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# Form **990**

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2013 cale	endar year, or tax year beginning	January 1 ,	2013, and en	ding Dec	<u>ce</u> mber, 31	, 20 13	
В	Check if	applicable	C Name of organization Great Plain	s Conservation Foundation			D Emplo	oyer identification n	umber
	Address	change	Doing Business As Great Plains	Conservation Foundation				45-5494919	
$\overline{\Box}$	Name ch	•	Number and street (or P O box if m		ss) Room	/suite	E Teleph	none number	
$\overline{\Box}$	Initial ret	•	17104 242nd Ave SE					+14253920163	
$\exists$	Terminal		City or town, state or province, cou	ntry, and ZIP or foreign postal cod	e	<del></del>			
$\overline{\Box}$	Amende		Maple Valley, WA 98038 USA				G Gross	receipts \$	94963
$\exists$		ion pending	F Name and address of principal office	er <b>Dereck Joubert</b>		W/a) Is this		or subordinates? Yes	
_	Applicat	ion pending	Than are agained of principal cine	o Dereck Soubert				tes included? Tes	_
_	Tou our		501(c)(3) 501(c) (	) ◀ (insert no ) ☐ 4947(a	V4) 55			n a list (see instruction	
<del></del>	Website	mpt status		) ~ (Insert no ) 🔲 4947(a	)(1) or 527				5110,
7			w.greatplainsfoundation.com  Corporation Trust Associa	ation Other ►	1 Van affa			on number ►	
	art I	Summ		ation Other >	L Year of for	mation 201	12 M Sta	te of legal domicile	<u>De</u>
			. <b>'</b>						
	1		escribe the organization's miss	-					
Activities & Governance			ats and to support community d	evelopment in Africa. Its foc	us is to provi	de an emerg	ency fund	to support proac	tive
Ë			ained conservation work.						
ě	2		nis box ▶ ☐ if the organization			d of more th	an 25% c	of its net assets.	
යි	3	Number	of voting members of the gove	erning body (Part VI, line 1a	a)		. 3		3
•ජ ග	4	Number	of independent voting membe	rs of the governing body (F	Part VI, line 1	b)	4		1
ë. E:	5	Total nur	mber of individuals employed i	n calendar year 2013 (Part	V, line 2a)		5		0
	6	Total nur	mber of volunteers (estimate if	necessary)			. 6		10
Ą	7a	Total unr	elated business revenue from-	Part VIII, column (C), line 1	2		. 7a		. 0
	b	Net unre	lated business taxable income	from Form 990-T, line 34	<u>.</u> ]		. 7b	1	0
					S	Prior	Year	Current Y	ear
ø.	_8	Contribu	tions and grants (Part VIII, line		0	94963			
Revenue	9	Program	service revenue (Part VIII, line			0			
ě	10		ent income (Part VIII, column (A		(3)				0
Œ	11		venue (Part VIII, column (A), lin		( <del>4 e</del> )		•		0
	12		enue-add lines 8 through 14-(r					0	94963
	13		nd similar amounts paid (Part					0	0
-	14		paid to or for members (Part II	• • • • • • • • • • • • • • • • • • • •				0	
co.	15		other compensation, employee		lines 5–10)			0	
Expenses	16a		onal fundraising fees (Part IX, o		,			0	
ĕ	b		draising expenses (Part IX, co		•			1	<u>`</u>
Ä	17		penses (Part IX, column (A), lir	********				0	10895
	18		penses. Add lines 13-17 (must		 line 25)	<u> </u>		<u> </u>	10033
	19		eless expenses Subtract line		10 20)			0	84068
	+	Tievenue	less expenses oubtract line	io nom line 12	<u> </u>	Beginning of		<del>~                                     </del>	
Net Assets or	20	Total aca	sets (Part X, line 16)					<del></del>	
ASS Balles	21		pilities (Part X, line 26)					<del></del>	95,014.00
<b>E</b>	22		ets or fund balances. Subtract	line O1 from line OO				_	10,945.90
	art II		ture Block	inte 21 from fille 20		.1	-	01	84,068.10
					-64-14		- 41- 14-	fan dan ar	d balad at a
			ury, I declare that I have examined this lete Declaration of preparer (other that					i my knowledge ani	i beller, it is
		1 1	Physica Partie	······	<u>.                                 </u>	<del></del>	<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>	141.	
Sig	'n	Suga	nature of officer	<u> </u>			Date	114	
He				- NOTO TOO A	IN CE			•	
116	:1 <del>C</del>		AITLIN CARTER	-DIPECTOR A	012 2CC	KEING)	<del>/</del>		
_		1	e or print name and title /pe preparer's name	Propagaria acceptura		Data	ı	PTIN	
Pa	iid	Frilloly	the bighaigi 2 tiallig	Preparer's signature		Date	Check	<b>└</b> │	
Pr	epare	er		<u> </u>		<del></del>	self-e	mployed	
Us	se Onl		· · · · · · · · · · · · · · · · · · ·			F	Firm's EIN 🕨	·	
_			address >			F	Phone no		
Ma	y the II	15 discus	s this return with the preparer	snown above? (see instruc	ctions)		· · ·	□Ye	
E		wards Dades			_	4 NI- 4400C14		F	000 0010

