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Form **9**C

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection A For the 2012 calendar year, or tax year beginning and ending D Employer identification number Check if C Name of organization Address change TRUST FOR CONSERVATION INNOVATION Name change 91-2166435 Doing Business As Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (415)421-3774 342 Termin-150 Post Street Amended 7,269,211. G Gross receipts \$ City, town, or post office, state, and ZIP code Applica-San Francisco, CA 94108 H(a) is this a group return pending F Name and address of principal officer Laura Deaton Yes X No for affiliates? same as C above H(b) Are all affiliates included? JYes 〔 Tax-exempt status X 501(c)(3) 」501(c) () (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ▶ www.trustforconservationinnovation.org **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association L Year of formation: 2001 M State of legal domicile: CA Summary Briefly describe the organization's mission or most significant activities TCI fiscally sponsors SCANNED JAN 0 I 2014 Activities & Governance initiatives that conserve and protect a sustainable environment. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 20 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 3,899,889. 6,391,517. Contributions and grants (Part VIII, line 1h) 386,349. 394,021. Program service revenue (Part VIII, line 2g) 3,353. 1,086 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 70,631 53,501. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,357,955. 6,842,392. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,903,366. 859,954. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) $1,079,\overline{277}$ 1,166,556. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 137,110. b Total fundraising expenses (Part IX, column (D), line 25) 2,843,041. 3,317,392. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,825,684. 5,343,902. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -1,467,729. 1,498,490. Revenue less expenses Subtract line 18 from line 12 5 **Beginning of Current Year** End of Year SOSC 2,293,806. 3,896,899. 20 Total assets (Part X, line 16) 425,455. 531,720. Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from the 200 2 7 2013 1,868,351. 3,365,179. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Jaura Signature of office Sign Executive Director Laura Here Type or print name and title PTIN Print/Type preparer's name Preparer s signature **№01228587** Hydeh Ghaffari Paid Firm's name Ghaffari Accountancy 80-0842045 Preparer Firm's EIN I Use Only 1330 Broadway, Suite 430 Oakland, CA 94612 Phone no. 510-834-6542X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2012

			Yes	
_	1- the appearance of the discount of CO4(2)(0) as 40.47(2)(4) (-the other assumption for order (-1)(0)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A	1		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	l]	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	.		
Ü	Schedule D, Part III	8		х
		•		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			₹.
	If "Yes," complete Schedule D, Part IV	9	_	<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	L
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X
_		11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_ <u>x</u> _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		.,	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	40		Х
10		18		- <u>~</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	لـــــا	
		Form	990 ((2012)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	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	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			v
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Α.
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).		i	х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000		Х
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c 29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
J_	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		,	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		_	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	89		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10	X	<u> </u>
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			ļ
	filed for the calendar year ending with or within the year covered by this return	20	l	ì
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	—
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ł	1	۱
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u> </u>	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	<u> </u>	₩
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			٠,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
	If "Yes," enter the name of the foreign country: ▶	_		ł
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		_v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	1	┝≏
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	-	├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	٦		x
	any contributions that were not tax deductible as charitable contributions?	6a		┝
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6b		
_	were not tax deductible?	- 60		\vdash
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay	or? 7a		x
a	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	 	<u> </u>	
C	to file Form 8282?	7c		x
А	If "Yes," indicate the number of Forms 8282 filed during the year	'		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/	A
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-		N/	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	1	İ	İ
9	Sponsoring organizations maintaining donor advised funds.		1	
а	Did the organization make any taxable distributions under section 4966? N/A	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter.			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter.	ľ		
а	Gross income from members or shareholders . N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	_	1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	\dashv		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		\vdash
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	₩	\vdash
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
_	organization is licensed to issue qualified health plans 13b	\dashv		[
C	Enter the amount of reserves on hand Did the executation receive any neuments for indeer tanging services during the tax year?	14a	+	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	LI44a		41

b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 6			
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		<u>X</u>
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	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			37
	more members of the governing body?	7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			v
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	8a	Х	X
	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		x
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10-	Did the expenses have local chapters, branches, or offiliator?	10a	162	X
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	· · · ·		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?	İ		
а	The organization's CEO, Executive Director, or top management official	15a	Х	L
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, 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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		1	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	ľ		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website	a 2	: _ •	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	u tinai	ıcıaí	
00	statements available to the public during the tax year.	tion: Þ		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza Laura Deaton - (415)421-3774	uon: 🏓		
	150 Post Street, Suite 342, San Francisco, CA 94108			

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TRUST FOR CONSERVATION INNOVATION

91-2166435

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

Check this box if neither the organization r	or any related	ed organization compensati						sated any current officer, director, or trustee.				
(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one				one	Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both ar officer and a director/trustee)		h an	compensation	compensation	amount of				
	week				I	,,,,,,,,,		from	from related	other		
	(list any	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the		
	related	900	tee			satec		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization		
	organizations	Taste	l trus		ee Jee	mpen		(** 27 1000 111100)		and related		
	below	ga i	rtrona	_	e e	st co	ᇣ			organizations		
	(list any hours for related organizations below line)	N pu	Institutional trustee	Officer	Key employee	Highest compensated employee	Form(•		
(1) Alexis Krivkovich	1.50]										
Board Chair		X		Х				0.	0.	0.		
(2) Elena Schmid	1.50							_		_		
Treasurer		Х		Х				0.	0.	0.		
(3) Melissa B. Clack	1.50					,		_		_		
Secretary		Х		X	_			0.	0.	0.		
(4) Rachel Wagner	1.00				1		l					
Director		X				lacksquare	L_	0.	0.	0.		
(5) John Claussen	1.00									•		
Director		Х						0.	0.	0.		
(6) Heather King	1.00											
Director	0000	Х						0.	0.	0.		
(7) Robin Nakao	28.00]				106 634		15 255		
Executive Director	40.00	<u> </u>	<u> </u>	Х		├		126,634.	0.	15,375.		
(8) Michael Dimock	40.00					١.,		145 000		12 122		
President, Roots of Change Project	40.00		-			X	<u> </u>	145,000.	0.	13,433.		
(9) Kurt Shickman	40.00	ł	1			x		110,000.	0.	10,849.		
Project Director, GCCA	ļ			_	┢	^	_	110,000.	0.	10,049.		
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rendered to the organization? If "Yes," complete Schedule J for such person

