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Form **990**

Department of the Treasury

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

nternal Reven			ar, or tax year beginni		ending 12-31-2009			Inspection		
B Check if			C Name of organization	_	rending 12-31-2009		D Employer ider	tification number		
Address		Please use IRS	THE CONSERVATION F CORPORATION	JND A NONPROFIT			52-1388917	,		
— Name ch		label or print or	Doing Business As				E Telephone nui	nber		
– Initial re	-	type. See Specific	Niverbanand storat (see	D.O. have & marel or mark do		VI D /+-	(703) 525-6	300		
Termina		Instruc- tions.	1655 N FORT MYER DE	PO box if mail is not de RIVE	livered to street address	s) Room/suite	G Gross receipts \$	186,700,491		
Amende			City or town, state or o							
Applicati	on pending		·							
			me and address of prid O PHILLIPS	ncipal officer			s a group return			
		1655 N	N FORT MYER DR ST			affilia	tes/	⊤Yes ▼ No		
		ARLIN	GTON, VA 2220931	.99		H(b) Are al	l affiliates include	d?		
Tax-exe	empt status	▽ 501(c	:) (3) ◀ (insert no)	4947(a)(1) or 527			o," attach a list p exemption nun	(see instructions) nber ►		
Websi	ite: ► WW	/W CONSE	RVATIONFUND ORG	i		(0)				
Form of o	organızatıon	✓ Corporat	tion Trust Association	n Other ►	·	L Year of for		State of legal domicile		
Part I	Sum	mary					MC)		
1	THECC	NSERVAT	ne organization's miss TION FUND CREATE	S PARTNERSHIPS V	VITH THE PRIVATI	E SECTOR, N	IONPROFIT OR	GANIZATIONS AND		
<u> </u>	PUBLIC	CAGENCIE	ES TO PROTECT OU	R OUTDOOR HERIT	AGE					
2										
2	Check t	this box 🛏	if the organization o	iscontinued its oper	ations or disposed o	of more than :	25% of its net as	ssets		
3			members of the gover				3	1		
	Numbei	r of ındeper	ndent voting members	of the governing bo	dy (Part VI, line 1b)		. 4			
5 6	Total n	umber of er	mployees (Part V , line	2a)			5	1		
6	Total n	umber of vo	olunteers (estimate if	necessary)			6			
- 1	a Total gi	ross unrela	ited business revenue	from Part VIII, colu	ımn (C), lıne 12 .		7a			
l t	b Netunr	elated bus	ıness taxable ıncome	from Form 990-T, III	ne 34		7b			
						Prio	r Year	Current Year		
8	Contri	butions and	d grants (Part VIII, lı	ne 1h)		1	102,346,700	107,775,50		
9 10	Progra	ım service	revenue (Part VIII, I	ne 2g)		94,148,428	78,129,183			
<u>a</u> 10	Invest	tment incor	me (Part VIII, columr		2,272,642	795,80				
Ť 11	Other	revenue (P	Part VIII, column (A),	lines 5, 6d, 8c, 9c,	10c, and 11e)		0			
12			dd lines 8 through 11				00.767.770	106 700 40		
42						-	198,767,770	186,700,49		
13			ar amounts paid (Part		•		7,515,603	3,273,34		
14			or for members (Part I					1		
g 15	Salari 10)	es, other co	ompensation, employ	e benefits (Part IX,	column (A), lines 5	_	12,865,627	13,533,21		
(조)	•	sional fund	draising fees (Part IX,	column (A), line 11e	2)					
ੂੰ ਜ਼ੁ			penses (Part IX, column (D		,					
ப்			(Part IX, column (A),		.24f)		137,341,671	138,241,35		
18			Add lines 13-17 (mu				57,722,901	155,047,91		
19			penses Subtract line				41,044,869	31,652,579		
	1101011	40 1000 001	penses captract inite	10 110111 11110 12 1		Beginning	of Current			
S S S S S S S S S S S S S S S S S S S	Tatal	accoto /De-	rt X, line 16)				ear 151,178,482	End of Year 464,087,78		
20 2 21			Part X, line 26)				80,768,175	62,024,90		
			nd balances Subtract			-	370,410,307	402,062,889		
Part II		ature Bl		mile 21 Hom file 20		-	370,410,307	402,002,880		
r di c I.	Under p	enalties of pe	erjury, I declare that I hav correct, and complete De							
Sign	****			·		2010-	06-01			
lere	Sign	ature of office	er			Date				
		ID PHILLIPS C e or print nam	CHIEF FINANCIAL OFFICER ne and title							
	Preparer	· · · · · · · · · · · · · · · · · · ·		Date	C	neck if	Preparer's identify	ing number		
Paid	signature			lf- npolyed ▶ —	(see instructions)	-				
Preparer'	1	ame (or your	rs CBIZ MHM LLC			. ,	EIN Þ			
Jse Only		nployed), and ZIP + 4	3 BETHESDA METRO	CENTER SUITE 600			EIN F			
			BETHESDA, MD 208				Phone no ▶ (30	1) 951-3636		
lav the I	RS discus	s this retu	ırn with the preparer s		structions)			✓ Yes		

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE CONSERVATION FUND CREATES PARTNERSHIPS WITH THE PRIVATE SECTOR, NONPROFIT ORGANIZATIONS AND PUBLIC AGENCIES TO PROTECT OUR OUTDOOR HERITAGE

2		n undertake any significant or 990-EZ?	program services during the year w	hich were not listed on	res ✓ No
	If "Yes," describe tl	hese new services on Sched	ule O		
3	_	n cease conducting, or make	significant changes in how it cond		∕es 🔽 No
	If "Yes," describe tl	hese changes on Schedule ()		
4	Describe the every	nt nurnose achievements foi	each of the organization's three la	raest program services by exp	ancac
	Section 501(c)(3)	and 501(c)(4) organizations	and section 4947(a)(1) trusts are evenue, if any, for each program se	required to report the amount	
4a	(Code) (Expenses \$ 1	50,790,787 including grants of \$	3,273,345) (Revenue \$	78,129,182)
	AN EMPHASIS ON MEA OR OPEN SPACE VALU ACCORDANCE WITH L	NS OF CONSERVING RESOURCES ES THE FUND EXPLORES CREATIN OCAL LAND USE PLANS AND STATE MMUNITY LAND USE PLANNING WI	R THE UNDERSTANDING AND APPRECIATION THE FUND ENDEAVORS TO PROTECT IMPOUTED THE THIS OBJECT OR NATIONAL LAND USE POLICIES THE FOR ECONOMIC DEVELOPMENT EFFORTS A	ORTANT LANDSCAPES HAVING SIGNIFI TIVE AND ENSURE THAT THESE AREAS UND ALSO UNDERTAKES DEMONSTRA	CANT NATURAL, HISTORIC ARE PROTECTED IN TION PROJECTS TO
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
-		, (50)		, (
	_				
	·				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program se	rvices (Describe in Schedul	e O)		
	(Expenses \$	ıncludın	g grants of\$) (Revenue \$)
4e	Total program ser	vice expenses \$\bigs\\$ 1!	50,790,787		

Part IV	Check	list 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		Νο
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 "Yes," complete Schedule D, Part II</i>	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		Νο
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	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	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		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
Ь	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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		Νο
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 U S? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
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</i> " <i>Yes,"</i> complete Schedule G, Part I	17		Νο
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</i> "Yes," complete Schedule G, Part II	18		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
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	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		No
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		No
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		No
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	Yes	
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		No
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		No
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		No
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	38	Yes	

	Part V	Statements	Regarding	Other IRS	Filings and	l Tax	Compliance
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			Yes	No
а	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
а	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		Νο
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			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	7	Νo
c	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		
1	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		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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		Νo
	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?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
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		
	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?	6		NJ -
	Sponsoring organizations maintaining donor advised funds.	8		Νο
а	Did the organization make any taxable distributions under section 4966?	9a		Νo
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	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)			
2a	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			

1655 N FORT MYER DRIVE STE 1300 ARLINGTON, VA 222093199

(703) 525-6300

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body 1a 17							
b	Enter the number of voting members that are independent 16	.						
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		Νο				
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		Νο				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο				
6	Does the organization have members or stockholders?	6		Νο				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the							
	governing body?	7a		No				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
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	9		No				
	ection B. Policies (This Section B requests information about policies not required by the Internal							
ке	venue Code.)	$\overline{}$	Yes	N-				
100	Does the organization have local chapters, branches, or affiliates?	10a	165	No No				
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104		110				
	affiliates, and branches to ensure their operations are consistent with those of the organization?							
11	11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form							
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	12a Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>							
	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give ris							
	to conflicts?	12b	Yes					
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	Yes					
13	Does the organization have a written whistleblower policy?	13	Yes					
14	Does the organization have a written document retention and destruction policy?	14	Yes					
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	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)							
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	Yes					
ь	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	Yes					
Se	ection C. Disclosure	100	1 62					
17		A , IL ,	KS , KY	, ME ,				
	MD, MA, MI, MN, MS, MO, NH, NJ, OH, OK, OR, PA, RI, SC, TN, UT, V	NM,N	IY,NC	,ND,				
18	Section 6104 requires an organization to make its Form 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.							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table							
20	State the name, physical address, and telephone number of the person who possesses the books and records of th	ne orga	ınızatıor	n 🕨				
	MICHAEL COX							

Part VIII 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, and current key employees 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, or 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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	Posi t	(C tion (hat a	ched	ckal)	I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

