

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 private foundations)

▶ 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	or the	2013 Calendar year, or tax year beginning and	enaing		
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres change	Conservation Force, Inc.			
	Name change	Doing Business As		72-1	364493
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Termin ated	3240 S. I-10 Service Road West	200	(504	) 837-1233
	Amend return	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	770,546.
	Application	Metalile, LA /0001-0911		H(a) Is this a group re	eturn
	pendin	F Name and address of principal officer Christian B. Jacks	on	for subordinates	? ☐ Yes 🗶 No
		same as C above		H(b) Are all subordinates in	ncluded? Yes No
1	Tax-exe	mpt status X 501(c)(3)	or 527	If "No," attach a	list (see instructions)
J	Websit	e: ▶ www.conservationforce.org	_	H(c) Group exemptio	n number 🕨
K	orm of	organization: X Corporation	L Year	of formation: 1997	A State of legal domicile. LA
Pa	art I	Summary			
	1 1	Briefly describe the organization's mission or most significant activities Cons	ervati	on of wildl	ife and the
Activities & Governance		natural world through science based prog			
rna	-	Check this box   if the organization discontinued its operations or disposations.			
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		4	6
SS &	1	Fotal number of individuals employed in calendar year 2013 (Part V, line 2a)		5	2
ij	6	Total number of volunteers (estimate if necessary)		6	100
ŧ		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖	T .	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		1,199,405.	728,632.
Ž	1	Program service revenue (Part VIII, line 2g)		72,790.	0.
Revenue	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		461.	389.
ď	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		32,615.	41,525.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,305,271.	770,546.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		585,079.	276,260.
	1	Benefits paid to or for members (Part IX, column (A), line 4)	_,	0.	0.
G	1	Salaries, other compensation, employee benefits (Partil Column M), lines 5-10)		182,921.	181,627.
Expenses	16a	Professional fundraising fees (Part IX, column A), line 11e)	į	0.	0.
ber	h.		35.		<u> </u>
Ă	17	Other expenses (Part IX, column (A), lines 11a 130 11 11 22 2 5 2014	<u> </u>	297,375.	421,457.
	18	Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	21 ⊢	1,065,375.	879,344.
	1	Revenue less expenses Subtract line 18 from line 12	<sup>3</sup>	239,896.	<108,798.>
l co	19	revenue less expenses subtract line to normality and the second s	ء ا	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		11,564,264.	11,462,466.
ASS	21	Total liabilities (Part X, line 76)	<del>  -</del>	3,000.	10,000.
	22	Net assets or fund balances Subtract line 21 from line 20		11,561,264.	11,452,466.
P	art II	Signature Block	- 1	11,301,204.	11/432/4000
		Ities of perjury, I declare that I have examined this return, including accompanying schedule	ac and statem	ante and to the heet of m	v knowledge and helief it is
		t, and complete Deglaration of preparer (other than officer) is based on all information of w			i in the state of
9	, 001100	hus true ) action	mon propuro	31	H 2014
\$ig		Signature of officer		Date	21 0,01
Şıy Hei		Christian B. Jackson, Secretary & Tre	2011707		
ле	e	Type or print name and title	asurer	•	
			2/	Date Check	PTIN
Pair	d	Print/Type preparer's name  Katherine A. Hoffman	ther	10.31.11	
	u parer			T Self Simpley	72-0916213
	Only		т. р	Firm's EIN	14-0310413
USE	Only	Firm's address 4141 VETERANS BLVD, SUITE 313		Dhana na / E	04\005_0170
N4-		METAIRIE, LA 70002-5581		Phone no. ( 5	04)885-0170
		S discuss this return with the preparer shown above? (see instructions)	·	<del></del>	X Yes No Form <b>990</b> (2013)
3320	001 10-29	p-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	IONS.		roini <b>330</b> (2013)

			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	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	9		v
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		X
4	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			- 11
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
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			
	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		X
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_	<u> </u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
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	<u>X</u>	ļ
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			3,5
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		v
٨	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		X
u	Part X, line 16° If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	.,.		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_X_	
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	Х	<u> </u>
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		v	
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	<u>X</u>	
16	or for foreign individuals? 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,	16		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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		x
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2013) Conservation Force, Inc.

Part IV Checklist of Required Schedules (continued)

- 4	one of the dance of the dance (continued)			
			Yes	No_
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	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			7.7
	column (A), line 2º If "Yes," complete Schedule I, Parts I and III	_22_		_X_
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		<u>X</u> _
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_		<u>X</u>
	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		<u> </u>
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	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	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			_
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>x</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
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?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
OZ.	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
<b>5</b> 4	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
D	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?			
36	If "Yes," complete Schedule R, Part V, line 2	36		x
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		_ <u></u>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
38	Note. All Form 990 filers are required to complete Schedule O	38	x	
	140te. All 1 of 11 550 lilets die required to complete ochedule o			(2013)
		. 0111		( · · · · )

Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 8 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2 filed for the calendar year ending with or within the year covered by this return 2a Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **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. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit 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 were not tax deductible? 6b 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 payor? Х 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с Х d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a Did the organization make a distribution to a donor, donor advisor, or related person? h 9b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O 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 13b

