 27							
			between interested person and the organization				(c) Amount and type of assistance						
-			organization .			_							
			-		· · ·								
		-			···							-	
Par	Business Transactions Involv Complete if the organization ar				90 Part I	V line 28a	28b o	28c	•	-			
(a) Name of interested person (b) Relationship interested person organization			o between (c) Amount of (do n and the transaction		f	d) Description of transaction				(e) Sharing of organization's revenues?			
Thomas I. Bood				44400			rganization leases office				Yes	No	
Thomas L. Reed Treasurer			urer			14,400					iice		✓
							space at below market rates from entity of which						
					 		interes			_			
							treasu						

SCHEDULE M (Form 990)

Noncash Contributions

2009

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

► Attach to Form 990.

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OMB No 1545-0047

Name of the organization Employer identification number **Black Swamp Conservancy** 34 1746749 Part I Types of Property (d) Method of determining (a) (b) (c) Check if Number of contributions Revenues reported on applicable Form 990, Part VIII, line 1g revenues Art-Works of art 1 2 Art - Historical treasures Art-Fractional interests Books and publications . 4 Clothing and household goods Cars and other vehicles 7 Boats and planes . . Я Intellectual property . . FMV date of gift 4,916 9 Securities-Publicly traded Securities-Closely held stock . 10 Securities-Partnership, LLC, 11 or trust interests . . . 12 Securities - Miscellaneous Qualified conservation 13 contribution-Historic structures . . Qualified conservation 14 11 Valued at \$1/easement contribution-Other . . . Real estate-Residential . . 15 Real estate - Commercial 16 Real estate-Other . . 17 Collectibles . 18 19 Food inventory 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . . . 23 Scientific specimens . . . 24 Archeological artifacts . . . 25 Other ▶ (.....) 26 Other ▶ (.....) 27 Other ▶ (.....) 28 Other ▶ (.....) 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be 30a used for exempt purposes for the entire holding period? . . b If "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II.

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

describe in Part II

ocuedate M (I	-om 990) 2009	′age ∠
Part II	Supplemental Information. Complete this part to provide the information required by Part I, lines 30 32b, and 33. Also complete this part for any additional information.	
		
		
		·

SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

► Attach to Form 990.

OMB No 1545-0047

2009
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Department of the Treasury Internal Revenue Service

Name of the organization

Black Swamp Conservancy

Employer identification number 34 1746749

Form 990, Part VI, Question 11A: The Executive Committee of the Board of Trustees reviewed in detail and approved the
990 as filed. The 990 is made available to the entire board.
Form 990, Part VI, Question 12c: Each trustee and officer is required to read and sign the conflict of interest policy at
the beginning of each term of office. The conflict of interest policy is reviewed during a Board meeting at least once
each year. When a conflict becomes known, the Board member is excused from any meeting during which the issue is
discussed or voted on, which is reflected in the minutes.
diseased of voice of, which is reflected in the fillingles.
Form 990, Part VI, Question 19: The organization does not make its governing documents, conflict of interest policy, and
financial statements available to the public.
Form 990, Part VI, Question 15: The Executive Committee of the Board of Trustees reviews and approves the
1 of the Board of Trustees reviews and approves the
compensation of the Executive Director.
······