•	-												
1b Total .									+	4,119,165	0	0	1,262,251

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization >32

			Yes	No	
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual				
		4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A)	(B)	(C)
Name and business address	Description of services	Compensation
RESOURCE FOR THE FUTURE 1616 P STREET NW WASHINGTON, DC 20036	CONTRACTUAL	244,760
ENVIRONMENTAL SYNERGY INC PO BOX 52306 ATLANTA, GA 30355	CONTRACTUAL	604,120
ENVIRONMENTAL SOLUTIONS 781 NEED ROAD CINCINNATI, OH 45233	CONSULTANT	173,281
JOHN BROWN LIMITED INC PO BOX 296 PETERBOROUGH, NH 03458	CONSULTANT	190,000
ALLAN C BEEZLEY PC 1928 14TH STREET 300 BOULDER, CO 80302	LEGAL COUNSEL	151,338
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ▶17) who received more than	

\$100,000 in compensation from the organization ► 17

Form 99		<u> </u>					Page 9
Part \	/1111	Statement of Revenue	T	(A)	(B)	(C)	(D)
	ı		207.202	Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512,513,or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a	296,282				
9 10 10 10	b	Membership dues 1b					
न दुर स	C	Fundraising events 1c Related organizations 1d					
<u> </u>	d e	Related organizations 1d Government grants (contributions) 1e	30,762,978				
ons Sin	•	All other contributions, gifts, grants, and 1f	76,716,245	ŀ			
her ser	'_	similar amounts not included above					
를 등 당 등	g	Noncash contributions included in 26,944,293 lines 1a-1f \$					
Ş.≝	h	Total. Add lines 1a-1f	►	107,775,505			
			Business Code				
in e	2a	CONTRACT INCOME	531,390	8,686,678	8,686,678		
e. Re	Ь	INTEREST INCOME FROM DEMONSTRATION PROJECTS	531,390	865,774	865,774		
93	c	SALE OF DEMONSTRATION PROJECTS					
ě. Z	d	(LAND AND EASEMENTS) TO OTHERS	531,390	67,636,261	67,636,261		
<u> </u>	e	OTHER PROGRAM INCOME	900,099	699,923	699,923		
Program Service Revenue	f	All other program service revenue		240,546	240,546		
Δ	g	Total. Add lines 2a-2f		78,129,182			
	3	Investment income (including dividend		, ,			
		and other similar amounts)	▶	795,804			795,804
	4	Income from investment of tax-exempt bond p	roceeds	0			
	5	Royalties	(u) Parsonal	U U			
	6a	Gross Rents	(II) Personal				
	ь	Less rental expenses					
	c	Rental income					
	d	or (loss) Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory					
	ь	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d 8a	Net gain or (loss)		0			
enne		events (not including \$ of contributions reported on line 1c)					
Other Revenue		See Part IV, line 18					
₽	b с	Less direct expenses b Net income or (loss) from fundraising e	vents 📂	o			
	9a	Gross income from gaming activities See Part IV, line 19					
	ь	Less direct expenses b Net income or (loss) from gaming activ	uties	0			
	-	Gross sales of inventory, less returns and allowances .					
	b c	Less cost of goods sold b Net income or (loss) from sales of inve	ntory ►	o			
	Ť	Miscellaneous Revenue	Business Code	-			
	11a						
	ь						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d		0			
	12	Total revenue. See Instructions	· [186,700,491	78,129,182		795,804

All other organiz Do not include amou 7b, 8b, 9b, and 10b o	nent of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations ations must complete column (A) but are not required ints reported on lines 6b, f Part VIII.	to complete column			
Do not include amou 7b, 8b, 9b, and 10b o	ations must complete column (A) but are not required nts reported on lines 6b,	to complete column	s (B), (C), and (
Do not include amou 7b, 8b, 9b, and 10b o	nts reported on lines 6b,	(A)			
7b, 8b, 9b, and 10b o		(A)		(C)	(D)
1 Grants and at		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	her assistance to governments and organizations e Part IV, line 21	3,273,345	3,273,345		
2 Grants and ot US See Part	her assistance to individuals in the IV, line 22	0			
	her assistance to governments, and individuals outside the U.S. See 15 and 16	0			
4 Benefits paid	to or for members	0			
	n of current officers, directors, trustees, and	3,718,211	3,001,333	559,170	157,708
6 Compensation (as defined un	n not included above, to disqualified persons der section 4958(f)(1)) and persons ection 4958(c)(3)(B)	0			
7 Other salaries	and wages	7,608,821	6,075,242	953,506	580,073
	contributions (include section 401(k) and section yer contributions)	593,417	277,555	200,173	115,689
	ee benefits	892,931	731,560	105,822	55,549
		719,833	592,930	85,259	41,644
	ces (non-employees)	719,033	392,930	03,239	71,044
	· · · · ·	17,320	16,892	56	372
		550,735	442,798	65,872	42,065
		128,484	103,302	15,368	9,814
		88,234	83,249	3,445	
	undraising See Part IV, line 17	08,234	63,249	3,445	1,540
	anagement fees	0	5 704 260	350 330	111 021
		6,164,532	5,794,260	258,338	111,934
-	nd promotion	0	552.226	05 200	42.527
· ·	es	682,981	553,236	86,208	43,537
	chnology	89,491	83,987	3,998	1,506
15 Royalties .		0			
		1,135,997	902,593	155,642	77,762
18 Payments of t	ravel or entertainment expenses for any federal, public officials	940,161	833,614	70,514	36,033
	conventions, and meetings	137,860	127,023	7,472	3,365
		904,508	879,678	5,718	19,112
	offiliates	904,308	075,076	3,710	17,112
•	depletion, and amortization	143,118	134,316	6,394	2,408
	· · · · · · · · · · · · · · · · · · ·	221,489	182,536		12,780
Other expens grouped toget	es Itemize expenses not covered above (Expenses her and labeled miscellaneous may not exceed 5% of s shown on line 25 below)	221,403	102,330	20,173	12,700
a BOOK VALUE	OFLAND SOLD	120,722,069	120,722,069		
b EXTERNALT	RANSFER	1,916,058	1,916,058		
c ACQUISITIO	NS & PROGRAM COSTS	2,672,534	2,591,222	25,848	55,464
d SUPPLIES &	EQUIPMENT	272,731	233,625	26,517	12,589
e PUBLICATIO	NS	65,482	55,917	6,271	3,294
f All other expe	nses	1,387,570	1,182,447	107,179	97,944
25 Total function	al expenses. Add lines 1 through 24f	155,047,912	150,790,787	2,774,943	1,482,182
Complete this column (B) joi	heck here F if following SOP 98-2 line only if the organization reported in nt costs from a combined educational fundraising solicitation				

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B) End of year	
	1	Cash—non-interest-bearing			2,962,417	1	2,129,535	
	2	Savings and temporary cash investments			74,788,570	2	60,499,755	
	3	Pledges and grants receivable, net			6,994,855	3	6,613,881	
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of						
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of	ther disqualified persons (as defined under section 4958(f)(1)) and in section 4958(c)(3)(B) Complete Part II of					
		Schedule L				6		
ssets	7	Notes and loans receivable, net				7		
8	8	Inventories for sale or use				8		
⋖	9	Prepaid expenses and deferred charges			196,281	9	208,579	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	2,230,772				
	ь	Less accumulated depreciation	10b	1,014,647	1,381,229	10c	1,216,125	
	11	Investments—publicly traded securities			4,705,426	11	5,472,014	
	12	Investments—other securities See Part IV, line 11			1,989,742	12	2,436,557	
	13	Investments—program-related See Part IV, line 11			13,390,552	13	17,563,173	
	14	Intangible assets	· ·					
	15	Other assets See Part IV, line 11			344,769,410	15	367,948,168	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			451,178,482	16	464,087,787	
	17	Accounts payable and accrued expenses .			3,757,905	17	3,942,048	
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
ŢŢ		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties			58,003,282	23	38,415,240	
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D			19,006,988	25	19,667,613	
	26	Total liabilities. Add lines 17 through 25			80,768,175	26	62,024,901	
S)		Organizations that follow SFAS 117, check here ▶ and comp	olet e l	ines 27				
ис	27	through 29, and lines 33 and 34. Unrestricted net assets	219,130,273] ,,	231,893,143			
<u>ಣ</u>	27 28	Temporarily restricted net assets	89,773,087	27 28	101,993,315			
Fund Balances	29	Permanently restricted net assets		61,506,947	28	68,176,428		
ŭ	29	·	ently restricted net assets					
r Fi		lines 30 through 34.						
s or	30	Capital stock or trust principal, or current funds			30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
ASS	32	Retained earnings, endowment, accumulated income, or other fu				32		
Net ,	33	Total net assets or fund balances			370,410,307	33	402,062,886	
Z	34	Total liabilities and net assets/fund balances			451,178,482	\vdash	464,087,787	
	l	· · · · · · · · · · · · · · · · · · ·			<u> </u>			

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separated basis			
3a	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	Yes	
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	Yes	

Form **990** (2009)

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Inspection **Employer identification number**