917-20 20

	J0 (2013)	Page 2
Part		
	Check if Schedule O contains a response or note to any line in this Part III	<u>. L</u>
1	Briefly describe the organization's mission	. <del>.</del>
	To raise the awareness of the need to protect natural wildlife habitats and to provide sustainable community development in Africa is focused on (i) community outreach and education regarding conservation practices and (ii) wildlife rescue.	rica.
	This is received on the community currently and caucation regarding conscious practices and the analysis research	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	☑ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	7
	services?	∐ NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured.	red h
•	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$including grants of \$) (Revenue \$	)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	•••••••••••••••••••••••••••••••••••••••	
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	

**4e** Total program service expenses ▶

Part I	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<b>√</b>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>√</b>
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		<b>✓</b>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>✓</b>
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		<b>√</b>
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		<b>√</b>
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		<b>√</b>
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		<b>√</b>
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	5, 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			
	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		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
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 (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	<u></u>	1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\vdash$	7
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ė

Form 99	0 (2013)	_		Page 4
Part	V Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓ ✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		/
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>✓</b>	
			aar	1 (0040)

Form 99				Page C
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Chook in Contradic C Contains a response of frete to any line in all of act v	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u> </u>		L
_	reportable gaming (gambling) winnings to prize winners?	1c	<u> </u>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	]		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0	<del>-</del>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<del> </del>	ļ
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-		
3a 5	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	<del> </del>	1
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		-
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	}	ļ	
	account)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.		ĺ	1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		
-	gifts were not tax deductible?	6b	<del> </del>	
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		}	1
u	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<del> </del>	├ <u></u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.5	╁─╌	
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	ļ	<b>✓</b>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	1	1	l
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	-	ļ	_
•	organization, have excess business holdings at any time during the year?	8	<del>                                     </del>	<b>✓</b>
a	Did the organization make any taxable distributions under section 4966?	9a	<del> </del>	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	├-	7
10	Section 501(c)(7) organizations. Enter:	100	<del>                                     </del>	<del>  *                                   </del>
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		1
11	Section 501(c)(12) organizations. Enter:	1	}	1
а	Gross income from members or shareholders			ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		l
	against amounts due or received from them )	<b> </b>	ļ	ļ <u>.</u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	├	<b>/</b>
. b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b	-	1	l
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	├	1
a	Note. See the instructions for additional information the organization must report on Schedule O.	134	$\vdash$	<b>-</b>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans		1	-
С	Enter the amount of reserves on hand	1	1	1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
h	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an evaluation in Schedule O	14h		