Form **990** (2013)

14a

14b

 $\mathbf{x}^{-}$ 

c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

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

13c

Form 990 (2013) Conservation Force, Inc. 72-1364493 Page 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 or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			<del>,</del>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8			
	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	X	
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		X
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			
	more members of the governing body?	7a_		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	_X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	l	37	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	_
14	Did the organization have a written document retention and destruction policy?	14	X	
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?		37	
a	The organization's CEO, Executive Director, or top management official	15a	X	-
b	Other officers or key employees of the organization	15b		-
40	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	46-		X
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Soc	exempt status with respect to such arrangements?	100	<u> </u>	
17	List the states with which a copy of this Form 990 is required to be filed None			
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)	availah	le	
10	for public inspection. Indicate how you made these available. Check all that apply	and		
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	nd finai	ncial	
19	statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books are the person who possesses the books and records of the person who person of the p	ition 🕨	•	
20	the Organization - (504) 837-1233			
	3240 S. I-10 Service Road West, No. 200, Metairie, LA 70001-69	11		

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

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

 $\mathbf{x}$ 

#### 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

(A)	(B)	organization compensa						(D)	(E)	(F)
Name and Title	Average	(4-	Posit			osition ck more than one		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	_	dad	irecto	or/trus	tee)	from	from related	other
	(list any hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	36 01.0	ste			nsate		(W-2/1099-MISC)	(***2/1099***100)	organization
	organizations	truste	Institutional trustee		Key employee	Highest compensated employee	1	(,,		and related
	below	vidual	t t	ļ 55	ешрі	lest co	Je.			organizations
	line)	皇	ııst	Officer	Æ	語	ᅙ			_
(1) John J. Jackson III	80.00								_	
Chairman & President		X		X				8,738.	0.	33,970.
(2) Christian B. Jackson	80.00								_	
Secretary & Treasurer		X		X				0.	0.	20,000.
(3) Bert Klineburger	10.00								_	
Director		X		ļ		ļ		0.	0.	0.
(4) James G. Teer, Ph.D.	7.00	ļ							•	•
Director		X		<u> </u>		_		0.	0.	0.
(5) Phillippe Chardonet	20.00								^	•
Director	1.5.00	X	ļ		_	_		0.	0.	0.
(6) Shane Mahoney	15.00								0	0
Director		X				-	<u> </u>	0.	0.	0.
(7) Gerhard Damm	5.00								0	0
Director	1 00	X				-		0.	0.	0.
(8) Don Lindsay	1.00	٦,							0	0
Director	<del></del>	X	-			├	<del> </del>	0.	0.	0.
		$\frac{1}{2}$			ŀ					
	<del></del>	-	<b>-</b>				-			
	-	-								
	-	+	<b>-</b>							
	-	-								
		+ -		-		<del>  -</del>				
		-			ļ					
		-			-	<u> </u>				
		1	Ì							
	<del></del>		<del> </del>	-	$\vdash$	-				
		1								
		$\vdash$				┼	ļ.—			
		1						'		
		$\vdash$		<del>                                     </del>	$t^-$	I	<del>                                     </del>		<del></del>	
		1								
		T		<del> </del>	$\vdash$	T				
	1		1		1	1	ŀ	i	İ	İ

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

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) Name and business address	NONE	(B) Description of services	(C) Compensation
			,

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

Form 990 (2013)

72-1364493 Conservation Force, Inc. Page 9 Form 990 (2013) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue , Gifts, Grants Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and 728,632 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$\_ 728,632 h Total. Add lines 1a-1f Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 389. 389. other similar amounts) Income from investment of tax-exempt bond proceeds 75. 75. 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 900099 39,740. 39,740. 11 a Conservation Litigatio ь <u>5% Admin Fee Income</u> 1,710. 900099 1,710. d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions.

0

41,450.

41,914

770,546.

# Form 990 (2013) Conservation Force, Inc. Part IX | Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	molete column (A)	·-···
Secu	Check if Schedule O contains a respon			implete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	31,065.	31,065.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	245,195.	245,195.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	62,708.	48,438.	7,135.	7,13 <u>5.</u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		105 504		
7	Other salaries and wages	105,724.	105,724.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	4 504	4 504		
9	Other employee benefits	4,724.	4,724.		
10	Payroll taxes	8,471.	8,471.		
11	Fees for services (non-employees).				
а	Management	22 (51	22 651		
b	Legal	22,651. 4,086.	22,651.	4,086.	
	Accounting	4,000.		4,000.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,		<del></del>		
g	column (A) amount, list line 11g expenses on Sch 0.)	8,760.	8,675.	85.	
40	Advertising and promotion		0,013.	05.	
12 13	Office expenses	32,216.	1,762.	30,454.	
14	Information technology	32,210.	1,7021	30/434	
15	Royalties				
16	Occupancy	27,839.		27,839.	
17	Travel	27,0031			
18	Payments of travel or entertainment expenses				
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	88,670.	88,670.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,902.		11,902.	
23	Insurance				
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.)				
а	Conservation Education	158,359.	158,359.		
b	CBNRM	31,031.	31,031.		
С	Other Projects	25,047.	25,047.		
d	Land Trusts	10,896.	10,896.		
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	879,344.	790,708.	81,501.	7,135.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2013)