X

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. Report compensation for the calendar year ending with or within the organization's tax year

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Paul Holthus	World Ocean Council	
3035 Hibuscus Drive, Honolulu, HI 96815	Project Management	137,700.
WESPO Inc.dba: CA Environmental Assoc.		
423 Washington St., San Francisco, CA 94111	CSP/CCIF/GCCA Pg Mng	135,148.
Kevin Starr, 2435 Polk Street, Suite 21,	RAFP Project	
San Francisco, CA 94109	Management	105,600
	,	
]	

Total number of independent contractors (including but not limited to those listed above) who received more than 3 \$100,000 of compensation from the organization

Form 990 (2012) TRUST F
Part VIII Statement of Revenue

		Check if Schedule O cont	tains a response	to any question				
				· · ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
t s	1 a	a Federated campaigns	1a		Ì			
ir a		b Membership dues	1b]			
S, E		c Fundraising events	1c		1			
a ii		d Related organizations	1d		1			ì
S.E		e Government grants (contribut	————	855,227.	1			
ig is	f	f All other contributions, gifts, gran			1			
E E		similar amounts not included abo	ve 1f 5,	536,290.				
들임	ç	g Noncash contributions included in lines		41,424.	1			
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	h Total. Add lines 1a-1f	-	<u> </u>	6,391,517.			<u> </u>
			-	Business Code		055 004		
ice	2 a	a Membership/Conf	erences	900099	277,031.	277,031.		
P &	t	b Fees for Service	ces	541900	115,990.	115,990.		_
n S	C	c <u>Honoraria</u>		900099	1,000.	1,000.		
Program Service Revenue	C	d						
, jo	€	e				_		
۱ ۵	f	f All other program service reve	enue	<u> </u>	204 021			
\rightarrow		g Total. Add lines 2a-2f			394,021.			
	3	Investment income (including	ı dıvıdends, inter	est, and	0 504			0 504
		other similar amounts)			9,584.			9,584.
	4	Income from investment of ta	x-exempt bond p	proceeds				
	5	Royalties		<u> </u>		1		
		_	(i) Real	(ii) Personal	-			
	6 a				-			
	t	b Less: rental expenses			1			
	(c Rental income or (loss)						1
		d Net rental income or (loss)		<u> </u>				
	7 8	a Gross amount from sales of	(i) Securities	(II) Other	-			
		assets other than inventory	420,588.		1			
	t	b Less. cost or other basis	426 910	İ				
		and sales expenses	426,819.		4			
1		c Gain or (loss)	-6,231.	<u> </u>	6 221			-6,231.
		d Net gain or (loss)			-6,231.		 -	-0,231.
e e	8 8	a Gross income from fundraising	-					
Ž.		including \$	of					
Other Revenue		contributions reported on line						
Jer		Part IV, line 18	a .		4			
ᅙ		b Less. direct expenses	b		-			
		c Net income or (loss) from fundaa Gross income from gaming an	_					+
	9 8	a Gross income from gaming at Part IV, line 19						
		b Less. direct expenses	a b		1			
		c Net income or (loss) from gar	_		-			1
		a Gross sales of inventory, less						+
		and allowances	a					
		b Less: cost of goods sold	b		1			
		c Net income or (loss) from sale			†			
		Miscellaneous Reveni		Business Code				
	11 :	a Rental Income			49,047.			49,047.
		b Misc. Reimburse	ement		4,413.	4,413.		1
		Gain-Exchange			41.	41.		1
		d All other revenue	-					1
		e Total. Add lines 11a-11d			53,501.			1
_	12	Total revenue. See instructions.			6,842,392.	398,475.	0	. 52,400.
23200 12-10	9 -12							Form 990 (2012)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) X Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (C) Management and general expenses Do not include amounts reported on lines 6b, Program service expenses Fundraising expenses 7b, 8b, 9b, and 10b of Part VIII Grants and other assistance to governments and 274,850 274,850. organizations in the United States, See Part IV, line 21 2 Grants and other assistance to individuals in 57,500. 57,500. the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the 527,604 527,604 United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 142,009 142,009 trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 141,495 64,829. 841,727. 635,403. Other salaries and wages Pension plan accruals and contributions (include 18,955. 13,691 4,245. 1,019. section 401(k) and 403(b) employer contributions) 84,839. 6,612. 58,923. 19,304. 9 Other employee benefits 79,026. 53,026. 20,906. 5,094. Payroll taxes 10 Fees for services (non-employees). a Management 9.104 39,417. 30,313. Legal 34,881. 34,881. Accounting Lobbying d Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 2,097,634. 40,405. 2,140,506. 2,467. column (A) amount, list line 11g expenses on Sch O.) 103,622. 94,970. 8,652. 12 Advertising and promotion 246,994. 230,491. 16,317. <u> 186.</u> Office expenses 13 12,691. 78,391. 65,700. 14 Information technology Royalties 15 141,603. 113,456. 28,147 16 Occupancy 363,185 351,932 186. 11,067. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 85,427. 3,627 7,508. 96,562. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 17,718. 11,275. 6,443 Depreciation, depletion, and amortization 22 15,207. 14.817. <u>390.</u> 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 13,310. 14,473. Misc. Fees 1,163. Subscriptions 10,956. 7,728. 3,228. 4,213. 3,287 926. c Prof. Development 2,659. 2,659. Resource Materials 5,974. 7,005. 1,031. e All other expenses 492,848. 5,343,902. 4,713,944 137,110. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Pai	rt X	Balance Sheet				
	·	Check if Schedule O contains a response to any	question in this Part X		,	
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		-1-1-1	1	5 2 000
	2	Savings and temporary cash investments		217,440.	2	73,920.
	3	Pledges and grants receivable, net		355,415.	3	842,500.
	4	Accounts receivable, net		18,951.	4	169,235.
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compensation			ı	
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
	ļ	employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
'n		employees' beneficiary organizations (see instr)	. Complete Part II of Sch L		6	. .
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use		20.060	8	4.05.000
	9	Prepaid expenses and deferred charges		32,863.	9	105,000.
	10a	Land, buildings, and equipment. cost or other				
		basis. Complete Part VI of Schedule D	10a 78,962.	20 500		06 533
	b	Less: accumulated depreciation	10b 52,429.	37,577.	_	26,533. 2,660,393.
	11	Investments - publicly traded securities	1,613,628.	11	2,660,393.	
	12	Investments - other securities. See Part IV, line	11	·	12	
	13	Investments - program-related. See Part IV, line	···-··	13		
	14	Intangible assets	45.000	14	10 210	
	15	Other assets. See Part IV, line 11	17,932.	15	19,318.	
	16	Total assets. Add lines 1 through 15 (must equ	2,293,806.	16	3,896,899.	
	17	Accounts payable and accrued expenses		305,416.	17	389,084.
	18	Grants payable		65,246.	18	14,066.
	19	Deferred revenue		54,793.	19	128,570.
	20	Tax-exempt bond liabilities	ļ		20	
es	21	Escrow or custodial account liability Complete			21	· · · · · · · · · · · · · · · · · · ·
Liabilities	22	Loans and other payables to current and forme				
jab		key employees, highest compensated employe	es, and disqualified persons.			
_	ŀ	Complete Part II of Schedule L	ļ		22	
	23	Secured mortgages and notes payable to unrel	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	· ·		24	
	25	Other liabilities (including federal income tax, pa				
	1	parties, and other liabilities not included on line	s 17-24). Complete Part X of			
		Schedule D	1	405 455	25	F21 700
	26	Total liabilities. Add lines 17 through 25		425,455.	26	531,720.
	ľ	Organizations that follow SFAS 117 (ASC 958				
Ses		complete lines 27 through 29, and lines 33 ar	nd 34.	373,780.		400 004
au	27	Unrestricted net assets			27	490,004. 2,875,175.
Bal	28	Temporarily restricted net assets	ŀ	1,494,571.	28	4,0/5,1/5.
п	29	Permanently restricted net assets			29	
ŕ		Organizations that do not follow SFAS 117 (A	ASC 958), check here			
S Of		and complete lines 30 through 34.				
set	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or e			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in	ncome, or other funds	1 060 251	32	2 265 170
_	33	Total net assets or fund balances		1,868,351. 2,293,806.	33	3,365,179.
	34	Total liabilities and net assets/fund balances		4,433,000.	34	3,896,899.