THE C			zation ND A NONPROF	-π					Employer ide 52-1388917		umber	
Pai	rt I	Reas	on for Pul	olic Charity Stat	us (All org	ianizations	must comp	lete this pa				
				foundation because								
1	Г	A churc	h, conventio	on of churches, or as:	sociation of	churches s	ection 170(b)	(1)(A)(i).				
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (At	tach Schedu	ıle E)					
3	Γ	A hospi	tal or a coop	erative hospital serv	vice organiz	atıon descrı	bed in section	170(b)(1)(A)(iii).			
4	Γ		cal research l's name, cit	organization operate y, and state	ed in conjun	ction with a	hospital desci	ribed in sect	ion 170(b)(1)(A)(iii). Ente	r the	
5	Γ	An orga	ınızatıon ope	rated for the benefit	of a college	or universit	y owned or op	erated by a	governmental	unıt describe	- d in	
		section	170(b)(1)(#	A)(iv). (Complete Pa	rt II)							
6		A feder	al, state, or l	local government or	government	al unit desc	rıbed ın sectio	n 170(b)(1)	(A)(v).			
7	⊽	describ	ed ın	t normally receives a A)(vi) (Complete Pa		I part of its	support from a	ı governmen	ital unit or from	the general	public	
8	\vdash			described in section		Al(vi) (Com	anlete Part II	١				
9	<u></u>		•	t normally receives			•	•	utions membe	rshin fees ar	nd aro	S S
_	'			ties related to its ex								,,
		•		ss investment incom	-	_						
			_	anızatıon after June 3						,		
10	Г			anized and operated	•			•	•			
11	Ė	_	_	anized and operated	•	-	•			arry out the	purpos	ses of
	·	one or r	more publicly	supported organizations the type of supported by Type II	tions descri orting organi	bed in secti zation and c	on 509(a)(1)	or section 5 11e throug	09(a)(2) See		a)(3).	Check
e	Γ	other th		x, I certify that the con managers and oth								
f g		If the o check t	rganization r his box	eceived a written de 006, has the organiz						supporting o	rganız	ation,
9			g persons?	o o o , mas time organiz	ation accep	tou any gire	or comeribatio					
		(i) a pe	rson who dır	ectly or indirectly co	ntrols, eithe	eralone orto	ogether with p	ersons desc	rıbed ın (ıı)		Yes	No
		and (III)	below, the g	joverning body of the	the suppor	ted organıza	ition?			11g(i)		<u> </u>
		(ii) a fa	mıly membe	r of a person describ	ed ın (ı) abo	ve?				11g(ii)		
		(iii) a 3	5% controll	ed entity of a person	described i	n (ı) or (ıı) a	bove?			11g(iii)		<u> </u>
h		Provide	the followin	g information about t	he supporte	d organizati	ion(s)					
	(ii) Name of supported rganization (ii) Name of supported EIN Civ) Type of organization (described on lines 1- 9 above or IRC section (see		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization col (i) orga in the U s	on in inized	I ^					
				ınstructions))	Yes	No	Yes	No	Yes	No		
											-	
			1		<u> </u>	1		1				

Total

Support Schedule for Organizations Described in IRC 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.)

_	(Complete only if y	ou checkeu the	e box on line 5,	7, OI O OI Pait	1.)		
	ection A. Public Support						
Cal	endar 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	62,198,61	1 93,692,465	83,527,188	102,346,700	107,775,50	449,540,469
	not include any "unusual	02,130,01	75,072,405	03,327,100	102,540,700	107,773,30.	, 445,540,405
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
3	furnished by a governmental unit						
	to the organization without						
	charge						
4	Total. Add lines 1 through 3	62,198,61	1 93,692,465	83,527,188	102,346,700	107,775,50	5 449,540,469
5	The portion of total contributions	, ,	. ,		, ,	, ,	<u> </u>
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						53,145,482
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5						396,394,987
	from line 4						
	ection B. Total Support			<u> </u>			т
Cal	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	beginning in)				102 246 700		
7	A mounts from line 4	62,198,611	4,169,967	83,527,188	102,346,700	107,775,505	449,340,469
8	Gross income from interest,						
	dividends, payments received	2,216,933	4,169,967	3,606,053	2,272,642	795,804	13,061,399
	on securities loans, rents, royalties and income from	2,210,333	4,105,507	3,000,033	2,272,042	755,001	15,001,555
	similar sources						
9	Net income from unrelated						
•	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV) Do not include gain or loss						
	from the sale of capital						
	assets						
11	Total support (Add lines 7						462,601,868
12	through 10) Gross receipts from related activi	tion ata /Con inc	tructions \			1	
						12	451,117,430
13	First Five Years If the Form 990 is	s for the organizat	tion's first, second	l, thırd, fourth, or	fifth tax year as a	501(c)(3) orga	
	check this box and stop here						►
	antiam C. Camputatian of D.	.hlia Ca.at	Dawaantaaa				
	ection C. Computation of Pu			11 1 (5)		T T	
14	Public Support Percentage for 20	09 (line 6 column	(t) alvided by line	11 column (f))		14	85 688 %
15	Public Support Percentage for 20	008 Schedule A, Part II, line 14 84 01					
16a	33 1/3% support test—2009. If th	-		,	line 14 is 33 1/3%	% or more, checl	
	and stop here. The organization qu	•	, ,,				▶ ▼
Ь	33 1/3% support test—2008. If the				6a, and line 15 is	33 1/3% or mor	· —
4	box and stop here. The organizati			_	12 16 16		▶□
1/a	10%-facts-and-circumstances tes		-				.
	is 10% or more, and if the organize in Part IV how the organization may						
	organization	eets the lacts an	ia circuitistatices	test The Organi.	zation quannes as	a publicly supp	►□
h	10%-facts-and-circumstances tes	t - 2008. If the or	ganization did not	check a box on li	ine 13, 16a 16b	or 17a and line	- 1
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organiz			•		-	:ly
	supported organization				_ ,,	,	▶ □
18	Private Foundation If the organiza	atıon dıd not chec	k a box on line 13	, 16a, 16b, 17a	or 17b, check this	box and see	
	instructions						▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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						
3	purpose Gross receipts from activities that				+		
3	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						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes been	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Software ID: Software Version:

EIN: 52-1388917

Name: THE CONSERVATION FUND A NONPROFIT

CORPORATION

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation				
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	from the organization and related organizations	
J RUTHERFORD SEYDEL II CHAIRMAN	3 0	Х									
TRUMAN T SEMANS SR DIRECTOR	3 0	Х									
R MICHAEL LEONARD VICE CHAIRMAN	3 0	Х									
NORMAN L CHRISTENSEN JR DIRECTOR	3 0	X									
GEORGE A RANNEY JR DIRECTOR	3 0	X									
KAY KELLEY ARNOLD DIRECTOR	3 0	Х									
B FRANCIS SAUL III DIRECTOR	3 0	Х									
DENNIS H REILLEY DIRECTOR	3 0	Х									
SYLVIA A EARLE DIRECTOR	3 0	Х									
GEORGINA A MORENO DIRECTOR	3 0	Х									
GRAY N THORNTON DIRECTOR	3 0	Х									
DAVID N WEIDMAN DIRECTOR	3 0	Х									
JAMES M WHITEHURST DIRECTOR	3 0	X									
STEPHEN A ELBERT DIRECTOR	3 0	Х									
KENNETH OLDEN DIRECTOR	3 0	X									
CHARLES R JORDAN DIRECTOR	3 0	X						50,000			
KEITH CAMPBELL DIRECTOR	3 0	Х									
LAWRENCE A SELZER PRESIDENT & CEO	40 0			X				378,809	0	180,487	
DAVID K PHILLIPS JR TREASURER, SENIOR VP & CFO	40 0			Х				205,479		75,087	
SYDNEY S MACY SENIOR VP	40 0			Χ				190,539		52,207	
RICHARD L ERDMANN EVP & GENERAL COUNCIL	40 0			X				440,537		135,687	
JOSEPH A HANKINS VICE PRESIDENT	40 0			Χ				145,619		33,377	
JEAN POMPA ASST SECRETARY	40 0			Х				72,776		23,012	
BETH ANN BURNS ASST SECRETARY	40 0			X				78,743		22,672	
REX R BONER VICE PRESIDENT	40 0			X				162,207		30,090	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and	Independ	ent C	ontr	act	ors					
(A) Name and Title	(B) A verage hours	(C) e Position (check all that apply)		I		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other		
	per week	Individual trustee or director	Former Highest compensated employee Key employee Officer Institutional Trustee		Former	from the organization (W-2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations		
MARK W ELSBREE VICE PRESIDENT	40 0			Х				138,575		50,897
ERIK J MEYERS VICE PRESIDENT	40 0			Х				167,507		39,569
JODI R O'DAY VICE PRESIDENT	40 0			Х				175,419		61,787
MATTHEWS SEXTON VICE PRESIDENT	40 0			Х				138,978		41,887
PAUL F HURT ASST SECRETARY & DEPUTY GC	40 0			Х				171,614		59,487
DAN SAKURA VICE PRESIDENT	40 0		X		150,940		53,628			
KATHRYN BROWN VICE PRESIDENT	40 0			Х				130,213		27,670
MARGARET A McCANTS SECRETARY	40 0			Х				83,640		20,966
ELIZABETH ENGLE ASST SECRETARY	40 0			х				113,527		31,422
EVAN H SMITH VICE PRESIDENT	40 0			х				107,108		31,032
MICHELE J SAGER VICE PRESIDENT	40 0			X				95,817		34,497
BLAINE T PHILLIPS JR VICE PRESIDENT	40 0			х				136,974		58,705
GLENN ELISON ALASKA PROGRAM DIRECTOR	40 0					Х		169,947		34,742
PATRICK NOONAN CHAIRMAN EMERITUS	40 0					Х		148,058		38,087
CHRIS KELLY CALIFORNIA PROGRAM DIRECTOR	40 0					X		148,230		43,597
STEVEN SUMMERFELT DIRECTOR OF AQUACULTURE RESEAR	40 0					Х		127,396		41,617
RICHARD LUDINGTON SR ASSOCIATE, NC STATE OFFICE	40 0					Х		190,513		40,042