Form 990 (2013).
Part X | Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		,	
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	236,297.	1	28,138
	2	Savings and temporary cash investments	175,123.	2	310,501
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	16,000.	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		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			
ខ្ម		employees' beneficiary organizations (see instr). Complete Part II of Sch L.		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use	· ·	8	
	9	Prepaid expenses and deferred charges	1,116.	9	0
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 11,145,711.			
	b	Less accumulated depreciation 10b 76,374.	11,081,238.	10c	11,069,337
	11	Investments - publicly traded securities		11	<del>.</del>
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	<del></del>
	15	Other assets See Part IV, line 11	54,490.	15	54,490
$\dashv$	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,564,264.	16	11,462,466
	17	Accounts payable and accrued expenses	3,000.	17	0
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons	•		10 000
Liabilities		Complete Part II of Schedule L	0.	22	10,000
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0.5	
	oe.	Total liabilities. Add lines 17 through 25	3,000.	25	10,000
$\dashv$	26	Organizations that follow SFAS 117 (ASC 958), check here X and	3,000.	26	10,000
ا بر		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets	335,109.	27	97,124
ag	28	Temporarily restricted net assets	159,683.	28	288,869
<u> </u>	29	Permanently restricted net assets	11,066,472.	29	11,066,473
<u> </u>	2.5	Organizations that do not follow SFAS 117 (ASC 958), check here	11/000/11/2·	23	±±,000,±13
눈		and complete lines 30 through 34.			
ខ្ន	30	Capital stock or trust principal, or current funds		30	
ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
မှ ၂		Total net assets or fund balances	11,561,264.	33	11,452,466.
~	33				

Form **990** (2013)

·orm	1990 (2013) Conservation Force, inc.	72	L3644	193	Pac	ge <b>12</b>
Rai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		770	,5	46.
2	Total expenses (must equal Part IX, column (A), line 25)	2		879	, 3	44.
3	Revenue less expenses Subtract line 2 from line 1	3	•	<108	3,7	98.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	<u>561</u>	.,2	64.
5	Net unrealized gains (losses) on investments	5				
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	11	452	, 4	66.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			т-		<u></u>
			_		Yes	No
1	Accounting method used to prepare the Form 990:  Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		-	2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both				:	
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		-	2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,				
	consolidated basis, or both.				- [	
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	ĺ			
	review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
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 Audi	rt			
_	Act and OMB Circular A-133?		-	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audi	t			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			_3b	<u> </u>	
				Form <b>9</b>	99U (	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.

➤ 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.

OMB No 1545-0047

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2013

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 72-1364493 Conservation Force, Inc. Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type II c Type III - Functionally integrated d \_\_\_\_ Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (vi) Is the (iv) Is the organization (v) Did you notify the (iii) Type of organization (vii) Amount of monetary (i) Name of supported (ii) EIN organizátion in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization (i) organized in the U.S.? support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No Yes No No

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 Conservation Force, Inc. 72-1364493 Page 2

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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not			į			
	ınclude any "unusual grants ")	710,856.	633,214.	1,307,289.	1,225,070.	728,632.	4,605,061.
2	Tax revenues levied for the organ-						
	ization'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						
4	Total. Add lines 1 through 3	710,856.	633,214.	1,307,289.	1,225,070.	728,632.	4,605,061.
	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)					1	29,032.
6	Public support. Subtract line 5 from line 4						4 576 029
	ction B. Total Support						
Cale	ndar 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	710,856.	633,214.	1,307,289.	1,225,070.	728,632.	4,605,061.
8	Gross income from interest,				•		
	dividends, payments received on						
	securities loans, rents, royalties	!					
	and income from similar sources	576.	342.	1,817.	576.	464.	3,775.
9	Net income from unrelated business						_
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)				32,500.	41,450.	73,950.
11	Total support. Add lines 7 through 10						4,682,786.
	Gross receipts from related activities,	etc (see instruction	ons)		-	12	116,661.
13	First five years. If the Form 990 is for	r the organization's	first, second, third	l, fourth, or fifth tax	year as a sectio	n 501(c)(3)	
	organization, check this box and stor	o here					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2013 (	line 6, column (f) di	ivided by line 11, co	olumn (f))		14	97.72 %
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	91.45 %
16a	33 1/3% support test - 2013. If the	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		_				►LX
t	33 1/3% support test - 2012. If the				ine 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•	• • •				<b>▶</b> L
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					rt IV how the organ	ızatıon
	meets the "facts-and-circumstances"	-	•		-		▶∟_
k	10% -facts-and-circumstances tes	•					10% or
	more, and if the organization meets the						. —
	organization meets the "facts-and-cire						
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	, 16b, 17a, or 17b,	check this box a	and see instructions	<u>▶</u>