	1990 (2012) TRUST FOR CONSERVATION INNOVATION	91-21	66435	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	6,842		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,498		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,868		
5	Net unrealized gains (losses) on investments	5			62.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	-		
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		-		
	column (B))	10	3,365	5,1	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				oxdot
				Yes	No
1	Accounting method used to prepare the Form 990. L. Cash X Accrual Uther		- -	- 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	- 1 - 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			l
	separate basis, consolidated basis, or both:		-1 1	ł	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	e basis,		- 1	ļ
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1	- 1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	- 1 - 1	. l	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				İ
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		┰┃	
	Act and OMB Circular A-133?		3a	Х	
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		$_{\mathbf{x}}$	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		(0046)
			rorm :	33U (ZU12)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

TRUST FOR CONSERVATION INNOVATION

Employer identification number 91-2166435

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t) See ins	tructions			
he organ	zation is not a	a private foundation	because it is. (For lines 1	through	11, check	only one b	oox.)	*			
1 🗀			s, or association of chur).			
2 🔲			'0(b)(1)(A)(ii). (Attach Sc					•			
3 🔲			tal service organization		n section	170(b)(1)	(A)(iii).				
4 🗔	•	•	operated in conjunction					(b)(1)(A)(i	ii). Enter	the bosnital's n	ame
• —	city, and stat				P.1 4000			(~/(-/(· -/(·	.,		۵٥,
5 🔲	• .		benefit of a college or un	oweresty or	whed or or	perated by	, a govern	mental un	t describ	ned in	
у Ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)										
• 🗀											
6 	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 <u>X</u>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
. \square	-	b)(1)(A)(vi). (Comple	•								
8			ection 170(b)(1)(A)(vi).								
9 🗀	_	-	eives. (1) more than 33 1							=	
		•	nctions - subject to certa	=						=	
	income and u	unrelated business t	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anizatıon	after June 30,	1975.
	See section	509(a)(2). (Complete	Part III.)								
10 <u> </u>	An organizati	on organized and or	perated exclusively to te	st for publi	c safety. S	See sectio	n 509(a)(4	l).			
l1 🗀	An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes of o	ne or
	more publicly	supported organiza	ations described in section	on 509(a)(1	l) or section	on 509(a)(2	2). See se e	tion 509(a)(3). Ch	eck the box tha	et
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.					
	a Type !	ı ь 🗔 ту	/pe II c 🗔 Ty	/pe III - Fui	nctionally i	ntegrated	c	ı ∟ Тур	e III - No	n-functionally in	tegrated
е 🗀	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dıs	qualified	persons other t	than
	foundation m	anagers and other t	han one or more publicly	, supporte	d organiza	itions des	cribed in s	ection 50	9(a)(1) or	section 509(a)(2).
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting of	rganization, check th	nis box		_						
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing per	sons?		
Ū	=		lirectly controls, either al							Ye	s No
	· ·	-	upported organization?	J		•		•	,	11g(i)	
	•	• •	n described in (i) above?							11g(ii)	\top
			person described in (i) of		2					11g(iii)	+-
h			about the supported or							[119(117]	
h	1 Tovide the h	ollowing information	about the supported of	garlization	3).						
		T	1	(iv) Is the o	raanization	(v) Did voi	u notify the	(vi) ls	the		
• •	of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	in col. (i) lis			ion in col.	i organizatio	on in col.	(vii) Amount of r	
orga	anization		(2000),200 01, 11100 1 0	governing	•	_	r support?	(i) organız U.S	ed in the	support	
			(see instructions))	Yes	No	Yes	No	Yes	No		
				103	140			100	140		
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Part I Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,154,970.	7,611,103.	5,789,470.	3,899,889.	6,391,517.	26,846,949.
2	Tax revenues levied for the organ-	-					
	ızatıon's benefit and either paid to		1			ľ	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		İ	i			
	the organization without charge						
4	Total. Add lines 1 through 3	3,154,970.	7,611,103.	5,789,470.	3,899,889.	6,391,517.	26,846,949.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				ļ		
	supported organization) included						
	on line 1 that exceeds 2% of the		1		}		
	amount shown on line 11,						
	column (f)						13,968,062.
6	Public support. Subtract line 5 from line 4				_		12,878,887.
	ction B. Total Support	<u></u>					
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 4	3,154,970.	7,611,103.	5,789,470.	3,899,889.	6,391,517.	26,846,949.
8	Gross income from interest,						
Ü	·						i
	dividends, payments received on		1	1		i	
	securities loans, rents, royalties	84,694.	60,720.	51,631.	1,266.	9 584	207,895.
_	and income from similar sources	04,004.	_ 00,720.	31,031.	- 1,200.	7,304.	201,055.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain			i	İ		
	or loss from the sale of capital	7 407	16 114	04 546	70 621	F2 F01	217 205
	assets (Explain in Part IV.)	-7,487.	16,114.	84,546.	70,631.		217,305.
	Total support. Add lines 7 through 10						27,272,149.
	Gross receipts from related activities,	•	•		l		,373,613.
13	First five years. If the Form 990 is for		first, second, third	d, fourth, or fifth ta	x year as a sectioi	n 501(c)(3)	. \square
<u> </u>	organization, check this box and stor		roontogo		-		
_	ction C. Computation of Publ						47 22
14	Public support percentage for 2012 (•	olumn (f))		14	47.22 %
15						15	<u>4</u> 0.59 %
168	1 33 1/3% support test - 2012. If the c	_		line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
_	stop here. The organization qualifies		•				\triangleright X
t	9 33 1/3% support test - 2011. If the c	_			line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual		-				▶□
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h e	e re. Explain in Par	t IV how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	organization		▶∟
t	10% -facts-and-circumstances tes	t - 2011. If the orga	anızatıon dıd not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	eck this box and s	top here. Explain	in Part IV how the	·
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported orga	nization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instruction	s ▶
					0.1	dula A /Form 900	000 ET\ 0040