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
CONTRACT INCOME	531,390	8,686,678	8,686,678		
INTEREST INCOME FROM DEMONSTRATION PROJECTS	531,390	865,774	865,774		
SALE OF DEMONSTRATION PROJECTS (LAND AND					
EASEMENTS) TO OTHERS	531,390	67,636,261	67,636,261		
OTHER PROGRAM INCOME	900,099	699,923	699,923		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BOOK VALUE OF LAND SOLD	120,722,069	120,722,069		
EXTERNAL TRANSFER	1,916,058	1,916,058		
ACQUISITIONS & PROGRAM COSTS	2,672,534	2,591,222	25,848	55,464
SUPPLIES & EQUIPMENT	272,731	233,625	26,517	12,589
PUBLICATIONS	65,482	55,917	6,271	3,294

DLN: 93493159010030

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

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),

- ◆ 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

Provide a description of the organization's direct and indirect political campaign activities in Part IV

◆ 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) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
THE CONSERVATION FUND A NONPROFIT
CORPORATION

Employer identification number

52-1388917

Part I-A	Complete if the	<u>organization is</u>	exempt under s	section 501(c	 or is a section 	<u> 1 527 organization.</u>

- 2 Political expenditures Volunteer hours
- Part I-B Complete if the organization is exempt under section 501(c)(3).
- Enter the amount of any excise tax incurred by the organization under section 4955 1
 - 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? □ No
- 3 Was a correction made? **4a**
- 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 activities 1
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?
- State 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	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

	under section 301(ii)).				
	Check If the filing organization belongs to	<u> </u>			
<u>B</u>	Check I if the filing organization checked bo	x A and "limited control" provisions apply			
	Limits on Lobbying E (The term "expenditures" means a		Orga) Filing nization's otals	(b) Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)		16,000	16,00
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		398,050	398,05
С	Total lobbying expenditures (add lines 1a and 1	o)		414,050	414,05
d	Other exempt purpose expenditures			32,429,611	33,738,53
e	Total exempt purpose expenditures (add lines 1		32,843,661	34,152,58	
f	Lobbying nontaxable amount Enter the amount to columns	rom the following table in both		1,000,000	1,000,00
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			
	Over \$17,000,000	\$1,000,000			
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)		250,000	250,00
h	Subtract line 1g from line 1a If zero or less, ent	er - O -			·

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

_	Yes	No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
_c	Total lobbying expenditures	573,467	241,410	396,887	414,050	1,625,814				
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				
f_	Grassroots lobbying expenditures	311,500	2,500	·	16,000	480,525				

che	dule C (Form 990 or 990-EZ) 200						Page 3		
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I						
			-	(a)		(a)		(b)
				Yes	No	A mo	unt		
1		anization attempt to influence foreign t to influence public opinion on a legis							
а	Volunteers?								
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?						
c	Media advertisements?								
d	Mailings to members, legislators	, or the public?							
е	Publications, or published or broa	adcast statements?							
f	Grants to other organizations for	lobbying purposes?							
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?						
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?						
i	Other activities? If "Yes," descri	ibe in Part IV							
j	Total lines 1c through 1:								
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?						
Ь	If "Yes," enter the amount of any	tax incurred under section 4912							
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912						
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?						
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o				
	W					Yes	s No		
1		nore) dues received nondeductible by			-	2			
2	=	n-house lobbying expenditures of \$2,0			-	3			
3		ryover lobbying and political expendit		-01/-	\(\(\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion		
	answered "Yes".								
1	Dues, assessments and similar a			1					
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political						
a	Current year	(. , para).		2a					
ь	Carryover from last year			2b					
c	Total			2c					
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3					
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess						
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4					
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5					
Pä	rt IV Supplemental Info	ormation							
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11			
	Ident if ier	Return Reference	Explana	t ion					

DLN: 93493159010030

Employer identification number

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization THE CONSERVATION FUND A NONPROFIT

CORP	DRATION			52-	1388917		
Pari	Organizations Maintaining Donor Aorganization answered "Yes" to Form 99		Other Similar F	unds	or Accounts.	Complet	te if the
		(a) Donor adv	ısed funds	((b) Funds and ot	her accou	nts
L T	otal number at end of year						
2 4	ggregate contributions to (during year)						
3 4	ggregate grants from (during year)						
	ggregate value at end of year						
	Old the organization inform all donors and donor advi unds are the organization's property, subject to the	•		ıor advı	sed	☐ Yes	┌ No
ı	Old the organization inform all grantees, donors, and ised only for charitable purposes and not for the ber conferring impermissible private benefit					┌ Yes	┌ No
Part	Conservation Easements. Complete	ıf the organization	answered "Yes" t	o Forn	n 990, Part IV	<u>, lıne 7.</u>	
[Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space	· · · —	that apply) Preservation of an Preservation of a			•	a
	Complete lines 2a-2d if the organization held a qual easement on the last day of the tax year	ıfıed conservatıon con	tribution in the form	ofaco	onservation		
	,,				Held at the	End of the	Year
a ·	otal number of conservation easements			2a			27
ь -	otal acreage restricted by conservation easements	3		2b		58	,170 00
c i	lumber of conservation easements on a certified his	storic structure include	ed in (a)	2c			(
d i	lumber of conservation easements included in (c) a	cquired after 8/17/06		2d			(
t	Number of conservation easements modified, transfended he taxable year 🛌 9			ed by th	ie organization d	luring	
	lumber of states where property subject to conserv	ation easement is loca	ted ▶15				
	Does the organization have a written policy regarding inforcement of the conservation easements it holds	=	ng, inspection, hand	dling of	violations, and	✓ Yes	┌ No
5 9	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing (conservation easem	nents d	uring the year 🕨	. 597	7 5
· /	mount of expenses incurred in monitoring, inspecti	ng, and enforcing cons	ervation easements	s during	g the year 🟲 🖇 _	7,50	0
	Does each conservation easement reported on line 2 .70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the	requirements of sec	tion		☐ Yes	┌ No
ı	n Part XIV, describe how the organization reports c valance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the org		•	•		
art	Organizations Maintaining Collection Complete if the organization answered			or Ot	her Similar <i>I</i>	Assets.	
ä	f the organization elected, as permitted under SFAS irt, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, e	education or resear	ch in fu			⊇,
_	f the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, educ				•	
(i) Revenues included in Form 990, Part VIII, line 1				► \$		
(ii) Assets included in Form 990, Part X				► \$		
<u>.</u>]	f the organization received or held works of art, hist ollowing amounts required to be reported under SFA			or finan	• •		
a p	Revenues included in Form 990, Part VIII, line 1				► \$		

Assets included in Form 990, Part X

ar	Till Organizations Maintaining Co	llections of Art	<u>, His</u>	toric	<u>cal Tre</u>	asu	res, or (<u> </u>	<u>er Similar</u>	<u>Asse</u>	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e foll	owing th	at are	a signific	ant ι	ıse of its co	llectio	n	
а	Public exhibition		d	Γ	Loan or	exch	nange prog	rams	3			
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
1	Provide a description of the organization's co	ollections and expla	ın how	v they	further	the o	rganızatıo	n's e	xempt purpo	se in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	ed "Y	es" to For	m 990	ວ,	
	Part IV, line 9, or reported an ar		•	•								
la	Is the organization an agent, trustee, custoo included on Form 990, Part X?					ons o	r other as	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	follow	ıng ta	ble				T			
_										A mou		
C	Beginning balance							1c	1			
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fe	orm 990, Part X, line	21?							Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\											
'a	rt V Endowment Funds. Complete										\	
_	Paginning of year holones	(a)Current Year 61,506,947	(b	Prior	,835,047	(c) I	wo Years Ba	ck (d	I)Three Years	Back (e	≥) Four Ye	ears Back
a L	Beginning of year balance	6,669,481			,671,900			+		+		
b	Contributions	0,009,481		1	,671,900			-		-		
c	Investment earnings or losses							-		-+		
d	Grants or scholarships							-		_		
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance	68,176,428		61	,506,947							
	Provide the estimated percentage of the yea	r end balance held a	ıs									
а	Board designated or quasi-endowment	%										
ь	Permanent endowment ► 100 000 % %											
c	Term endowment ► %											
a	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat a	re held a	and a	dministere	d for	the			
	organization by										Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)	\perp	No
	If "Yes" to 3a(II), are the related organizatio							•	[3b		
	Describe in Part XIV the intended uses of th					0 D-	unt V lung	10				
'a I	Description of investment	s, and Equipme	nt. S	(a)	Cost or of s (investm	ther	(b)Cost or basis (oth	other			(d) Bo	ok value
.a	Land			\dagger						-+		
	Buildings						1.27	3,455	4	56,322		817,133
	Leasehold improvements							6,447		41,454		154,993
	Equipment							0,870	+	16,871		243,999
	Other		-					-,5,0	1	, - , - ,		, , , , ,
_			•	1					1			

1,216,125

(a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
MONEY MARKET FUNDS	277,288	F
FHL, FANNIE MAE FIXED INCOME	2,159,269	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	H .	
Part VIII Investments—Program Related. S	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
CONSERVATION NOTES RECEIVABLE	17,563,173	C
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc		(b) Book value
DEMO PRJCTSLAND & EASEMENTS		361,149,529
DUE FROM AFFILIATED ORGS		5,200,000 1,598,639
DOETROM ATTIELATED ORGS		1,330,033
Total. (Column (b) should equal Form 990, Part X, col.(B) lin		▶ 367,948,168
Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	t X, line 25. (b) A mount	
1 (a) Description of Liability Federal Income Taxes	(B) Amount	
	I I	
	18.217.562	
AMOUNTS DUE OTHER NONPROFIT OR DEPOSITS HELD	18,217,562	
AMOUNTS DUE OTHER NONPROFIT OR		
AMOUNTS DUE OTHER NONPROFIT OR		
AMOUNTS DUE OTHER NONPROFIT OR		
AMOUNTS DUE OTHER NONPROFIT OR		
AMOUNTS DUE OTHER NONPROFIT OR		
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AMOUNTS DUE OTHER NONPROFIT OR		
AMOUNTS DUE OTHER NONPROFIT OR		
AMOUNTS DUE OTHER NONPROFIT OR		
AMOUNTS DUE OTHER NONPROFIT OR		
AMOUNTS DUE OTHER NONPROFIT OR	1,450,051	