### Schedule A (Form 990 or 990-EZ) 2013 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.)

Section A. Public Support						
Calendar 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						
ınclude any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, 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						
'						
furnished by a governmental unit to						
the organization without charge				1		
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				<u> </u>	<del> </del>	
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						
c Add lines 7a and 7b					<u> </u>	
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar 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						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c 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			-	<del> </del>		·
or loss from the sale of capital						
assets (Explain in Part IV)			1			
<ul><li>13 Total support. (Add lines θ, 10c, 11, and 12) </li><li>14 First five years. If the Form 990 is for</li></ul>	the organization?	e firet eacond the	rd fourth or fifth t	ay year as a soct	on 501/c)/3) organi	zation
check this box and stop here	ino organization :	o mat, accord, triii	a, lourer, or merr	an your as a scott	on our (o)(o) organiz	
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2013 (li			column (fl)	<del> · · · · · · · · · · · · · · · · · ·</del>	15	9
16 Public support percentage from 2012		<del>-</del>	column (ijj		16	(
Section D. Computation of Inves					1 10 1	
					17	
17 Investment income percentage for 20	•		ne ro, column (I))		17	
18 Investment income percentage from 2			on line 14 and lin	o 15 io mara thai	18   22 1/2% and line 1	17 is not
19a 33 1/3% support tests - 2013. If the	-					I / IS NOT
more than 33 1/3%, check this box ar						. ▶∟
b 33 1/3% support tests - 2012. If the	=					
line 18 is not more than 33 1/3%, che					<del>-</del>	<b>P</b>
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see ii	nstructions	▶

Schedule A (Form 990 or 990-EZ) 2013 Conservation Force, Inc.	72-1364493 Page 4
Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	
Also complete this part for any additional information (See instructions)	
Schedule A, Part II, Line 10, Explanation for Other Income	me:
5% Admin Fee Income	
5% Admin Fee Income	
2013 Amount: \$ 1,710.	
Project Equipment Sold	
2012 Amount: \$ 10,000.	
2012 Amount. 5 10,000:	
Conservation Litigation Award	
0010 7	
2012 Amount: \$ 22,500.	
2013 Amount: \$ 39,740.	
2010 1200 02101 \$ 057.101	
	<del></del>

#### SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Conservation Force, Inc.

**Employer identification number** 72-1364493

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area X Protection of natural habitat Preservation of a certified historic structure X Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 15 Total number of conservation easements 2a 3,766.27 Total acreage restricted by conservation easements 2b O Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure 0 listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of X No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		<u>ation Force</u>						Page 2
Pai	rt III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Oth	er Simil	ar Asse	ts(continu	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that are a	significant	use of its	collection	ıtems
	(check all that apply)							
а	Public exhibition	d	Loan or exch	hange programs				
b	Scholarly research	е	Other					
¢	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	empt purpo	ose in Par	t XIII	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	ar assets		_	
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes	No_
Pai	rt IV Escrow and Custodial Arran	-	te if the organizatioi	n answered "Yes" to	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 intermed	ary for contribution	s or other assets no	t included		_	
	on Form 990, Part X?						Yes	L No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table.					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
						Yes	Щ No	
	If "Yes," explain the arrangement in Part XIII							
Pa	rt V Endowment Funds. Complete	f the organization ans			T			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	11,226,155.	11,247,264.	6,880,845.	2,4	14,998.	2,	<u>414,998.</u>
b	Contributions	497,060.	600,753.	5,105,253.	4,7	51,546.		
С	Net investment earnings, gains, and losses	317.	409.	35.		68.		
d	Grants or scholarships		·		<u> </u>			
е	Other expenditures for facilities							
	and programs	366,480.	622,135.	738,779.	2	85,767.		
f	Administrative expenses	1,710.	135.	90.				
g	End of year balance	11,355,342.	11,226,155.	11,247,264.	6,8	80,845.	2,	414,998.
2	Provide the estimated percentage of the cur			i)) held as				
а	Board designated or quasi-endowment	.00	_%					
þ	Permanent endowment ► 97.00	%						
С		3.00%						
	The percentages in lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posse	ession of the organiza	ition that are held a	nd administered for	the organiz	zation	Г	
	by:							Yes No
	(i) unrelated organizations						3a(i)	X
_	(ii) related organizations		0.1.11.50				3a(ii)	X
b	If "Yes" to 3a(ıı), are the related organization:						3b	
A Do	Describe in Part XIII the intended uses of the rt VI Land, Buildings, and Equipm		wment tunas					
rd			Part IV line 11a C	aa Earm 000 Dad V	line 10			
	Complete if the organization answere		i			-d	(4) D = -!	volue
	Description of property	(a) Cost or ot basis (investm	1 '	' '	Accumulate epreciation	I	(d) Book	value
	Land	Dasis (IIIVESIII		1,983.	-preciation		1 011	003
	Land		11,01	1,703.		<del>-   -</del>	T, OII	.,983.
	Buildings		-					
C	Leasehold improvements							
d	Equipment		12	3,728.	76,3	71	<u> </u>	7,354.
_	Other II. Add lines 1a through 1e (Column (d) must e	agual Form 000 Port			70,3			,33 <del>4.</del>
LOTA	ii. AGG III les Ta HTOUGH TE TCOIUMN IGTMUST E	iuuai ruiiii 990. PäN i	n. commin (6), litte 1	UIGH I		<b>-</b> 1 1	・エ・レひフ	

Schedule D (Form 990) 2013

Conservation Force, Inc.