7 01111 33			•	ugo e
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ıns	tructi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<del>-:</del>	✓
Section	on A. Governing Body and Management	ı		- N-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
	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 1			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	✓	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<b>✓</b>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		1
h	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		<u> </u>
b	stockholders, or persons other than the governing body?	7b		✓
٥	Did the organization contemporaneously document the meetings held or written actions undertaken during	- 5		-
8		· '		
	the year by the following:		<b>√</b>	
a	The governing body?	8a		
b	Each committee with authority to act on behalf of the governing body?	8b	<b>✓</b>	-
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			,
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		· •
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	Yes	l Na
			162	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			ļ <del></del>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	ŀ		
	describe in Schedule O how this was done	12c	✓	ļ
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14		<b>✓</b>
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<b>✓</b>
b	Other officers or key employees of the organization	15b		✓
	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	l		
	with a taxable entity during the year?	16a		<b>1</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	1		
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	•	•	•
17	List the states with which a copy of this Form 990 is required to be filed ▶ Deleware			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 501	(c)(3)	s only
.5	available for public inspection. Indicate how you made these available. Check all that apply.		,-/\ <b>~</b> /\	<b>,</b>
40	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the conflict of the conflict of interest of the conflict of the c	aract	nolio	v and
19	financial statements available to the public during the tax year.	<del>0</del> 31	Polic	γ, απι
00		of th	_	
20	State the name, physical address, and telephone number of the person who possesses the books and records			
	organization: ► Jacqueline Heber, No. 2 The Parke, 26 Fighth Avenue, Parktown North Johanneshurg, South Africa	.77 11	447	915

. .. ..

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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 noi	any relate	d org	aniz			omper	nsa	ted any curren	t officer, director	, or trustee
(A) Name and Title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Dereck Joubert	5	1						0	0	
(2) Caitlin Carter	5	1		1				0	0	
(3) Philip Carter	0	1						0	0	
(4) Jacqueline Usher	2			1				0		
(5)				Ť						
(6)							-			
(7)										
(8)										
(9)										
(10)										
(11)							-			
(12)						-				
(13)					-					
(14)										. ,

	(A) Name and title	(B) Average hours per week (list any	box, i	ot ch unles r and	s pe la d	ition more rson irecte	than out that the than the the than the the than the than the than the the than the the than the the than the	an tee)	(D)  Reportable compensation from	(E) Reportable compensation related		Estir amo	F) nated unt of her	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organızatıor (W-2/1099-M		fror organ and r	ensation in the inzation related izations	
(15)										_				
(16)													•	
(17)														
(18)						İ								
(19)								-						
(20)														
(21)								<u> </u>						
(22)														
(24)														
(25)												<del></del>		-
1b	Sub-total							<u> </u>	0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							<u> </u>	0		0			0
2	Total number of individuals (including but reportable compensation from the organi		d to th	ose	list	ted	abov	e) w	ho received m	ore than \$10	00,000	of		
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	ee,	key (	emp	ployee, or high	nest comper	nsated		Yes	No
	employee on line 1a? If "Yes," complete											3		1
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual									 zation or ind	 Nudual	4		✓
	for services rendered to the organization											5		1
	on B. Independent Contractors		1 1			l <b>A</b>			4b -4		- #100	000 -4	- · · · -	
1	Complete this table for your five highest compensation from the organization. Repyear													ax
	(A) Name and business add	Iress							(B) Description of s	services	(	( <b>C</b> ) Compens	ation	
		· · · ·												
								F						
								$\vdash$						
	Total number of independent contractor													

Part	VIII	Statement of Revenue		Davit VIII	71.	
	-	Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a  Membership dues 1b  Fundraising events 1c 94963  Related organizations 1d				
ntributions, 1 Other Sim	e f g	All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f \$				
a C	h	Total. Add lines 1a-1f	94963			
Program Service Revenue	2a b c d	Business Code				
ogra	f	All other program service revenue .				
<u> </u>	<u>g</u> 3	Total. Add lines 2a–2f ▶  Investment income (including dividends, interest, and other similar amounts) ▶	0	0	0	0
	4	Income from investment of tax-exempt bond proceeds	0	0	0	0
	5	Royalties	0	0	0	
	6a b c	Gross rents Less: rental expenses Rental income or (loss)				
	d 7a b	Net rental income or (loss)	0	0	0	
	c d	and sales expenses .  Gain or (loss)	0	0	0	
Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)				
Other Re	b	See Part IV, line 18 a  Less: direct expenses b				
J		Net income or (loss) from fundraising events . ▶  Gross income from gaming activities  See Part IV, line 19 a	0		0	
	ь	Less: direct expenses b				
		Net income or (loss) from gaming activities .  Gross sales of inventory, less returns and allowances a	0	0	0	
	b c	Less: cost of goods sold b  Net income or (loss) from sales of inventory ▶  Miscellaneous Revenue Business Code	0	0	0	00
	11a b					
	d	All other revenue	0	······································		
	12	Total revenue. See instructions	94963	0	0	