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				_		
3	Gross receipts from activities that				_		
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support	<u> </u>					
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
-	b Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975	. <u> </u>		.=			
11	C Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12)			L	<u> </u>	L	
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organiz	zation,
_	check this box and stop here						
	ction C. Computation of Publ						
	Public support percentage for 2012 (• •	-	column (f))		15	%
	Public support percentage from 2011					16	%
	ction D. Computation of Inve					T 1	
17	'	•		ne 13, column (f))		17	%
	Investment income percentage from					[18]	<u>%</u>
19	a 33 1/3% support tests - 2012. If the	-					17 is not
	more than 33 1/3%, check this box a b 33 1/3% support tests - 2011. If the	-		· · · · · · · · · · · · · · · · · · ·	•		▶
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anızatıon qualıfıes	as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	n di <u>d not check a</u>	box on line 14, 19	a, or 19b, check ti	his box and see in	structions	

Part IV Supplemental I	Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b;
	Also complete this part for any additional information. (See instructions).
Schedule A, Part	II, Line 10, Explanation for Other Income:
Gain/Loss from Cu	urrency Exchange
2008 Amount: \$	-8,212.
2009 Amount: \$	8,049.
2011 Amount: \$	658.
2012 Amount: \$	41.
Miscellaneous Rec	ceipts
2008 Amount: \$	725.
2009 Amount: \$	8,065.
2010 Amount: \$	5,323.
Rental Income	
2010 Amount: \$	43,060.
2011 Amount: \$	43,940.
2012 Amount: \$	49,047.
Various Reimburs	ements
2010 Amount: \$	21,163.
2011 Amount: \$	26,033.
2012 Amount: \$	4,413.
Insurance Recove	ry
2010 Amount: \$	15,000.

SCHEDULE C (Form 990 or 990-EZ)

•

Political Campaign and Lobbying Activities

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations. Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organiza	tions. Complete Part III.			
Nan	ne of organization			Emp	loyer identification number
	TRUST F	OR CONSERVATION	INNOVATION		91-2166435
Pa	art I-A Complete if the or	ganization is exempt und	ler section 501(c)	or is a section 527 of	organization.
2	Provide a description of the organia Political expenditures Volunteer hours	zation's direct and indirect politic	cal campaign activities	ın Part IV. ▶ ş	.
Pa	art I-B Complete if the ore	ganization is exempt und	ler section 501(c)	(3).	
	Enter the amount of any excise tax	•		> (8
	Enter the amount of any excise tax	•		_	
	If the organization incurred a section				Yes No
4a	Was a correction made?				Yes No
t	o If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt und	ler section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expende	d by the filing organization for se	ction 527 exempt fund	ction activities	S
2	Enter the amount of the filing organ	nization's funds contributed to ot	her organizations for s	ection 527	
	exempt function activities			▶ 9	S
3	Total exempt function expenditures	s. Add lines 1 and 2. Enter here a	and on Form 1120-POL	- ,	
	line 17b			▶ \$	<u> </u>
	Did the filing organization file Form				L Yes L No
5	Enter the names, addresses and en made payments. For each organization				
	contributions received that were pr				
	political action committee (PAC). If				ato oog.ogatoa fana of a
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(5)7 (33)	(0) 2.114	filing organization's	contributions received and
				funds. If none, enter -0	
		,			delivered to a separate political organization.
					If none, enter -0
				1	
			_	-	
				<u> </u>	
					1