Schedule D (Form 990) 2013

332053 09-25-13 Schedule D (Form 990) 2013

72-1364493 Page 3

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013	Conservation Force, Inc	: <b>.</b>	72-1364493 Page 4
	of Revenue per Audited Financial Sta	atements With Revenue per	Return.
Complete if the orga	inization answered "Yes" to Form 990, Part IV, lin	ne 12a	
1 Total revenue, gains, and o	ther support per audited financial statements		1
_	but not on Form 990, Part VIII, line 12		
a Net unrealized gains on inv		2a	
<b>b</b> Donated services and use	of facilities	2b	
c Recoveries of prior year gra	ınts	2c	
d Other (Describe in Part XIII	)	2d	
e Add lines 2a through 2d			2e
3 Subtract line 2e from line 1			3
4 Amounts included on Form	990, Part VIII, line 12, but not on line 1		
a Investment expenses not in	ncluded on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII	)	4b	_
c Add lines 4a and 4b			4c
5 Total revenue. Add lines 3	and <b>4c.</b> (This must equal Form 990, Part I, line 12	.)	5
	of Expenses per Audited Financial St		er Return.
Complete if the orga	anization answered "Yes" to Form 990, Part IV, lin	ne 12a	
1 Total expenses and losses	per audited financial statements		1
2 Amounts included on line 1	but not on Form 990, Part IX, line 25	t I	
a Donated services and use	of facilities	2a	_
b Prior year adjustments		2b	
c Other losses		2c	
d Other (Describe in Part XIII	)	2d	_
e Add lines 2a through 2d			2e
3 Subtract line 2e from line 1			3
	990, Part IX, line 25, but not on line 1	1 1	
a Investment expenses not i	ncluded on Form 990, Part VIII, line 7b	4a	4
b Other (Describe in Part XIII	)	4b	
c Add lines 4a and 4b			4c
	3 and 4c. (This must equal Form 990, Part I, line 1	(8.)	5
Part XIII Supplemental			
· · · · · · · · · · · · · · · · · · ·	for Part II, lines 3, 5, and 9, Part III, lines 1a and		e 4, Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, line	s 2d and 4b Also complete this part to provide a	any additional information	
Part II, line 9:			
Explanation: The	organization records ger	neral conservation	easements at
6 1		oo ingama gtatamant	ag non gagh
fair market value	e and presents them on th	ie income statement	as non-cash
1	:h	as balangs about ag	land agasta
charitable contr	<u>ibution revenue and on th</u>	ne balance sheet as	Tand assets
	1	VDC Committedos d	a not harra a
and as permanent	<u>ly restricted net assets.</u>	. MBC Servitudes d	o not have a
			mb anab
value or tax inc	<u>entive like a general co</u> r	iservation easement	. Illus, each
	44	:	taning tha
one is valued at	\$1. Any related expense	es incurred in moni	toring the
easement project	s are reported on the inc	come statement.	
Don't II line 4.			
Part V, line 4:			
Evolunation, mha	normanont andormant to	comprised of Land C	'ongarvat i on
Expranation: The	permanent endowment is o	comprised or Land C	OHEET AUCTOH
Facements Isna	Mitigation Bank Servitude	es and a nair of r	are ivory
332054 09-25-13	ALCIGACION DANK SELVICUO	es, and a part of t	Schedule D (Form 990) 2013
09-25-13			301160016 D (COLIT 990) 2013

Part XIII	Supplemental Informati	on (continued)			/2-1364493 Page 5
tusks.	The temporaril	y restricted e	ndowment v	will be used	in compliance
with do	onor restriction	s on Conservat	ion Force	programs and	projects.
				·	
					· · · · · · · · · · · · · · · · · · ·
		<del></del>		·	
				- · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	<del>.</del>				
		<del></del>			

#### **SCHEDULE F** (Form 990)

Department of the Treasury Internal Revenue Service

**Statement of Activities Outside the United States** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

Conservation Fo				72-136449	
Part I General Infor	mation on A	ctivities Out	tside the United States. Comple	ete if the organization answered "Y	'es" on
Form 990, Part IV	, line 14b				
1 For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gr	ants and other assistance,	
the grantees' eligibility fo	or the grants or a	issistance, and	the selection criteria used to award the	e grants or assistance?	Yes L No
2 For grantmakers. Descri	ribe in Part V the	organization's i	procedures for monitoring the use of it	s grants and other assistance outs	ide the
United States					
3 Activities per Region (Th	ne following Part	I, line 3 table ca	an be duplicated if additional space is	needed)	
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices	`employees, agents, and	(by type) (e g , fundraising, program	is a program service,	expenditures for and
	ın the region	independent contractors	services, investments, grants to	describe specific type	investments
		in region	recipients located in the region)	of service(s) in region	ın region
				(1) wildlife	
				conservation &	i
				anti-poaching efforts in	
Sub-Sahara Africa	1	0	Grants & Program Svcs	Tanzania; (2) Billfish	85,485.
				CBNRM Project -	
				conservation and	
				protection of marine	
Central America	0	0	 Grant & Program Svcs	species and their	154,000.
		,		To support the Friends	
				of Wildlife with their	
				Ranching for Restoration	
Thailand	0	0	 Grant	efforts.	5,710.
Inaliana			State	CITOLES.	3,,10.
					[
	<del> </del>				<del> </del>
	1				
					1
		<u> </u>			
3 a Sub-total	1	0			245,195.
b Total from continuation					
sheets to Part I	0	0_			0.
c Totals (add lines 3a					
and 3b)	<u> </u>	0			245 195.