Total expenses (Form 990, Part IX, column (A), line 25) Excess or (deficit) for the year Subtract line 2 from line 1 Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Net unrealized gains (losses) Total adjustments Other (Describe in Part XIV) Total adjustments (net) Add lines 4 - 8 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements Net unrealized gains on investments Net unrealized gains on investments Donated services and use of facilities 2	552,579
3 31,6 4 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 a Net unrealized gains on investments	552,579 552,579 700,491
4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 6 Prior period adjustments 7 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 31,6 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	552,579
5 Donated services and use of facilities 6 Investment expenses 6 Investment expenses 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 9 Investments (net) Add lines 4 - 8 9 Investments (net) Add lines 4 - 8 9 Investments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 31,6 11 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	,
6 Investment expenses 6 Prior period adjustments 7 Other (Describe in Part XIV) 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 31,6 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	,
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 31,6 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	,
7 Prior period adjustments 8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9 10 31,6 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	,
8 Other (Describe in Part XIV) 9 Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 31,6 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	,
Total adjustments (net) Add lines 4 - 8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 31,6 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	,
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements	,
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	700,491
Total revenue, gains, and other support per audited financial statements	700,491
a Net unrealized gains on investments	
b Donated services and use of facilities	
2 December of many value marks	
c Recoveries of prior year grants	
d Other (Describe in Part XIV) 2d	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1	700,491
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b Other (Describe in Part XIV) 4b	
c Add lines 4a and 4b	
5 Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5	700,491
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1 Total expenses and losses per audited financial statements	047,912
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV)	
e Add lines 2a through 2d	
	047,912
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIV) 4b	
c Add lines 4a and 4b	
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	047,912
Part XIV Supplemental Information	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

additional information	_	
Ident if ier	Return Reference	Explanation
CONSERVATION EASEMENTS	SCHEDULE D, PART II, LINE 9	CONSERVATION EASEMENTS ARE CLASSIFIED AS OTHER ASSETSDEMONSTRATION PROJECTS"LAND AND EASEMENTS HELD FOR GENERAL PURPOSES" ON THE BALANCE SHEET EASEMENTS ARE ACQUIRED BY GIFT OR PURCHASE AND ARE VALUED AT THE APPRAISED VALUE WHEN ACQUIRED WHEN EASEMENTS ARE TRANSFERRED, INCLUDING BY SALE, THE PROCEEDS ARE INCLUDED AS PART OF TOTAL SUPPORT AND REVENUE AND ARE SHOWN AS "PROCEEDS FROM SALE OF DEMONSTRATION PROJECTS" THE BOOK VALUE OF THE EASEMENT AND TRANSACTION COSTS INCURRED WITH THE TRANSFER ARE SHOWN AS PROGRAM SERVICE EXPENSES UNDER THE CAPTION "BOOK VALUE OF LAND SOLD"
PERMANENTLY RESTRICTED NET ASSETS	SCHEDULE D, PART V, LINE 4	THE CONSERVATION FUND RECORDS CONTRIBUTIONS TO ITS REVOLVING FUNDS WITH PERMANENT DONOR-IMPOSED STIPULATIONS AS PERMANENTLY RESTRICTED NET ASSETS THESE NET ASSETS ARE USED TO FINANCE DEMONSTRATION PROJECTS
INVESTMENTS - PROGRAM RELATED	PART X, COLUMN B, LINE 13	THE CONSERVATION FUND HAS ADVANCED FUNDS IN THE FORM OF NOTES RECEIVABLE TO VARIOUS ORGANIZATIONS IN CARRYING OUT PROJECT OR LAND TRANSACTIONS THERE ARE 31 NOTES OUTSTANDING AT 12/31/09 WITH PRINCIPAL AMOUNTS RANGING FROM APPROXIMATELY \$36,000 TO \$3,000,000 WITH INTEREST RATES BETWEEN 3 AND 6% MANAGEMENT CONSIDERS ALL NOTES RECEIVABLE TO BE FULLY COLLECTIBLE, THEREFORE, THE NOTES ARE CARRIED AT COST
FIN 48 FOOTNOTE	PART X, QUESTION 2	THE FUND HAS ADOPTED ASC TOPIC 740-10 (FORMERLY INTERPRETATION NO 48, "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES") WHICH PRESCRIBES MEASUREMENT AND DISCLOSURE REQUIREMENTS FOR CURRENT AND DEFERRED INCOME TAX PROVISIONS THE INTERPRETATION PROVIDES FOR A CONSISTENT APPROACH IN IDENTIFYING AND REPORTING UNCERTAIN TAX PROVISIONS THE ADOPTION OF THIS PRONOUNCEMENT DID NOT HAVE AN IMPACT ON THE COMBINED FINANCIAL STATEMENTS

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Schedule I

(Form 990)

Department of the Treasury

DLN: 93493159010030 OMB No 1545-0047

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

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

Internal Revenue Service							Thispection
Name of the organization						Employer identification	on number
THE CONSERVATION FUND A NONP CORPORATION Part I General Information		l Assistance				52-1388917	
 Does the organization maintain r the selection criteria used to awa Describe in Part IV the organization 	ard the grants or as	sistance?			•	•	✓ Yes
Form 990, Part IV, line Part IV and Schedule I	21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000.	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
See Additional Data Table							

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Part III	Grants and Other Assistance to Individuals in the United States.	Complete if the organization	answered "Yes"	' to Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.				

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
MONITORING OF GRANT FUNDS	SCHEDULE I, PART 1, LINE 2	The Conservation Fund monitors grants given by requiring reports from the grantee After it is determined that the potential grantee's mission is compatible with that of the Fund, the Fund awards the grant through a particular Project Manager Subsequent to the grant award, the Project Manager periodicallyusually every quarterreceives and reviews a program report from the grant recipient until the grant is fully expended

Software ID: Software Version:

EIN: 52-1388917

Name: THE CONSERVATION FUND A NONPROFIT

CORPORATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CONCERNED CITIZENS OF TILLERY1456 CARLOLINA REST HOME ROAD ROANOKE,VA 27870	58-1482653	501C3	6,000				TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
EPISCOPAL FARMWORKER MINISTRYPO BOX 160 NEWTON GROVE,NC 28366	20-4942554	501C3	11,500				TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
HOLLISTER REACHPO BOX 135 HOLLISTER,NC 278500135	58-1611278	N/A	8,000				TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
LATINO ADVOCACY COALITION505-B BROOKSIDE CAMP ROAD HENDERSONVILLE, NC 28792	52-2267574	501C3	10,680				TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
NC RURAL COMMUNITIES ASSISTANCE PROJECTPO BOX 941 PITTSBORO, NC 273120941	56-1575088	N/A	8,000				TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
NORTH CAROLINA COASTAL FEDERATION 3609 HIGHWAY 24 OCEAN NEWPORT,NC 28570	58-1494098	501C3	7,000				TO SUPPORT A NORTH CAROLINA COASTAL PROJECT THROUGH KEEP IT NATURAL	
SEWEE ASSOCIATIONPO BOX 1131 MT PLEASANT, SC 294651131	57-1039362	501C3	7,000				TO SUPPORT A SOUTH CAROLINA CONSERVATION EDUCATION PROJECT THROUGH KEEP IT NATURAL	
SHILOH COMMUNITY ASSOCIATIONPO BOX 5253 ASHEVILLE,NC 288135253	56-2502192	501C3	9,000				TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
SMOKY MOUNTAIN NATIVE PLANTS ASSOCIATIONPO BOX 761 ROBBINSVILLE, NC 287710761	14-1837747	501C3	11,500				TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
ST DAVID'S CHILD DEVELOPMENT & FAMILY SERVICES3395 PLYMOUTH ROAD MINNETONKA, MN 55305	41-1429208	501C3	8,000				TO SUPPORT CHILD AND FAMILY DEVELOPMENT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
STECOAH VALLEY ARTS CRAFTS & EDUCATIONAL CENTER121 SCHOOLHOUSE ROAD ROBBINSVILLE, NC 287719628	56-1935344	N/A	7,500				TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
AGRICULTURAL STEWARDSHIP ASSOCIATION14 MAIN STREET GREENWICH,NY 12834	99-9999999	501C3	65,000				FUNDING TO PROTECT LOCAL FARMLAND IN THE NORTH	
LAND TRUST ALLIANCE 1660 L STREET NW SUITE 1100 WASHINGTON, DC 20036	04-2751357	501C3	10,000				TO SPONSOR LTA RALLY FOR 2009	
VERMONT AGRICULTURAL INSTITUTE - VERMONT TECH COLLPO BOX 500 RANDOLPH,VT 05061	03-0213787	N/A	120,000				FUNDING TO HELP SUPPORT VERMONT PROJECTS	
BOUNTIFUL CITIES PROJECTPO BOX 898 ASHEVILLE,NC 288020898	05-0587434	N/A	8,000				TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
CENTRO DE ENLACEPO BOX 236 BURNSVILLE, NC 287140236	02-0715759	N/A	22,500				THE CONSERVATION FUND'S BOARD VOTED TO FORGIVE A LONG-STANDING INTERCOMPANY RECEIVABLE BY CONVERTING IT TO A CONTRIBUTION TO SUSTAINABLE CONSERVATION INC	
CLAY COUNTY COMMUNITIES REVITALIZATION ASSOC PO BOX 1533 HAYESVILLE,NC 28904	56-2124396	501C3	5,500				GRANT TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
CLEAN AIR COMMUNITY TRUST378 HAYWOOD RD SUITE 28806 ASHEVILLE,NC 28806	71-0937036	501C3	12,000				TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
DALLAS SAFARI CLUB6390 LBJ FREEWAY SUITE 108 DALLAS,TX 752406414	99-9999999	N/A	10,000				SPONSORSHIP	
EAGLE-MOUNTAIN SAGINAW INDEPENDENT SCHOOL1200 OLD DECATUR ROAD FORT WORTH,TX 76179	75-6004855	501C3	6,202				TO RAISE AWARENESS AND FIND SOLUTIONS TO WATER QUALITY AND MANAGEMENT	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
FEDERATION OF SOUTHERN COOPERATIVESPO BOX 42 TOWNSEND, GA 31331	74-3222381	N/A	8,000				GRANT TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
FRIENDS OF THE JSCNWT 410 SEVERN AVENUE SUITE 204 ANNAPOLIS,MD 21403	26-2271377	501C3	250,000				GRANT FOR START- UP COST OF ORGANIZATIONAL DEVELOPMENT	
FULL GOSPEL DELIVERANCE OUTREACH MINISTRY3510 MOSSDALE AVENUE DURHAM,NC 27707	43-2012779	501C3	12,000				GRANT TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
HISTORIC PRESERVATION FDN OF NORTH CAROLINA 900 N EUGENE ST GREENSBORO,NC 27401	99-9999999	501C3	21,900				FUNDING PROJECTS IN NORTH CAROLINA	
IDAHO CONSERVATION LEAGUEPO BOX 844 BOISE,ID 83701	99-9999999	N/A	12,160				GRANT TO PROTECT PIONEER MOUNTAINS	
LAVA LAKE INSTITUTEPO BOX 2249 HAILEY,ID 83333	90-1322172	501C3	10,000				GRANT TO PROTECT PIONEER MOUNTAINS	
MARYLAND ENVIRONMENTAL TRUST 100 COMMUNITY PLACE CROWNSVILLE,MD 21032	52-6002033	501C3	10,000				DONATION TO HELP PROTECT MARYLAND'S LANDSCAPE AND NATURAL RESOURCES	
MCINTOSH SEEDPO BOX 2355 DARIEN,GA 31305	58-2556194	N/A	12,000				GRANT TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
MICHIGAN INTERNATIONAL SPEEDWAY12626 US 12 BROOKLYN,NY 49230	38-2017433	N/A	88,250				2009 SPONSORSHIP OF RACING FOR WILDLIFE - PRESERVING THE ENVIRONMENT AND ITS NATURAL RESOURCES	
NC FOLKLIFE INSTITUTE 2726 CROADSDALE DRIVE SUITE 203-b DURHAM,NC 27705	23-7419292	N/A	6,000				GRANT TO ADVOCATE SUSTAINABLE DEVELOPMENT THROUGH CNEF	