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

Schedule C (Form 990 or 990-EZ) 2012 Fart II-A Complete if the org	anization is exe	ONSERVATION	INNOVATION n 501(c)(3) and fil	91-2 ed Form 5768	166435 Page 2
(election under sect		liated group (and list in	Doct IV each offiliated	group member's nam	o address EIN
• •	e of excess lobbying		Part IV each amhated	group member's nam	e, address, EIN,
		experiditures). nd "limited control" pro	vicione anniv		
Limit	s on Lobbying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ence public opinion (grass roots lobbying)	· · · · · · · · · · · · · · · · · · ·	2,608.	0.
b Total lobbying expenditures to influ				· · · · · · · · · · · · · · · · · · ·	0.
c Total lobbying expenditures (add lin	•	-, (,,		2,608.	0.
d Other exempt purpose expenditure	ŕ			5,341,294.	0.
e Total exempt purpose expenditures		d)		5,343,902.	0.
f Lobbying nontaxable amount. Ente	•		h columns.	417,195.	0.
If the amount on line 1e, column (a) or		bying nontaxable ame	Till and the second of the sec		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	,000 \$100,00	00 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,50	00,000 \$175,00	00 plus 10% of the exc	ess over \$1,000,000		
Over \$1,500,000 but not over \$17,6	000,000 \$225,00	00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			104,299.	0.
h Subtract line 1g from line 1a. If zero	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.	
j If there is an amount other than zer	o on either line 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	/ear?				Yes No
, ,	ations that made a s	eraging Period Under section 501(h) election se instructions for line	n do not have to comp		
	Lobbying Expe	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount		511,217.	441,284.	417,195.	1,369,696.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,054,544.
c Total lobbying expenditures		6,429.	1,124.	2,608.	10,161.

127,804.

29.

110,321.

0.

2,608. 2,637. Schedule C (Form 990 or 990-EZ) 2012

342,424.

513,636.

104,299.

d Grassroots nontaxable amounte Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2012 TRUST FOR CONSERVATION INNOVATION 91-216643 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(i)
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				
	local legislation, including any attempt to influence public opinion on a legislative matter	ĺ			
	or referendum, through the use of				
а	Volunteers?		_		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912			_	
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
_3	Did the organization agree to carry over lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members		1 (b) Fai		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal	<u> </u>		
_	expenses for which the section 527(f) tax was paid).		İ		
а	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par					
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-C,	art II-A (affili	ated group	list): Part II	·A. line 2.
	Part II-B, line 1. Also, complete this part for any additional information.	•		,,	. ,
_					
				_	

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2012
Open to Public Inspection

Name of the organization

TRUST FOR CONSERVATION INNOVATION

Employer identification number

91-2166435

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
-	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
•	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Par		ganization answered "Yes" to Form 990,	
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	[]	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included ın (a)	2c
d	Number of conservation easements included in (c) acquired	· ·	ture
	listed in the National Register	·	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year▶		•
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		•
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	_	
	and section 170(h)(4)(B)(II)?		Yes No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in further	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items.		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

Sche		OR CONSERV								Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Histe	orical Tr	easures, d	or Othe	r Simil	ar Asse	ts(continu	ied)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	t are a si	gnificant	use of its	collection	items
	(check all that apply).									
а	Public exhibition	C			hange progra	ams				
b	Scholarly research	•	, L c	ther						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	in how the	ey further t	he organızatı	on's exer	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations	of art, his	torical trea	sures, or oth	er similar	assets	_	_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" to I	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custod	an or other interme	diary for c	ontribution	s or other as	sets not	included	_	٦.,	—
	on Form 990, Part X?							L	」 Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ıble:						
									Amount	
	Beginning balance						1c		-	
	Additions during the year						1d			
e	Distributions during the year						1e			
1	Ending balance	000 D-+V l	040				1f	<u>-</u>	Yes	l Na
	Did the organization include an amount on F	•				D4 VIII		L	」 Yes	⊢ No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete						0			
rai	Endowment i unus. Complete				(c) Two year			ears back	(a) Four	ears back
4.	Conjunios of ware balance	(a) Current year	(D) F1	ior year	(C) TWO year	IS DACK	(a) Three y	Cars Dack	(e) rour	Cars back
	Beginning of year balance					-				
b	Contributions					\rightarrow				
ن س	Net investment earnings, gains, and losses	<u> </u>								
a	Grants or scholarships								-	
е	Other expenditures for facilities								ŀ	
	and programs					+				
	Administrative expenses					\rightarrow			 	
g	End of year balance Provide the estimated percentage of the cur	ront year and halan	ce (line 1c	column ()) bold as				<u>. </u>	
2 a	Board designated or quasi-endowment	rent year end balan	% %	i, coluitii ta	a)) Helu as.					
h	Permanent endowment	%								
	Temporarily restricted endowment	% 								
·	The percentages in lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posse		ration that	are held a	ınd administe	ered for th	ne organi	zation		
- Ou	by.	ocion or the organiz			ara dariminot	3,00,10, 11	io organi.	Lution	Ţ.	Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required	on Sched	ule R?					3b	
4	Describe in Part XIII the intended uses of the	•								
	t VI Land, Buildings, and Equipn									
	Description of property	(a) Cost or o	T		or other	(c) Ac	cumulate	ed	(d) Book	value
	,	basis (invest			(other)		preciation		• •	
1a	Land									
	Buildings									
С	Leasehold improvements									
d	Equipment			7	8,962.		52,4	29.	26	,533.
е	Other									
Tota	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Par	t X, colum	n (B), line 1	10(c))			>	26	,533.