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

See Part V for Column (e) descriptions

Schedule F (Form 990) 2013

72-1364493

Page 2

Conservation Force, Inc.

Schedule F (Form 990) 2013

Part II

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			wildlife conservation in Tanzania &					
		Sub-Sahara Africa	anti-poaching efforts	20,000.	20,000,wire transfer	0		book
			To support Ranching					
		:	for Restoration	ì		,		,
		Thailand	efforts.	5,710.	wire transfer	0		book
			CBNRM Project -					
			conservation and			•		
			protection of marine					
		Рапаща	species and their	154,000,	154,000,wire transfer	0		book
			Billfish Tagging					
		Cape Verde	Project	5,600	wire transfer	0		book
			To support the					
			efforts of The Stu					
		Sub-Sahara Africa	Taylor Fund,	52,328,	wire transfer	0		book
					-			
2 Enter total number of	l recipient organizatior	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax·ex	empt by		
	,					•		

See Part V for Column (d) descriptions 29 the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities

Schedule F (Form 990) 2013

Page 3

Schedule F (Form 990) 2013 Conservation Force, Inc.

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

Part III can be duplicated if additional space is needed

(h) Method of valuation (book, FMV, appraisal, other)					
(g) Description of non-cash assistance					
(f) Amount of non-cash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Schedule F (Form 990) 2013

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions

Schedule F (Form 990) 2013

Yes X No

6

for Form 5713)

#### Part V | Supplemental Information

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.

#### Part I, Line 2:

Explanation: Monitoring Procedures: The grant expressly provides that if any part is not used as directed, it is to be returned. A representative of the organization serves on the operating committee of the grantee project, participates in the field, and/or dispenses in phases as reports and documentation are furnished. Generally, the organization is "friends of" the grantee and is very familiar with the project.

#### Part I, line 3:

Explanation: Expenditures are recorded at the time the cash is paid out.

All expenditures are reported accordingly on the current year income statement.

#### Part I, line 3, Column (e):

Region: Sub-Sahara Africa

(e) Specific Types of Services in Region: (1) wildlife conservation & anti-poaching efforts in Tanzania; (2) Billfish Tagging Project; (3) The Stu Taylor Fund; (4) Ranching for Restoration.

#### Region: Central America

(e) Specific Types of Services in Region: CBNRM Project - conservation and protection of marine species and their environment.

#### Part II, Column (d):

Region: Panama

(d) Purpose of Grant: CBNRM Project - conservation and protection of marine species and their environment.

SCHEDULE I (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2013
•

Open to Public Inspection Employer identification number

72-1364493 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Inc. Conservation Force, Part I General Information on Grants and Assistance criteria used to award the grants or assistance? Part II

å

Special Youth Challenge children and the annual Hunt for special needs To support the annual (h) Purpose of grant or assistance (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant 31,065 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable 38-3412807 (p) EIN 1 (a) Name and address of organization Quest Ministries/Legends Ranch or government 2022 West 14 Mile Road Bitely, MI 49309

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

See Part IV for Column (h) descriptions LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013)

34

Part II, line 1, Column (h):

332102 10-29-13

∱age 2

72-1364493

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.

Inc.

Conservation Force,

Schedule I (Form 990) (2013)

Part III

Schedule (Form 990) Conservation Force, Inc.	72-1364493 Page 2
Part IV Supplemental Information	
Name of Organization or Government: Quest Ministries/Legen	ds Ranch
(h) Purpose of Grant or Assistance: To support the annual	Special Youth
Challenge Hunt for special needs children and the annual B	illy Ray
Parnell Memorial Purple Heart Hunt.	
	****
	***************************************

#### **SCHEDULE L**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Transactions With Interested Persons** 

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

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

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

OMB No 1545-0047

2013

Open To Public Inspection

**Employer identification number** Name of the organization Conservation Force, Inc. 72-1364493 Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 h) Approved (a) Name of (b) Relationship (c) Purpose (d) Loan to or (f) Balance due (i) Written (e) Original (g) In by board or from the agreement? principal amount of loan default? interested person with organization committee? organization? To From Yes Yes No Nο Yes No John J. JacksonFounder to cover 10,000. 10,000 X Х X 10,000 Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (c) Amount of (e) Purpose of (a) Name of interested person (b) Relationship between (d) Type of assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2013

See Part V for Continuations

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

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

OMB No 1545-0047

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

Conservation Force, Inc.