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
NC WARNPO BOX 61051 DURHAM,NC 277151051	56-1734433	N/A	8,000				GRANT TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF		
PALMER LAND TRUSTPO BOX 1281 COLORADO SPRINGS,CO 80901	84-0763346	501C3	12,500				GRANT TO SUPPORT A COLORADO CONSERVATION LAND TRUST PROJECT THROUGH KEEP IT NATURAL		
PIEDMONT LAND CONSERVANCYPO BOX 4025 GREENSBORO,NC 27404	99-9999999	501C3	45,000				FUNDING TO SUPPORT THE CONSERVATION EFFORTS IN THE PIEDMONT AREA OF NORTH CAROLINA		
PISGAH VIEW COMMUNITY PEACE GARDENONE GRANADA STREET ASHEVILLE,NC 28806	37-1573817	N/A	10,000				GRANT TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF		
SANDHILLS FAMILY HERITAGE ASSOCIATION PO BOX 404 SPRINGLAKE, NC 283900404	56-2243711	501C3	9,500				GRANT TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT		
SEEDS706 GILBERT STREET DURHAM,NC 27701	56-1876445	501C3	10,000				GRANT TO ADVOCATE FOR SUSTAINABLE DEVEOPMENT THROUGH CNEF		
SHENANDOAH VALLEY PURE WATER FORUM800 SOUTH MAIN STREET HARRISONBURG, VA 22807	54-1882607	501C3	24,000				MINI GRANTS TO RAISE AWARENESS AND FIND SOLUTIONS TO WATER QUALITY AND MANAGEMENT THROUGH CARGILL		
SPAULDING MONROE ALUMNI ASSOCIATIONPO BOX 127 BLADENBORO, NC 283200127	26-1172389	501C3	7,000				GRANT TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF		
TETON SCIENCE SCHOOLS 700 COYOTE CANYON ROAD JACKSON, WY 83001	83-0219163	501C3	10,000				SUPPORT YOUTH CONGRESS C&M		
THE GEORGIA CONSERVANCY817 WEST PEACHTREE ST SUITE 200 ATLANTA,GA 30308	99-9999999	501C3	20,000				TO SUPPORT EDUCATION ON GEORGIA'S NATURAL ENVIRONMENT		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
THE NATURE CONSERVANCY OF IDAHO 116 1ST AVENUE NORTH HAILEY,ID 83333	99-9999999	501C3	7,200				GRANT TO PROTECT PIONEER MOUNTAINS	
THE VERMONT CHEESE COUNCIL116 STATE STREET MONTPELIER, VT 056202901	99-9999999	N/A	17,500				GRANT TO SUPPORT EDUCATION AND SAFETY	
TOXIC FREE NC206 NEW BERN PLACE RALEIGH, NC 27601	59-1715833	N/A	9,000				GRANT TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
TREES ASHEBORO 607 EAST SALISBURY STREET ASHEBORO,NC 27203	20-2192115	N/A	6,000				GRANT TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
UPTOWN BUSINESS AND PROFESSIONAL ASSOCIATIONPO BOX 14182 NEW BERN, NC 28561	56-2035673	501C3	9,500				GRANT TO ADVOCATE FOR SUSTAINABLE DEVELOPMENT THROUGH CNEF	
US FISH & WILDLIFE SERVICEPO BOX 272065 DENVER,CO 802279060	53-0201504	501C3	8,840				EDUCATION ASSISTANCE FOR INDIVIDUALS WHO WANTED TO PARTICIPATE IN THE BALANCING NATURE AND COMMERCE COURSE	
WEST ATLANTA WATERSHED ALLIANCEPO BOX 50043 ATLANTA,GA 30302	20-0890449	501C3	6,250				TO SUPPORT GREENSPACE IN NORTH WEST ATLANTA	
WOOD RIVER LAND TRUST 119 E BULLION STREET HAILEY,ID 83333	22-0474191	501C3	6,400				GRANT TO PROTECT PIONEER MOUNTAINS	
WYOMING STOCK GROWERS AGRICULTURAL LAND TRUSTPO BOX 206 CHEYENNE,WY 82003	83-0334395	501C3	68,000				TO ASSIST IN THE AQUISITION OF CONSERVATION LAND	
STATE OF TEXAS DEPT OF PARKS & WILDLIFEPO BOX 5188 JONESTOWN,TX 78645	74-1321947	501C3	87,786				TO ASSIST IN THE ACQUISITION OF CONSERVATION LAND	

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States								
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
MINNESOTA LAND TRUST 37 28TH AVE NORTH SUITE 102 ST CLOUD,MN 56303	41-1713652	501C3	75,000				TO ASSIST IN THE ACQUISITION OF CONSERVATION EASEMENT	
BELWIN CONSERVANCY2 PUBLIC SQUARE SUITE 203 BELWIN,MN 56083	41-0967891	. 501C3	250,000				TO ASSIST IN ACQUISTION OF CONSERVATION LAND	
FISH AND WILDLIFE SERVICEONE FEDERAL DRIVE FORT SNELLING, MN 55111	41-1622262	501C3	55,213				TO ASSIST IN ACQUISITION OF CONSERVATION LAND	
STATE OF ILLINOIS DEPT OF NATURAL RESOURCES 1491 JEFFERY DRIVE ADDISON,IL 60101	99-9999999	501C3	371,616				TO ASSIST IN ACQUISITION OF CONSERVATION LAND	
STATE OF TEXAS FOREST SERVICEPO BOX 3130 CONROE,TX 77305	99-9999999	501C3	820,750				TO ASSIST IN THE AQUISITION OF CONSERVATION EASEMENT	
FISH AND WILDLIFE SERVICEONE FEDERAL DRIVE FORT SNELLING, MN 55111	99-999999	501C3	216,793				TO ASSIST IN THE AQUISITION OF CONSERVATION LAND	

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DLN: 93493159010030

OMB No 1545-0047

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

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization THE CONSERVATION FUND A NONPROFIT CORPORATION

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Employer identification number