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any lin	ne in this Part IX .		🗆
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	0	0		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16.	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors,				
	trustees, and key employees	0	. 0	0	0
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) .	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	0	0	0	0
10	Payroll taxes	. 0	0	0	
11	Fees for services (non-employees):				
a	Management	0	0	0	0
þ	Legal	9683	0		0
C.	Accounting	0	0	0	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	0	0	0	0
g	(A) amount, list line 11g expenses on Schedule O.)				_
12	Advertising and promotion	0	0	0	. 0
13		0	0	0	0
14	Office expenses	0	0	0	0
15	Royalties	0	0		0
16	Occupancy	0	ا	. 0	0
17	Travel	0	0	0	0
18	Payments of travel or entertainment expenses		·		
	for any federal, state, or local public officials	ol	اه	0	l o
19	Conferences, conventions, and meetings .	0	0	0	0
20	Interest	0	0	0	0
21	Payments to affiliates	0	0	0	O
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	0	0	0	G
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Filing expenses	1113	0	0	0
b	Bank charges	99			
C	•••••				
d	All other avances				
e 25	All other expenses  Total functional expenses. Add lines 1 through 24e		·		
25 26	Joint costs. Complete this line only if the	10895	0	0	0
20	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
		L			l

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pai	1X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	0	1	95014
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
S		organizations (see instructions) Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	. 0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments – program-related. See Part IV, line 11		13	0
	14	Intangible assets	0		0
	15	Other assets See Part IV, line 11	0	_	0
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	0		95014
	17	Accounts payable and accrued expenses	0	_	10946
	18	Grants payable	<u> </u>	18	0
	19	Deferred revenue	. 0	_	0
	20	Tax-exempt bond liabilities	0		0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .	0	21	. 0
ies	22	Loans and other payables to current and former officers, directors,		·	
Ħ		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			
Liabilities	02		0	22	0
_	23 24	Secured mortgages and notes payable to unrelated third parties	0	-	. 0
	25	Other liabilities (including federal income tax, payables to related third	0	24	0
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0	25	
	26	Total liabilities. Add lines 17 through 25	0	26	10946
<u></u>		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and	<u> </u>		10340
ë		complete lines 27 through 29, and lines 33 and 34.	<u> </u>		
lan	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	
ī	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ✓ and			
ō	0.0	complete lines 30 through 34.		<u> </u>	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			
ASS	31	Paid-in or capital surplus, or land, building, or equipment fund			
et /	32	Retained earnings, endowment, accumulated income, or other funds .	0		84068
ž	33	Total net assets or fund balances	0		<b>A</b>
_	34	Total liabilities and net assets/fund balances	0	34	95014

Page <b>12</b>		Page	12
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Part	XI Reconciliation of Net Assets					ye iz
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1				94963
2	Total expenses (must equal Part IX, column (A), line 25)	2				10895
3	Revenue less expenses Subtract line 2 from line 1	3				84068
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				0
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10				84068
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					<del>LLI</del>
			_		Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
_	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· –	2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both	трпеа	or			
	Separate basis Consolidated basis Both consolidated and separate basis		-	<u> </u>		
b	Were the organization's financial statements audited by an independent accountant?		· L	2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	ea on	a			
	•		}			
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for organization.	woreic	ht -			<del> </del>
С	of the audit, review, or compilation of its financial statements and selection of an independent acco			2c		1
	If the organization changed either its oversight process or selection process during the tax year, e		<b>)</b>	20		<b>V</b>
	Schedule O.	лріціі і				1
32	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in -			
va	the Single Audit Act and OMB Circular A-133?			За		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	erao t		Ju		+*-
5	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such			3b		
				Form	, ggr	(2013)