Schedule D (Form 990) 2012

mpriam	TIOD	CONSERVATION	TATATOTZATITON
TRUCT	H.()K	CONSERVATION	INNOVATION

Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end	d-of-year market value
I) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				· · · · · · · · · · · · · · · · · · ·
(F)				
(G)				<u>.</u>
(H)				,
(I)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	5 000 D 17 F	10		····
Part VIII Investments - Program Related. See (a) Description of investment type	(b) Book value		valuation. Cost or en	d-of-year market value
	(b) BOOK Value	(c) Wet 10d of	valuation. Cost of end	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)			·····	
(7)	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
(8)				
(9)				
(10)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. See Form 990. Part X, line 1) F		 	
	oscription			(b) Book value
				(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Fact (2) (10)	15)			
Fotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, III				
(15)	ne 25	(b) Book value		
		(b) Book value	-	
(1) Federal income taxes			_	
(2)			-	
(3)			-	
(4)			-	
(5)			-	
(6)				
(7)			4	
(8)			\dashv	
(9)			-	
(10)			Ⅎ	
(11)			-1	
Total. (Column (b) must equal Form 990, Part X, col (B) line	251			

	edule D (Form 990) 2012 TRUST FOR CONSERVATION INNOV			2166435	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statement	s with Revenue per R	Т		720
1	`Total revenue, gains, and other support per audited financial statements		1	6,882,	730.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 ((2)			
а	F	2a -1,662.	- 1		
b	Donated services and use of facilities	2b 42,000.			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e	40,	338.
3	Subtract line 2e from line 1		3	6,842,	392.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	6,842,	392.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen	its With Expenses per	Retu		
1	Total expenses and losses per audited financial statements		1	5,385,	902.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a 42,000.			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е			2e	42,	000.
3	Subtract line 2e from line 1		3	5,343,	902.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	1	4a			
b		4b			
	Add lines 4a and 4b		4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	5,343,	
	rt XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, Ii			2b; Part V, line	4; Part
X, lın	ne 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pr	ovide any additional informati	on		
					
					
					·
	·				

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,

Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

TRU	JST FOR CONSERVATION INNOVATION	91-21	66435	
Pai	t I General Information on Activities Outside the United States. Complete if the orga	nızatıon answ	ered "Yes"	
	to Form 990, Part IV, line 14b.			
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or as		X Yes	☐ No
2	For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and United States.	other assistan	ce outside th	ıe
2	Activities not Pegies. (The following Part I. line 3 table can be duplicated if additional space is peeded.)			

			an be duplicated if additional space is		T
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
East Asia and the	_			Conservation Program	404 555
Pacific	C	9	Program Services	Expense	401,575.
Europe (Including				Conservation Program	
Iceland & Greenland)	0	1	Program Services	Expense	35,634.
				Conservation Program	
North America		2	Program Services	Expense	218,567.
HOLEH PARCITCA		<u>~</u>	Trogram bervios		220,007.
	ľ			Conservation Program	
South America	C	5	Program Services	Expense	189,026.
				Conservation Program	
South Asia	C	0	Program Services	Expense	8,123.
				Conservation Program	
Sub-Saharan Africa		7	Program Services	Expense	178,223.
East Asia and the					
Pacific		<u></u>	Grant to other		148,605.
North America			Grant to other		259,000.
3 a Sub-total	-	24			1,438,753.
b Total from continuation					0.
sheets to Part I c Totals (add lines 3a		1			1 0.
and 3b)		24			1,438,753.
	1	L	I .	<u> </u>	

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

Schedule F (Form 990) 2012

TRUST FOR CONSERVATION INNOVATION

91-2166435

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any Schedule F (Form 990) 2012

Partil

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

valuation (book, FMV, appraisal, other) (i) Method of (h) Description of non-cash assistance 0 0 0. 0 Ö ο. ٥. (g) Amount of non-cash assistance Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by cash disbursement 24,325. Wire transfer 10,164. Wire transfer 34,272, Wire transfer 19,432. Wire transfer 44,400. Wire transfer 259,000.Wire transfer 012. Wire transfer (f) Manner of of cash grant (e) Amount 16, ommunities to manage set up local research the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ecological baseline, romote sustainable throughout Palau to ational network of narine resources by ustainably manage and monitor their ommunities, NGOs (d) Purpose of artnerships for conservation and To empower local o strengthen a o empower local to support and rotection and protection and To promote and grant To promote and enefits from preservation, preservation, programs and upport the upport the ommunities rganized Bast Asia and the sast Asia and the dast Asia and the East Asia and the East Asia and the dast Asia and the (c) Region North America acific acific Pacific Pacific acific acific and EIN (if applicable) (b) IRS code section (a) Name of organization N

See Part V for Column (d) descriptions

Schedule F (Form 990) 2012

Enter total number of other organizations or entities

က

Page 3

Schedule F (Form 990) 2012 TRUST FOR CONSERVATION INNOVATION 91–2166435

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance (b) Region	(b) Region	(c) Number of (d) Amount of recipients cash grant	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
Pellowships	East Asia and the Pacific	8	15,000.	,000, Wire transfer	0.		
Pellowships	Middle East and North Africa	г	5,000,Check	Check	.0		
Pellowships	South America	2	10,000.Check	Check	0.		
Pellowships	South Asia	1	.000,2	5,000.Wire transfer	0.		
Pellowships	Sub-Saharan Africa	13	.000,28	85,000.Wire transfer & Check	.0		
						Schedu	Schedule F (Form 990) 2012

for Form 5713)

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

Schedule F, Part I, Line 2: The Trust of Conservation Innovation enters into conservation project agreements with individual Fellows and organizations located internationally. The agreements with Fellows and organizations document specific responsibilities/tasks related to their individual field projects and progress related to the goals and responsibilities is reported regularly. Project directors and the Executive Director of TCI verify that the progress on the goals have been achieved in compliance with the agreements prior to the payment of funds.

Part II, Column (d):

Region: East Asia and the Pacific

(d) Purpose of Grant: To empower local communities to manage and monitor their marine resources by combining elements of traditional resource management with modern science through awareness, skills building and improved dissemination of information.

Region: East Asia and the Pacific

(d) Purpose of Grant: To promote and support the preservation, protection and sustainable use of marine resources in Fiji by the owners of these marine resources through effective networking, and activities enabling capacity building, empowerment and shared learning of members and stakeholders.

Region: East Asia and the Pacific

(d) Purpose of Grant: To empower local communities throughout Palau to sustainably manage their natural resources through partnership building, awareness raising, and skill building.

Part V | Supplemental Information

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

Region: East Asia and the Pacific

(d) Purpose of Grant: To support and promote sustainable conservation
and benefits from community-managed marine resources in Indonesia,
through joint programs and the exchange of lessons learned between
members and partners of Indonesian LMMA Network.