52-1388917

Рd	Questions Regarding Compensation			
			Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization	n		
а	Receive a severance payment or change-of-control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only $501(c)(3)$ and $501(c)(4)$ organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regs-section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name (B) Breakdown of W-2 and/or 1099-MISC compensation (I) Base compensation (I) Davis compensation (II) Davis compensation (III) Other comp								
(i) Base incentive reportable compensation reportable compensation Form 990 or Form 990-EZ	(A) Name	(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and		(E) Total of columns	
See Additional Data Table		(i) Base compensation	ıncentive	(iii) Other reportable compensation		benefits	(B)(ı)-(D)	Form 990 or
	See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
COMPENSATION -	SCHEDULE J	2008 BONUS PAID IN 2009 IS LISTED IN COLUMN "OTHER COMPENSATION" AND COLUMN "PRIOR YEAR AMOUNTS" 2009 BONUS PAID IN
BONUS & 403B	& 990 PART	2010 IS LISTED IN COLUMN "DEFERRED COMPENSATION" 2009 EMPLOYER PAID 403B CONTRIBUTION IS ALSO LISTED IN COLUMN
	VIISECTION	"DEFERRED COMPENSATION" ALL EMPLOYEES, INCLUDING OFFICERS AND KEY EMPLOYEES, ARE ELIGIBLE FOR BONUSES THAT ARE PAID
	Α	ANNUALLY IN THE MONTH OF FEBRUARY OF THE FOLLOWING YEAR THE BONUS AMOUNT FOR OFFICERS IS APPROVED BY THE GOVERNANCE
		COMMITTEE AND IS BASED ON BOTH INDIVIDUAL PERFORMANCE AND THE OVERALL PERFORMANCE OF THE ORGANIZATION

Schedule J (Form 990) 2009

(A) Name

(F) Compensation

(D) Nontaxable (E) Total of columns

Software ID: Software Version:

EIN: 52-1388917

Name: THE CONSERVATION FUND A NONPROFIT

(C) Deferred

CORPORATION

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(B) Breakdown of W-2 and/or 1099-MISC compensation

(i) Base Compensation		(i) Base	(ii) Bonus & (iii) Other compensation compensation		compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
LAWRENCE A SELZER	(I) (II)	234,309 0	0	144,500 0	168,000	12,487	559,296 0	144,500	
DAVID K PHILLIPS JR	(ı) (ıı)	164,679		40,800	64,600	10,487	280,566	40,800	
SYDNEY S MACY	(ı) (ıı)	159,639		30,900	38,720	13,487	242,746	30,900	
RICHARD L ERDMANN	(I) (II)	186,383		254,154	121,600	14,087	576,224	103,600	
JOSEPH A HANKINS	(ı) (ıı)	124,119		21,500	22,290	11,087	178,996	21,500	
REX R BONER	(I) (II)	131,907		30,300	30,090	0	192,297	30,300	
MARK W ELSBREE	(I) (II)	111,975		26,600	33,810	17,087	189,472	26,600	
ERIK J MEYERS	(I) (II)	146,707		20,800	33,147	6,422	207,076	20,800	
JODI R O'DAY	(I) (II)	142,319		33,100	50,700	11,087	237,206	33,100	
MATTHEWS SEXTON	(ı) (ıı)	112,478		26,500	31,040	10,847	180,865	26,500	
PAUL F HURT	(ı) (ıı)	138,514		33,100	44,000	15,487	231,101	33,100	
DAN SAKURA	(I) (II)	120,740		30,200	46,310	7,318	204,568	30,200	
KATHRYN BROWN	(I) (II)	111,413		18,800	26,170	1,500	157,883	18,800	
BLAINE T PHILLIPS JR	(I) (II)	111,174		25,800	44,140	14,565	195,679	25,800	
GLENN ELISON	(I) (II)	148,347		21,600	26,820	7,922	204,689	21,600	
PATRICK NOONAN	(I) (II)	134,058		14,000	27,600	10,487	186,145	14,000	
CHRIS KELLY	(ı) (ıı)	125,430		22,800	33,110	10,487	191,827	22,800	
STEVEN SUMMERFELT	(ı) (ıı)	115,296		12,100	27,530	14,087	169,013	12,100	
RICHARD LUDINGTON	(ı) (ıı)	169,413		21,100	33,620	6,422	230,555	21,100	

DLN: 93493159010030

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Sydney Macy

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

THE CONS	f the organization SERVATION FUND A NONPROFIT					Employer identific	ation number
CORPORA						52-1388917	
Part I							
	Complete if the organiza	tion answered "	Yes" on Form 990,	Part IV, line 25a	or 25b, or Foi	<u>m 990-EZ, Part V, </u>	
1	(a) Name of disq	ualified person		(b) Desc	ription of tra	nsaction	(c) Corrected?
					•		Yes No
2 Ent	er the amount of tax impos	ed on the organ	nization managers o	r disqualified pers	ons during th	e year under	
	tion 4958					🕨 \$	
3 Ent	er the amount of tax, if any	, on line 2, abo	ve, reimbursed by t	he organızatıon .		🟲 \$	
Part I							_
	Complete If the organi	zation answere	1 "Yes" on Form 99	0, Part IV, line 26	, or Form 990		3 a
		(b) Loan to			(e) In	(f) Approved	(g)Written
(a) Nam	ie of interested person and		(c)O rıgınal	(d)Balance due	default?	by board or	agreement?
	purpose	organization?	principal amount	(a) Burance auc		committee?	3
		To From			Yes No	Yes No	Yes No
Total .			> \$				
Part II	I Grants or Assista	nce Benefitt	ing Interested	Persons.	l		
	Complete if the orga				', line 27.		
,			Relationship betw		·s on	A mount of grant or t	tuna of accustance
((a) Name of interested pers	son	and the o	rganızatıon	(c).	A mount of grant or t	.ype or assistance
Part I	V Business Transac	tions Involv	ina Interested	Persons.			
	Complete if the orga				', line 28a,	28b, or 28c.	
	<u> </u>) Relationship	,	. ,	•	(e) Sharing of
1-	Nome of interested war-	hetv	veen interested	(c) A mount of	(4) D -	comption of the	organization's
(a) Name of interested perso	p€	rson and the	transaction	(a) De	scription of transac	revenues?
		(organization				Yes No

Senior Vice President

76,350 Married to consultant of TCF

Νo

SCHEDULE M (Form 990)

Department of the Treasury

CORPORATION

NonCash Contributions

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization THE CONSERVATION FUND A NONPROFIT ▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

> **Employer identification number** 52-1388917

Pa	Types of Property										
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	etermı	nıng				
1	Art—Works of art	аррпсавіе									
	Art—Works of art										
3											
4	Books and publications										
-	Clothing and household										
•	goods										
6	Cars and other vehicles										
7	Boats and planes										
8	Intellectual property										
9	Securities—Publicly traded .	Х	27	137,040	Sale price						
10	Securities—Closely held stock										
11	Securities—Partnership, LLC, or trust interests										
12	Securities—Miscellaneous										
13	Qualified conservation contribution—Historic structures										
14	Q ualified conservation contribution—O ther	×	48	26,944,293	A pprais al						
15	Real estate—Residential .										
16	Real estate—Commercial										
17	Real estate—Other										
	Collectibles										
19	Food inventory										
20	Drugs and medical supplies .										
	Taxidermy										
22	Historical artifacts										
	Scientific specimens										
24	Archeological artifacts										
25	O ther ▶ ()										
26	O ther ▶()										
27	O ther ▶()										
28	O ther ▶ ()										
29	Number of Forms 8283 received for which the organization comp				29			6			
20	Dumma kha wasa didaka sa		- h.,h., h., b	uko uzuzukador Barita I	1 20 45-4-4		Yes	No			
30a	During the year, did the organize										
	must hold for at least three yea			on, and which is not require	d to be used						
	for exempt purposes for the ent					30a		No_			
	If "Yes," describe the arrangem										
31	Does the organization have a gi	ft acceptan	ce policy that requires the r	eview of any non-standard	contributions?	31	Yes				
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		Νο			
ь	If "Yes," describe in Part II										
33		t revenues i	ın column (c) for a type of p	roperty for which column (a) is checked,						
	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										

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

SCHEDULE 0

Department of the Treasury Internal Revenue Service

(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.

2009

Open to Public Inspection

Name of the organization
THE CONSERVATION FUND A NONPROFIT
CORPORATION

Employer identification number
52-1388917

ldentifier	Return Reference	Explanation
AVAILABILITY OF STMTS TO THE PUBLIC	PART VI, SECTION C, LINE 19	THE CONSERVATION FUND'S ANNUAL REPORT, WHICH INCLUDES FINANCIAL SUMMARIES, IS POSTED ON THEIR WEBSITE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
REVIEW OF FORM 990		The independent auditing firm engaged to conduct an annual audit of the financial statements and position of the The Conservation Fund (TCF) is engaged to assist in the preparation of the Form 990. The Chief Financial Officer and his staff directly participate in the preparation of the form, drafting responses to questions and reviewing the Form 990 in draft. Counsel reviews the full draft report. Subsequent to the review and revision process, the Form 990 is finalized and filed with the IRS. Copies of the form are provided to the Board during the subsequent Board meeting and then made available for public inspection.
COMPENSATION POLICIES	PART IV, SECTION B, LINE 15	TCF uses an outside third party compensation study to evaluate compensation levels for its President and key officials TCF's governance committee approves compensation amounts for the President and key officials
ENFORCEMENT OF CONFLICT OF INTEREST	PART VI, SECTION B, QUESTION 12C	Conflict policy copies are provided to each Director and Officer at a regular Board meeting each year, typically at the first meeting of the year. Each such person must sign to indicate he/she has read the policy and understands his/her duties under it

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DLN: 93493159010030

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R

(Form 990)

Department of the Treasury

Internal Revenue Service

Part I

62-1586798

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Name of the organization THE CONSERVATION FUND A NONPROFIT CORPORATION

Employer identification number

52-1388917

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

Primary activity

(c) Legal domicile (state or foreign country)

Total income

End-of-year assets

(f) Direct controlling entity

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
NATURAL CAPITAL INVESTMENT FUND					
1655 N FORT MYER DR SUITE 1300	CDFI	MD	501c3	11	NA
ARLINGTON, VA 222093199 54-2058754 SUSTAINABLE CONSERVATION INC					
1655 N FORT MYER DRIVE SUITE 1300	CONSERVATION	MD	501c3	11	NA
ARLINGTON, VA 22209					

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990,	, Part IV,	, line 34
	because it had one or more related organizations treated as a partnership during the tax year.)		