# **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

Name	Name of the organization					E	Employer identification number				
	Plains Conservatio							45-5494919			
Par			rity Status (All orga						nstructio	ons.	
1 2											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:										
5	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 7	An organizatio	n that normally	nment or governmenta receives a substantia <b>(A)(vi).</b> (Complete Par	l part of					it or fron	n the general pub	olic
8			n section 170(b)(1)(A)								
9	receipts from support from acquired by th	activities related gross investme e organization a	receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	ions—sul ated bus ee <b>sectio</b>	bject to d siness tax n 509(a)(2	certain ex kable inc <b>2).</b> (Comp	ceptions ome (les olete Part	s, and (2) ss section : III.)	no more n 511 ta	than 331/3% of	its
	-	-	operated exclusively			-					
11	purposes of o	ne or more pub ck the box that o	nd operated exclusive elicly supported organ describes the type of	nizations supportin	described ng organiz	d in secti ation and	on 509(a d comple	i)(1) or se te lines 1	ection 50 1e throug	9(a)(2). See <b>secti</b> gh 11h.	ion
е		ndation manage	II c Type III that the organization ers and other than one	is not co	ntrolled d	irectly or	indirectly	y by one	or more		ons
f	If the organization, o		written determination	on from 1		hat it is	а Туре 	I, Type I	i, or Typ	e III supporting	
g	following person	ons?	he organization accer	•	_					F	
			ndirectly controls, eithody of the supported of					described 	d in (11) at 	11g(i) Yes N	<u> </u>
			on described in (i) abo					•		11g(iı)	
h	• •	•	a person described in on about the support							[11g(in)]	_
(i)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	ou notify sization in of your port?	organizat (i) organi	s the ion in col zed in the S?	(vii) Amount of mone support	tary
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
		1	I	1	1	I	I	1	1	l	

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Section	on A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	0	0	0	0	94693	94693
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					ı	
4	Total. Add lines 1 through 3	0	0	0	0	94693	94693
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support						<del></del>
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	0	0	0	0	94693	94693
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	o	0	0	0
11	Total support. Add lines 7 through 10						94693
12	Gross receipts from related activities, etc					12	94693
13	First five years. If the Form 990 is for the		's first, secon	d, third, fourth	, or fifth tax y	ear as a sectio	
	organization, check this box and stop he						. ▶ 🗸
<u>Secti</u>	on C. Computation of Public Suppo					<del>, ,</del>	
14	Public support percentage for 2013 (line					14	100 %
15	Public support percentage from 2012 Sc					15	%
16a	331/3% support test—2013. If the organi						
	box and stop here. The organization qua 331/3% support test—2012. If the organization						
b	check this box and <b>stop here.</b> The organ						
17a	17a 10%-facts-and-circumstances test —2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b 18	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Explain in Part IV how the organization in supported organization	ition meets the neets the "facts  id not check a	"facts-and-ci s-and-circums  box on line 13	ircumstances" stances" test. T  s, 16a, 16b, 17a	test, check the organization	his box and ston qualifies as	cop here. a publicly ▶ □
	instructions		<u>.</u>				· · 🟲 🔟

# 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.)

Secti	on A. Public Support			, p.oass st	,,,p.,,,,,,	····/	
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees	(a) 2009	(6) 2010	(6) 2011	(u) 2012	(e) 2013	(i) Total
•	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			<del></del>			
	unrelated trade or business under section 513						
4	Tax revenues levied for the						-
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3			•			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с 8	Add lines 7a and 7b						
0	line 6.)						
Secti	on B. Total Support				*		
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	(a) 2009	(b) 2010	(6) 2011	(u) 2012	(e) 2013	(i) i otai
10a	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part IV.)				_		
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	o organization	'o firet seeps	d thurd founds	or fifth tour us		- F01/-\/0\
• •	organization, check this box and stop he	re			· ·		
Secti	on C. Computation of Public Suppor			· · · · · · · · · · · · · · · · · · ·	· · · · ·		<u> </u>
15	Public support percentage for 2013 (line 8			3. column (fl)		15	%
16	Public support percentage from 2012 Sch					16	
Secti	on D. Computation of Investment In	come Perce	ntage		<u> </u>		70
17	Investment income percentage for 2013 (			y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2012	≧ Schedule A, I	Part III, line 17			18	%
19a	331/3% support tests-2013. If the organi	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39	6, and line
	17 is not more than 331/3%, check this box	and <b>stop here.</b>	The organization	on qualifies as a	a publicly supp	orted organizati	on 🕨 🗀
b	331/3% support tests - 2012. If the organiz	ation did not cl	heck a box on	line 14 or line 1	9a, and line 16	s is more than 3	31/3%, and
	line 18 is not more than 331/3%, check this t	box and <b>stop h</b>	<b>ere.</b> The organi	zation qualifies	as a publicly s	upported organ	ızatıon ▶ 🔲
20	Private foundation. If the organization di	d not check a	box on line 14.	19a, or 19b, o	heck this box	and see instru	ctions ► 🗍