Region: North America

(d) Purpose of Grant: Set up local research programs and partnerships
for ecological baseline, environmental monitoring and aquaculture
science; complete planning, permitting and staging for aquaculture site;
purchase and install offshore containment systems and equipment for
aquaculture operations; develop hatchery supply of post-larvae for
native species; train and compensate diver-operators from fishing
communities; test extensive feed systems; finance operating costs for
offshore shrimp farm pilot and associated research activities; finance
hatchery upgrades; short-term communications costs including public
relations services, web design and publishing and production of
documentary film.

Region: East Asia and the Pacific

(d) Purpose of Grant: To strengthen a national network of organized communities, NGOs, Local Government Unit and academe that would build and enhance capacities of the local resource managers in coastal resource management and adaptive management by providing enabling environment for the practitioners to share experiences, strategies, resources and information on locally-managed marine areas.

TRUST FOR CONSERVATION INNOVATION

91-2166435

Page 5

Schedule F (Form 990) 2012

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

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

Open to Public OMB No 1545-0047 Inspection

► Attach to Form 990.

ž [**Employer identification number** 91-2166435 X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete TRUST FOR CONSERVATION INNOVATION Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if additi	onal space is need	led.			
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							To support ECO-Action's
ECO-Action						-	program Atlanta Metro
250 Gerogia Ave NE, Suite 309							Food & Farm Network
Atlanta, GA 30312	58-1854834	501(c)(3)	20,000.	0			program to develop the
	į						ro build a substantial
Food Craft Institute							network of Food Craft
65 Webster Street							Institute partners and
Oakland, CA 94607	45-3741913	501(c)(3)	200,700.	0.		W	activate the extended
							Determine financing
Rio Grande Community							opportunities and needs
318 Isleta Boulevard, SW							of food entrepreneurs in
Albuquerque, NM 87105	85-0348445	501(c)(3)	42,500.	0			New Mexico; plan and
							To provide monetary
Sutter Medical Center				•			incentives in the form of
3325 Chanate Road							Fruit and Vegetable
Santa Rosa, CA 95404	94-6187756	501(c)(3)	2,000.	0.			Prescriptions for
			:				
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in the	e line 1 table				• 7

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

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

See Part IV for Column (h) descriptions

Schedule I (Form 990) (2012)

232101 12-18-12

Page 2

91-2166435

I (Form 990) (2012) TRUST FOR CONSERVATION INNOVATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed Schedule I (Form 990) (2012)

Part III Grants and Other

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Fellowships	4	20,000.	0.		
Assistance to develop and publish a book designed to make it easier for sustainable food entrepreneurs to access capital.	1	37,500.	•0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	de the informatio	n required in Part I,	line 2, Part III, colum	n (b), and any other additional inf	ormation.
1 2	Trust of C	onservatio	Conservation Innovation enters	on enters	
roject grant	yreements	with orga	agreements with organizations located	located in	
1y. Th	se agreem	agreements document	ent specific	ic	
	field pr	projects and	ogress	related to	
the goals and responsibilities is	ונגו	regula	Project	directors and	
that the progress on th		nave been	achieved i	in compliance	
with the agreements.					

Part IV | Supplemental Information

Name of Organization or Government: ECO-Action

(h) Purpose of Grant or Assistance: To support ECO-Action's program

Atlanta Metro Food & Farm Network program to develop the Atlanta Food

Commons, including a 10-county Atlanta region Food Commons as well as a smaller neighborhood scaled concept adaptation that is dubbed the "Fertile Crescent".

Name of Organization or Government: Food Craft Institute

Name of Organization or Government: Rio Grande Community

program-related expenses for the workshops.

(h) Purpose of Grant or Assistance: To build a substantial network of

Food Craft Institute partners and activate the extended network to

develop and teach FCI's core curriculum and instigate graduates to

successfully launch new food craft businesses.

(h) Purpose of Grant or Assistance: Determine financing opportunities

and needs of food entrepreneurs in New Mexico; plan and deliver

educational workshops, and provide travel, honoraria and other

Name of Organization or Government: Sutter Medical Center

(h) Purpose of Grant or Assistance: To provide monetary incentives in

the form of Fruit and Vegetable Prescriptions for purchase of fresh
healthy and locally grown fruits, nuts and vegetables from vendors at

Santa Rosa Certified Farmers market through collaboration with Sutter

Medical Center of Santa Rosa.

SÇHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2012

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

TRUST FOR CONSERVATION INNOVATION

Employer identification number 91-2166435

Part I **Questions Regarding Compensation** Yes No 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. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or 1b reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Written employment contract Compensation committee X Compensation survey or study Independent compensation consultant X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization. a Receive a severance payment or change-of-control payment? 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations 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: Х a The organization? 5a X 5b b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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. 6a a The organization? $\overline{\mathbf{x}}$ 6b b Any related organization? 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 X 7 not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported 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)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W·2 and/or		1099-MISC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denetits	(a)-(i)(a)	reported as deferred in prior Form 990
(1) Michael Dimock	9	145,000.	0	0	4,350.	9,083.	158,433.	0
President, Roots of Change Project	: <u>E</u>	0	0	0.	0	0.	0	0
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232112							Sched	Schedule J (Form 990) 2012

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

TRUST FOR CONSERVATION INNOVATION

Employer identification number 91-2166435

Par	ti Types of Property							
		(a)	(b)	(c)	(d)			
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of de			
		applicable		Form 990, Part VIII, line		ilioi i ai	Hourit	,
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	1	41,424	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
••	trust interests							
12	Securities - Miscellaneous	-	1					
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other • ()							
26	Other • ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organia	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29			0	
							Yes	No
30a	During the year, did the organization receive by	y contribution	on any property re	ported in Part I, lines 1-28	that it must hold for			
	at least three years from the date of the initial of	contribution	, and which is not	required to be used for e	xempt purposes for			r
	the entire holding period?					30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.					1		l
31	Does the organization have a gift acceptance					31		X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell nonc	ash			
	contributions?					32a		<u>X</u>
	If "Yes," describe in Part II.		_				j	
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) i	s checked,			
	describe in Part II					1		r