(a) Name, address, and EIN of related organization **(b)** Primary activity (c)
Legal
domicile
(state or
foreign
country)

(d) Direct controlling entity (e)
Predominant income
(related, unrelated,
excluded from tax
under sections 512514)

(f) Share of total income (g) Share of end-of-year assets (h)
Disproprtionate
allocations?

(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (j) General or managing partner?

Yes No

Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e)
Type of entity
(C corp, S corp,
or trust)

(f) Share of total income

(g) Share of end-of-year assets (h) Percentage ownership

(2)

(3)

(4)

(5)

(6)

CHE	edule K (LOTH 990) 2009		٢	age .
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 3	5, or 36.)		
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
1 D	Ouring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	,
c	Gift, grant, or capital contribution from other organization(s)	1c		N
d	Loans or loan guarantees to or for other organization(s)	1d		N ₁
е	Loans or loan guarantees by other organization(s)	1e		N
f	Sale of assets to other organization(s)	1f		N ₁
g	Purchase of assets from other organization(s)	1 g		N
h	Exchange of assets	1h		N ₁
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j	Lease of facilities, equipment, or other assets from other organization(s)	1 <u>j</u>		N
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		N ₁
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m	n Sharing of facilities, equipment, mailing lists, or other assets	1m	1	N ₁
n	Sharing of paid employees	1n	Yes	
0	Reimbursement paid to other organization for expenses	10		N
p	Reimbursement paid by other organization for expenses	1р	Yes	
q	O ther transfer of cash or property to other organization(s)	1 q		N
r	O ther transfer of cash or property from other organization(s)	1r		N
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and trans	saction thresholds		
	(b) Transa	ction	(c)	
	Name of other organization type(a	Δmoun	it involv	/ed
1) N	NATURAL CAPITAL INVESTMENT FUND	š.	4	105,00
1) S	See Additional Data Table			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)**Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

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DLN: 93493159010030

OMB No 1545-0172

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service	•	See separate instruction	s. 🕨 Attach	to your tax retur	n.		Sequence No 67
Name(s) shown on return THE CONSERVATION F CORPORATION		FIT	activity to which	this form relates		ent if ying	number
	To Expense (Certain Property Un		179	32	-13009	17
	-	sted property, comple			ete Part I.		
•		for a higher limit for cer				1	\$ 125,000
2 Total cost of section	179 property plac	ced in service (see instru	ictions) .			2	
3 Threshold cost of sec	tion 179 property	before reduction in limit	ation (see instr	uctions) .		3	\$ 500,000
		from line 2 If zero or les	•			4	, ,
		line 4 from line 1 If zero	•	· · · · · · · · · · · · · · · · · · ·			
separately, see instru	·	mie i nom mie i i izero	or ress, erreer	J II Mamica iiii	'9	. 5	
Separatery, see mistre				<u> </u>	<u> </u>	. _	
6 (a)	Description of pr	operty	• •	(business use only)	(c) Electe	d cost	
6							1
7 Listed property Enter	r the amount from	line 29		. 7			
8 Total elected cost of	section 179 prop	erty Add amounts in col	umn (c), lines 6	and 7		8	
9 Tentative deduction	Enter the smaller	of line 5 or line 8 .				. 9	
10 Carryover of disallowe	ed deduction from	ı lıne 13 of vour 2008 Fo	rm 4562 .			. 10	
11 Business income limitation		·		ee instructions)		11	
12 Section 179 expense						12	
13 Carryover of disallowe		•		. > 13		1	
<u> </u>		<u> </u>					
Note: Do not use Part Part II Special D		Allowance and Othe			·luda listad	nronerty	() (See instructions)
14 Special depreciation a							(See mistractions)
tax year (see instruct		mod property (other than	, moteur property	, pracea cerri	o daning in	Ö 14	
15 Property subject to se	ection 168(f)(1) e	election				15	
16 Other depreciation (in	.,,,					. 16	143,118
		Do not include listed i	property.) (Se	e instructions.)		
			ction A				
17 MACRS deductions fo	r assets placed i	n service in tax years be	gınnıng before 2	009		17	
18 If you are electing	to group any a	ssets placed in servic	e during the ta	ax year into or	ne or more	;	
general asset acco			_		▶□		
Section B—Ass	sets Placed in	Service During 200	08 Tax Year	Using the Ge	neral De	precia	tion System
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Met	hod	(g)Depreciation deduction
19a 3-year property		,					
b 5-year property							
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property			25 yrs		S/L		
h Residential rental			27 5 yrs	ММ	S/L		
property			27 5 yrs	ММ	S/L		
i Nonresidential real			39 yrs	MM	S/L		
property			<u> </u>	MM	S/L		
20a Class life	on C—Assets Plac	ced in Service During 200 ^e	י iax tear Using	g the Alternative	S/L	on Syste	:m
	\dashv		12 yrs		S/L		
b 12-year c 40-year			12 yrs 40 yrs	MM	S/L S/L	+	
	ry (see instruc	tions)	1 -0 XIS	1 1919] 3/L		
21 Listed property Enter		•				21	
22 Total. Add amounts fr	om line 12, lines				1 Enterher		143,118
23 For assets shown abo	ve and placed in	service during the curren	•			-	

Form 4562 (2009) Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreci	ation ar	nd Other I	nforma	tion (C	aution	: See	the i	nstruc	tions fo	r limi	ts fo	or pa	ssenge	er au	tomol	iles.)
24a Do you have evidence	to support t	he business/inv	estment ι	use claimed	d? ┌Yes	Гпо		24	lb If "Ye	s," is th	e ev i	dence	written?	Гүе	sГn	D
(a) Type of property (list vehicles first)	(b) te placed in service	(c) Business/ investment use percentage	(d Cost o ba	rother	(busines	(e) deprecia s/investr e only)		(f) Recovery period	(g Meth Conve	od/	Г	(h Depreci deduc	ation/		(i) Elected section 179 cost	
25Special depreciation allowar 50% in a qualified busines:	· ·		erty placed	ın service (during the	tax year	and u	ısed mor	e than	25						
·	•		h						ı	25						
26 Property used more th	1an 50% I	n a quanned %	business	suse										1		
		%														
		%														
27 Property used 50% o	r less ın a		iness us	е					I- ··					_		
		%							S/L - S/L -					4		
		%							S/L -					1		
28 Add amounts in colu	mn (h), lın	es 25 throug	ıh 27 En	ter here a	and on lu	ne 21.	page	1 .		28						
29 Add amounts in colu		_				-							29			
25 Aud amounts in cord	(1), 1111			—Infor		on U	se c	of Veh	icles							
Complete this section fo		used by a so	ole propri	etor, part	tner, or o	ther "n	nore 1	than 5%	owner							
If you provided vehicles to you	ır employee	s, first answer t	he questio			1		n except		npleting T		_				
30 Total business/inves	tment mil	es drıven du	rıng the		a) cle 1	(I Vehi	b)	1 1/2	(c) hicle 3		(d)	•	(e Vehic	•		
year (do not include	commutın	g miles) .		Veili	CIE I	Veili	Cie Z	V 6	illicie 3	─	/ ehicle 4		venic	ie 5	ven	ıcle 6
31 Total commuting mile	es driven	during the ve	ar .													
32 Total other personal						1										
•	•					-										
33 Total miles driven du through 32			s 30 • •		1											
34 Was the vehicle avai	lable for p	ersonal use		Yes	No	Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No
during off-duty hours	?.															
35 Was the vehicle used owner or related pers		by a more ti	nan 5%													
36 Is another vehicle av		r personal us	e? .													
Section	C-Oue:	stions for	Emplo	vers W	ho Pro	vide \	/ehi	cles f	or Use	bv 1	Γhe	ir En	volan	ees	1	
Answer these questions 5% owners or related pe	to determ	ine if you me	et an exc												not mo	re thar
37 Do you maintain a wr employees?	itten polic	y statement	that prof	nibits all	personal	use of	vehi	cles, in	luding	commi	utıng •	ј, by у •	our	Y	es	No
38 Do you maintain a wr employees? See the		•		•												
39 Do you treat all use o	ofvehicles	by employe	es as pei	rsonal us	e? .											
40 Do you provide more vehicles, and retain t				oyees, ol	btaın ınfo	rmatio •	n froi	m your	employe	es ab	out t	he us	e of the			
41 Do you meet the requ				automobi	le demor	nstratio	n us	e? (See	ınstruc	tions)						
Note: If your answer	to 37, 38	, 39, 40, or 4	l 1 is "Ye:	s," do no	t comple	te Sect	ion E	3 for the	covere	d vehi	cles					
Part VI Amortiza	tion														· ·	
		(b)		(0	٠,١			(d)		(e)				(f)		
(a)		Date	_	A mort				Code	ı	rtızat			A mor		n for	
Description of cost	ts	amortizatio begins	n	amo	unt		se	ection		riod o centa			th	ıs yea	ar	
42 A mortization of costs	s that bea		ur 2009	tax vear	(see ins	truction	ns)				- 1					
			1	, , , , , , , , , , , , , , , , , , , ,	,_ ,_ ,,,,,		/		$\overline{}$							
43 A mortization of costs	s that hea	an before voi	ur 2009 t	tax vear							3					
44 Total. Add amounts i	_				ere to re	port			- "	-	4					
		. ,					-	-			-					