Schedule A (Form 990 or 990-EZ) 2013 Page <b>4</b>				
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).			
************				

# **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

Employer identification number

<u>Great</u>	Plains Conservation Foundation						5494919
Par	Fundraising Activities.				vered "Yes" to F	orm 990, Part IV, I	ine 17.
	Form 990-EZ filers are r						
1	Indicate whether the organization	on raised funds t					
а	☐ Mail solicitations		е [		ion of non-govern		
b	☐ Internet and email solicitation	ons	f	Solicitat	on of government	grants	
С	☐ Phone solicitations		g [	Special 1	fundraising events	3	
d	✓ In-person solicitations		•	•	_		
2a	Did the organization have a wri	tten or oral agre	ement with	any indivi	dual (including off	icers, directors, trus	tees
	or key employees listed in Form						
b	If "Yes," list the ten highest pair compensated at least \$5,000 by	d individuals or e	entities (fun				
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
	· · ·	<del>- </del>	Yes	No	<del> </del>		····
1					1		
•							
2		-				•	
3	<u> </u>						
4	···					<del></del>	
-		<del> </del>					
5							
6							
7							
8							-
9							
10							
Total 3	List all states in which the orga			<b>&gt;</b>	alioit parteibuitie	o or has been notifi	ad it is exampt from
3	registration or licensing.	anization is regis	stered or iid	ensed to s	solicit contribution	is or has been houn	ed it is exempt from
Delaw	/are		••••				
		••••		·	•••••		
			••••	·			
		••••					
							· · · · · · · · · · · · · · · · · · ·
							•••••

Pa	rt II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater tha	ng event contributions	on answered "Yes" to and gross income on	Form 990, Part IV, line Form 990-EZ, lines 1 a	18, or reported more and 6b. List events with
-	<u>.</u>	groce (sooper ground in a	(a) Event #1  In-person Solicitatio (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	94963			
<u> </u>	2 3	Less: Contributions Gross income (line 1 minus line 2)	94963			
	4	Cash prizes	0			
	5	Noncash prizes	0			
enses	6	Rent/facility costs	0			
Direct Expenses	7	Food and beverages .	0			
Direc	8	Entertainment	0			
	9	Other direct expenses .	10895			
	10 11	Direct expense summary. Ac Net income summary. Subtra	act line 10 from line 3, c	olumn (d)		10895 84068
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		red "Yes" to Form 99	O, Part IV, line 19, or	reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- Bè	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .		□ <b>Vac</b> %	□ Ves %	
	6	Volunteer labor	☐ Yes% ☐ No	│	Yes%  No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in o	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from l	ine 1, column (d)		
g	a Is		perate gaming activities	s in each of these states		🗌 Yes 🗌 No
10		/ere any of the organization's o	gamıng licenses revoked	d, suspended or termina	ated during the tax year	? . 🗌 Yes 🗌 No

	ule G (Form 990 or 990-EZ) 2013		7	Page 3
11	Does the organization operate gaming activities with nonmembers?		] Yes [	_ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other ent formed to administer charitable gaming?	-	] Yes [	☐ No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	-		%
ь	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books at records:	nd		
	Name ▶			
	Address ►	•••••		
15a	Does the organization have a contract with a third party from whom the organization receives gamile revenue?		] Yes [	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	□ Director/officer □ Employee □ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds			_
	retain the state gaming license?		] Yes [	_ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations spent in the organization's own exempt activities during the tax year > \$	or		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to proadditional information (see instructions).	ii) and ovide	d (v), and any	d