Employer identification number 72-1364493

Schedule O (Form 990 or 990-EZ) (2013)

Form 990, Part I, Line 1, Description of Organization Mission:
leadership and education.
Form 990, Part III, Line 1, Description of Organization Mission:
effort combining forces from a consortium of organizations. Three,
Conservation Force is a proactive force due to its record of
conservation successes. Conservation Activities are divided into three
areas: (1) Habitat, (2) Species, (3) Maritime. HABITAT includes (a)
Easements, (b) Communal Based Natural Resources Management (CBNRM), (c)
the Endangered Species Act (ESA), and (d) Convention in Trade of
Endangered Species. SPECIES includes a variety of animals ranging from
the African Lion to the Markhor. MARITIME includes CBNRM with
indigenous coastal world-wide communities and all conservation projects
funded by recreational anglers.
Form 990, Part III, Line 4b, Program Service Accomplishments:
blocks, the participation of local communities in conservation is
paramount if Tanzania is to continue to use tourism, both consumptive
and non-consumptive, as a means to develop its economy and reduce
poverty. We are also a funding partner of Conamar in Panama and with
the Tropic Star Lodge are working to conserve and protect marine
wildlife and environment by supporting the CBNRM program in the village
of Pinas, Panama. In 2007, the project "Save and Help Rebuild the
Pinas Community" was initiated to channel the Pinas River back to its
original river bed in order to protect the village houses and airstrip

from being washed away and to eliminate the outbreak of disease and

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

332211 09-04-13

Conservation Force, Inc.

Employer identification number 72-1364493

other health concerns affecting the village. The work is ongoing. Conamar also works toward instituting conservation decrees and legislation such as the establishment of a commercial-free 20 mile tourist area starting from Pinas whereby all commercial activity is prohibited by law and with continued efforts to extend the prohibited area to 50 miles covering numerous tourist areas such as Coiba, Perlas and San Blas Islands, while working towards the elimination of long liners in these areas. Since 1997, it is illegal to kill any billfish in Panama for commercial value and since 2010, tuna boats are prohibited from fishing within the 200 mile limit of Panama waters on both oceans. CF helps hunting operators to undertake community development activities, conduct anti-poaching operations, and to develop their blocks for improved sustainability. Other CBNRM projects include our partnership with the Tembo Foundation in Tanzania, the Markhor Project in Pakistan, and the Tarpon Research Projects in Sierra Leone and Trinidad.

Form 990, Part III, Line 4d, Other Program Services:

CLEAN WATER, MARSH RESTORATION, DOORWAY TO WATERWAY, HABITAT

PROTECTION, TROPHY SEIZURE: Conservation Force participates in wetland restoration and perpetuation by receiving and holding conservation easements and servitudes, by actively monitoring and protecting "doorways" to natural waterways, and by serving on various boards such as the Louisiana Wildlife Federation and the Louisiana Wildlife & Fisheries Foundation.

Expenses \$ 89,246. including grants of \$ 57,928. Revenue \$ 0.

Form\_990, Part VI, Section A, line 2:

09-04-13

Form 990, Part\_VI, Section\_C, Line 19:

Explanation: The organization makes its Form 990, Form 1023, governing documents, conflict of interest policy and financial statements available to the public upon request. The Form 990 can also be obtained at the GuideStar website.

Name of the organization  Conservation Force, Inc.	Employer identification number 72~1364493
Form 990, Part VII, Section A. 1a.	
Explanation: The \$8,738 of 1099 income John J. Jackson I	II received was
court awarded legal fees from the U.S. government.	
	·

## Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868.

■ if you	are filing for an Automatic 3-Month Extension, complet	e only Pa	irt I and check this box .			
<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ext	tension, c	complete only Part II (on page 2 of	this form).		
Do not	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	sly filed Form 8868		
Electro	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tir	ne to file (6 months for a co	rporation	
required	I to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically f	ile Form 8868 to request ar	ı extension	
of time t	to file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers Associated With	Certain	
Persona	al Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details	on the electronic filing of th	ıs form,	
visit ww	w.irs.gov/efile and click on e-file for Charities & Nonprofits					
Part	Automatic 3-Month Extension of Time	. Only s	submit original (no copies ne	eded).		
A corpo	ration required to file Form 990-T and requesting an auton	natic 6-mc	onth extension - check this box and	complete	_	
Part I or	nly					
All othe	r corporations (ıncludıng 1120-C fılers), partnershıps, REM	ICs, and t	rusts must use Form 7004 to reques	st an extension of time		
to file in	come tax returns.			Enter filer's identifying n	umber	
Type or	Name of exempt organization or other filer, see instru	ctions		Employer identification nu	ımber (EIN) or	
print	· ·			. ,	` ,	
	Conservation Force, Inc.			72-1364	493	
File by the	le by the ue date for Number, street, and room or suite no. If a P.O. box, see instructions Social security number (SSI)					
fling your return See 3240 S. I-10 Service Road West, No. 200						
return Sei	, , , , , , , , , , , , , , , , , , , ,			<del></del>		
	Metairie, LA 70001-6911	<b>J</b>				
_						
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)		0 1	
Applica	ntion	Return	Application	<del>-</del>	Return	
ls For		Code	Is For		Code	
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)		07	
Form 99	90-BL	02	Form 1041-A		08	
Form 4	720 (individual)	03	Form 4720 (other than individual)		09	
Form 99	90-PF	04	Form 5227		10	
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11	
Form 99	90-T (trust other than above)	06	Form 8870		12	
	Mr. John J. Jac	ckson	III			
• The	books are in the care of $ ightharpoonup$ $\frac{3240\ S.\ I-10\ Section}{}$	ervic	<u>e Road W Metair</u>	ie, LA 70001		
Tele	phone No ► <u>(504)</u> 837-1233		Fax No. 🕨			
	e organization does not have an office or place of business					
<ul><li>If the</li></ul>	s is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is for the whole group	p, 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	f all members the extension	n is for.	
1 i	request an automatic 3-month (6 months for a corporation	required	to file Form 990-T) extension of time	until		
_	August 15, 2014 , to file the exemp	t organıza	tion return for the organization nam	ed above. The extension		
	for the organization's return for					
•	► X calendar year 2013 or					
•	tax year beginning	, an	nd ending	<del></del> •		
2 If	the tax year entered in line 1 is for less than 12 months, c	heck reas	on. Initial return	Final return		
	Change in accounting period	0000				
	this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less any		•	
_	onrefundable credits. See instructions			3a   \$	0.	
	this application is for Forms 990-PF, 990-T, 4720, or 6069				^	
-	stimated tax payments made Include any prior year overp			3b   \$	0.	
	Salance due. Subtract line 3b from line 3a. Include your pa				•	
	y using EFTPS (Electronic Federal Tax Payment System)			3c   \$	0.	
Cautio	<ul> <li>If you are going to make an electronic funds withdrawal</li> </ul>	(direct de	bit) with this Form 8868, see Form 8	3453-EO and Form 8879-E0	) for payment	