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

TRUST FOR CONSERVATION INNOVATION

Employer identification number 91-2166435

Form 990, Part VI, Section A, line 3: 1)Kevin Starr - Program management
for the Rainer Arnhold Fellowship Program
2)California Environmental Associates (CEA) - Program management for
Chemical Strategies Partnership
3)PT Mazars Bali - Program management for Conservation and Community
Investment Forum (CCIF)
4)Sasha Duerr Fossell - Program management for Permacouture
5)Chris Fagan - Program management for Upper Amazon Conservancy
6)Joshua Stern - Program managementfor Envaya
7)Anushka Ratnayake - Program management for MyAgro
8)Juliet Kirkham - Program management for Friends of the Mesa Refuge
9)Beau Perry - Program mgmt for Olazul
10)Paul Holthus - Program mgmt for World Ocean Council
11)Larry Yee - Program mgmt for Food Commons
12)Jennifer Lamson - Program mgmt for Cultivate Impact
13)Gwendolyn Tan - Program mgmt for Locally Managed Marine Area (LMMA)
Form 990, Part VI, Section A, line 8b: The organization does not have a
committee with authority to act on behalf of the governing body.
Form 990, Part VI, Section B, line 11: A draft of form 990 is reviewed by
management and the Audit Committee of the Board of Directors prior to
filing. The Committee meets with management and the tax preparer as
necessary to review the Form 990 and related schedules. If changes to the
Form are requested, a revised copy is reviewed by management and sent to
the Audit Committee. The Committee makes a recommendation to the full LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2012)

Field Operations:

Total expenses

Program service expenses

196,529.

4,530.

Management and general expenses

Λ

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization TRUST FOR CONSERVATION INNOVATION	Employer identification number 91-2166435
Program service expenses	97,495
Management and general expenses	0
Fundraising expenses	0
Total expenses	97,495
Facilitation & Meeting support:	
Program service expenses	12,732
Management and general expenses	0
Fundraising expenses	0
Total expenses	12,732
Research & Content Development:	
Program service expenses	272,358
Management and general expenses	0
Fundraising expenses	0
Total expenses	272,358
Property Management:	
Program service expenses	29,436
Management and general expenses	0
Fundraising expenses	1,690
Total expenses	31,126
Others:	
Program service expenses	4,868
Management and general expenses	250
Fundraising expenses	5,300
Total expenses	10,418
232212 01-04-13	Schedule O (Form 990 or 990-EZ) (20

	ne organizati	on			CONSE	RVATI	ON I	NNOVA'	TION			Employer identification number 91-2166435
 Total	Other									Col	A	2,140,506.
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Form 886	8 (Rev. 1-2013)					Page 2
If you	are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II and check this	s box		► X
•	ly complete Part II if you have already been granted an				8868.	
	are filing for an Automatic 3-Month Extension, comple					
Part II				al (no co	ppies need	led).
-				•	·	see instructions
Type or	Name of exempt organization or other filer, see instru	ictions	Enter mer s		-	n number (EIN) or
print	Name of exempt organization of other mer, see institu	action is		Litipioyei	Identificatio	Triumber (Env) or
	TRUST FOR CONSERVATION INNO	VATTO	N		91-21	66435
File by the due date for	Number, street, and room or suite no. If a P.O. box, s			Social so	curity number	
filing your	150 Post Street, No. 342	see manuc	tions.	Social Se	curity riuribe	51 (3314)
return See instructions		araiga ada	Irona ana inatrustiana		<u>.</u> .	
	City, town or post office, state, and ZIP code. For a f San Francisco, CA 94108	oreign add	iress, see instructions.			
	pan Francisco, ch 74100		-			
						01
Enter the	Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1
		Ι	I A			
Applicati · –	on	Return	Application			Return
Is For		Code	Is For			Code
	or Form 990-EZ	01				
Form 990		02	Form 1041-A			08
	O (individual)	03	Form 4720			09
Form 990	·	04	Form 5227			10
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	I-T (trust other than above)	06	Form 8870			12
STOP! D	o not complete Part II if you were not already grante	d an autor	natic 3-month extension on a prev	iously file	d Form 886	8.
	Laura Deaton		l. 040 = -		0	4400
	ooks are in the care of 150 Post Stree	t, Su		cisco	, CA 9	4108
Teleph	none No. ► (415)421-3774		FAX No. ▶			
If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box			▶ □
If this	is for a Group Return, enter the organization's four d <u>igit</u>	Group Exe	emption Number (GEN) I	f this is fo	r the whole g	roup, check this
box 🕨	. If it is for part of the group, check this box 🕨 🗀	and atta	ach a list with the names and EINs o	all memb	ers the exter	nsion is for.
	¬	Novem	ber 15, 2013			
5 For	calendar year 2012 , or other tax year beginning $_$, and endin	g		<u> </u>
6 If t	he tax year entered in line 5 is for less than 12 months, of	check reas	on. Initial return	Final r	eturn	_
	Change in accounting period					
7 Sta	ate in detail why you need the extension					
ac	ditional time is needed to	gathe	r sufficient infor	matio	n in o	rder to
Ŧ:	le a complete informational	retu	rn.			
8a Ift	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
	nrefundable credits. See instructions.		•	8a	\$	0.
	his application is for Form 990-PF, 990-T, 4720, or 6069	. enter anv	refundable credits and estimated			
	payments made Include any prior year overpayment a	-				
	eviously with Form 8868.			8b	\$	0.
	lance due. Subtract line 8b from line 8a. Include your p	avment wi	th this form, if required, by using			
	TPS (Electronic Federal Tax Payment System). See insti	-		8c	\$	0.
			st be completed for Part II		L	
Under ner	nalties of perjury, I declare that I have examined this form, inclu		•	•	f my knowledd	ie and belief.
it is true, o	correct, and complete, and that I am authorized to prepare this f	orm.	,g ++e and omtornor, und t	50010	,	,
Signature	► Title ►			Date	•	
J.g.144010	THE P			Date		