# **SCHEDULE 0** (Form 990 or 990-EZ)

# 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.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number

Great Plains Conservation Foundation	45-5494919
PART VI - Section A, Line 2	
Dereck Joubert, Cartlin Carter, Jacqueline Usher: Business Relationship	
Cartlin Carter and Phillip Carter: Family Relationship	
PART VI - Section A, Line 9	
Dereck Jouber - 27 Bryanston Drive, Bryanston, Johannesburg, South Africa	
Jacqueline Usher - No 2 The Parks, 26 Eighth Avenue, Parktown North, Johannesburg, South Adrica	a
PART VI - Section B, Line 11b	
Review conducted jointly by officer Caitlin Carter and officer Jacqueline Usher in consultation with I	RS Manual and Form 990 (and related
schedules) instructions	
PART VI - Section B, Line 12c	
Please refer to Exhibit A	
PART VI - Section C, Line 19	
No documents available to the public.	
······	
	•

Schedule O (Form 990 or 990-EZ) (2013)	Page Z
Name of the organization	Employer identification number
······································	······
<u> </u>	

#### **EXHIBIT A**

#### **GREAT PLAINS CONSERVATION FOUNDATION**

#### **Conflict of Interest Procedures**

# Article I Purpose

The purpose of these conflict of interest procedures is to protect this tax-exempt foundation's (the "Foundation") interest when it is contemplating entering into a transaction or arrangement that might benefit the private interest of an officer, director or trustee of the Foundation. This policy is intended to supplement but not replace the governing documents of the Foundation and any state and federal laws governing conflict of interest applicable to nonprofit and charitable organizations, and any such state or federal laws, including but not limited to Sections 501(c)(3), 4941, 4943, 4944, 4945, and 4958 of the Internal Revenue Code, shall prevail

### Article II Definitions

#### 1. Interested Person

Any director, principal officer, trustee or member of a committee with governing board delegated powers who has a direct or indirect financial interest, as defined below, is an interested person

#### 2. Financial Interest

A person has a financial interest if the person has, directly or indirectly, through business, investment, or family.

- a. A significant ownership or investment interest in any entity with which the Foundation has a transaction or arrangement,
- **b.** A compensation arrangement with the Foundation or with any entity or individual with which the Foundation has a transaction or arrangement, or
- c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which the Foundation is negotiating a transaction or arrangement

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial

A financial interest is not necessarily a conflict of interest. Under Article III, Section 2, a person who has a financial interest may have a conflict of interest only if the appropriate governing board decides that a conflict of interest exists.

### Article III Procedures

#### 1. Duty to Disclose

In connection with any actual or possible conflict of interest, an Interested Person shall disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors considering the proposed transaction or arrangement

# 2. Determining Whether a Conflict of Interest Exists

After disclosure of the financial interest and all material facts, and after any discussion with the Interested Person, the Interested Person shall leave the directors' meeting while the determination of a conflict of interest is discussed and voted upon. The remaining directors shall decide if a conflict of interest exists

#### 3. Procedures for Addressing the Conflict of Interest

- a. An Interested Person may make a presentation with respect to a transaction or arrangement involving a conflict of interest at a meeting of the directors, but after the presentation, the Interested Person shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the conflict of interest
- b. The board of directors may, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement
- c. After exercising any appropriate due diligence, the directors shall determine whether the Foundation can approve the transaction or arrangement in a manner consistent with their fiduciary duty under state and federal laws
- d. If the directors can approve the transaction or arrangement in a manner consistent with fiduciary duties, they shall determine by vote whether the transaction or arrangement is in the Foundation's best interest, for its own benefit, and whether it is reasonable in the existing circumstances. In conformity with the above determination, the directors shall decide whether to enter into the transaction or arrangement.

# 4. Procedures for Addressing the Conflict of Interest

- a. Each new Interested Person shall review a copy of this policy and shall acknowledge in writing that he or she has done so
- b. Each Interested Person shall annually complete a disclosure form identifying any relationships, positions or circumstances in which he or she is involved that could contribute to a Conflict of Interest. Any such information shall be regarded as confidential and shall be made available only to the President, the Executive Director (if any), and the committee appointed to address Conflicts of Interest (if any) except to the extent additional disclosure is necessary to implement this policy and the procedures under it.
- c. This policy shall be reviewed annually by each member of the board of directors Any changes to the policy shall be communicated immediately to all Interested Persons