instructions.

marelistig

Form \$868 (Rev. 1-2014)					Page 2	
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month</li> </ul>	Extension, o	complete only Part II and check the	s box		<b>►</b> X	
Note. Only complete Part II if you have already been granted a	n automatic	3-month extension on a previously f	iled Form	3868.		
• If you are filing for an Automatic 3-Month Extension, comp						
Part II Additional (Not Automatic) 3-Month			al (no c	opies need	led).	
<u></u>		<del></del>			<del></del>	
				dentifying number, see instructions imployer identification number (EIN) or		
			Linployer	Identification	Triumber (Lily) or	
the Conservation Force, Inc.				72-1364493		
filing your	Number, steet, and tooling state to. II at a Dod Month No. 200			ocial secunty number (SSN)		
			L			
City, town or post office, state, and zir code. For a	a toreign add	iress, see instructions.				
<u>Metairie, LA 70001-6911</u>						
Enter the Return code for the return that this application is for	(file a separa	ite application for each return)			0 1	
Application	Return	Application			Return	
ls For	Code	Is For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A		08		
Form 4720 (ındıvıduai)	03	Form 4720 (other than individual)		09		
Form 990-PF	04	Form 5227			10	
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	rm 6069			
Form 990-T (trust other than above)	06	Form 8870			12	
STOP! Do not complete Part II if you were not already grant	ed an autor	matic 3-month extension on a prev	iously file	d Form 8868	3.	
Mr. John J. J	ackson	III				
• The books are in the care of ▶ 3240 S. I-10	Servic	e Road W Metair	ie, L	A 70003	L	
Telephone No ► (504) 837-1233		Fax No ▶	<u> </u>		·	
If the organization does not have an office or place of busin	ess in the U	nited States, check this box				
If this is for a Group Return, enter the organization's four dig			If this is fo	r the whole a	roup, check this	
box ▶ ☐ If it is for part of the group, check this box ▶		ach a list with the names and EINs o				
4 I request an additional 3-month extension of time until			· car morn	010 1110 021011	1010110	
5 For calendar year $2013$ , or other tax year beginning		, and endir	na			
6 If the tax year entered in line 5 is for less than 12 months	check reas		Final r	eturn	·	
Change in accounting period	, 01100111041			otarri		
7 State in detail why you need the extension						
ALL OF THE INFORMATION NEEDE	ם סיד ת	TIE A COMPLETE AND	ACCII	RATE I	RETURN	
IS NOT AVAILABLE AT THIS TIM		<u> </u>	11000	141111 1	CLI I OILIV	
10 1101 114111111111111 111 11111	<del></del>					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 47	20. or 6060	enter the tentative tax loss any		<u> </u>		
If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions			0-	\$	0.	
	160 optor or	w refundable evadae and estimated	8a	<b>3</b>		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
	. allowed as	a credit and any amount paid	-		0	
previously with Form 8868.		that the form of the state of	8b	\$	0.	
C Balance due. Subtract line 8b from line 8a. Include your	•	th this form, it required, by using			0	
EFTPS (Electronic Federal Tax Payment System). See in:		at he consultated for Doct II	8c	\$	0.	
		st be completed for Part II	-			
Under penalties of perjury, I declare that I have examined this form, inc it is true, correct, and complete, and that I am authorized to prepare thi	iuding accom s form	panying schedules and statements, and t	o the best o	t my knowledg	e and belief,	
and the state of t	$\Delta V$	$\Delta$		. Sa 16	anil.	
Signature Schlich Title	<u> </u>	M	Date	<b>▶</b> (0,   <	1.00114	
$\mathbb{C}$				Form 8	868 (Rev. 1-2014)	