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2013

OMB No 1545-0047

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

Α	For t	he 2013 calen	dar year, or tax y	year begir	nning		, 20°	13, an	d endir	ıg		•		
В	Check	if applicable	С	*		-					D Emplo	yer Identif	ication Number	
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	∐ A	pplication pending			al officer					H(a) is this a			H-1	X No
			SAME AS C	ABOVE						H(b) Are all If 'No,'	subordinate attach a list	s included (see insti	ructions) Yes	No
<u></u>	Tax-	exempt status	X 501(c)(3)	501(c) ()◀ ((insert no)	4947(a)(1)	or	527					
J	We	bsite: ► N/	'A							H(c) Group	exemption r	number 🏲		
K		n of organization	X Corporation	Trust	Association	Other ►		L Year	of format	ion 1989	9 M	State of le	gal domicile OR	
Pa	ırt l	Summar	y											
	1	Briefly descri	ibe the organizat	ion's miss	ion or most	significant a	activities.	THE	MISS	ION OF	THE (CONSE	RVATION	
a														T
Š		ALLIANCE IS TO ENGAGE BUSINESS TO FUND AND PARTNER WITH ORGANIZATIONS TO PROTECT THREATENED WILD PLACES FOR THEIR HABITAT AND RECREATIONAL VALUES.												
Ë														
Ş	2	2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets												
Ğ	3		oting members o	-	• •	•	•					3		13
တ	4		idependent votin	-	_		•)			4		13
ij	5		r of individuals ei				art V, line	2a)				5		2
Activities & Governance	6		r of volunteers (e									6		100
Ă			ed business reve									7 a	. <u>.</u>	0.
	Ь	Net unrelated	d business taxab	le income	from Form	990-T, line 3	34					7 b		0.
	1										rior Year		Current Y	
ø	8										2,149,	<u>783. </u>	2,129	<u>, 951.</u>
Revenue	9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)													
ě	10		•		•	•					270,			<u>, 385.</u>
Œ	11		ie (Part VIII, colu									729.		,534.
	12		e – add lines 8 t					, line	12)		<u>, 483, </u>		2,643	
	13		imilar amounts p	-			3)			1	.,300,	000.	1,500	<u>,000.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)													
ø,	15	Salaries, oth	, other compensation, employee benefits (Part IX, column (A), lines 5-10)								187,	362.	186	<u>,467.</u>
Expenses	16 a	Professional	ssional fundraising fees (Part IX, column (A), line 11e)											
pe-	l b	Total fundrag	undraising expenses (Part IX, column (D), line 25) ► 50, 661.										• • •	
Ă	17		ses (Part IX, colu		0.1	373.	116	,334.						
	1	*	•				'A\							
	18		ses Add lines 13				A); line 25	,		1	<u>,578,</u>		1,802	
- x 8	19	Revenue less	s expenses Sub	tract line	18 from-line	12 :					904,			<u>,069.</u>
ance		-	(D. L.V. L. 16)	•			1c				ng of Curre		End of Yo	
Net Assets Fund Balan	20		(Part X, line 16).	C \	APR 0	4 2014	Č			4	1,111,		4,952	
t P	21		es (Part X, line 2		_	ļ	<u>v</u> .					0.		0.
<u></u>	22	Net assets of	r fund balances	Subtract _é l	ıne 21 from	line 20	* ·			4	1,111,	035.	4,952	<u>,104.</u>
Pa	art II	Signatu	re Block		1 1/2	v. U I								
Und	er pena	Ities of perjury, I de	eclare that I have ever arg (other than office	fined this ret	urn, including a	ccompanying sc	hedules and s	tatemer	nts, and to	the best of m	y knowledg	e and belie	ef, it is true, correc	t, and
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Ma	v the	IRS discuss th	nis return with the				structions				1,	(241	X Yes	No
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orm 990 (2013) THE CONSI		94-310086			Page 2		
art III Statement of Pro	ogram Service Accom						
	contains a response or not	e to any line in this Pa	art III				
	E CONSERVATION AL						<u>ER</u>
140191111111111111111111111111111111111	~~						
2 Did the organization undertak Form 990 or 990-EZ?		vices during the year wh	ich were not lis	ted on the prior		Yes [X No
If 'Yes,' describe these new 3 Did the organization cease	conducting, or make signific	cant changes in how it	conducts, any	program servic	ces? .	Yes [X No
If 'Yes,' describe these char Describe the organization's Section 501(c)(3) and 501(c)(others, the total expenses,	-	hments for each of its 4947(a)(1) trusts are rec th program service rep	three largest p juired to report orted	program service the amount of gr	s, as measu ants and allo	red by expositions to	penses
4a (Code [.]) (Exper	nses \$ 1,669,140.	including grants of	\$ 61	.,250.)(Rev	enue \$	2,582	,620.
TO SUPPORT ORGANI	ZATIONS THAT PROT	ECT_THE_ENVIRO	NMENT				
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4 b (Code) (Exper	nses \$	including grants of	\$) (Rev	renue \$		-
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4 c (Code) (Exper	nses \$	including grants of	 \$) (Rev	venue \$		
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4 d Other program services (D (Expenses \$	escribe in Schedule O) including gran	nts of \$	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(Revenue \$			
4 e Total program service exp				(TOYCHUG Y			
AA	1,003	TEEA0102L 07/02/13				Form	990 (201

94-3100867 Page 3 THE CONSERVATION ALLIANCE Fart IV Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Х Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 Х **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II* Х 4 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 X 5 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, X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, the Х 7 environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' R Х complete Schedule D, Part III 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 Х 9 services? If 'Yes,' complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Х permanent endowments, or quasi endowments? If 'Yes,' complete Schedule D, Part V If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a D, Part VI **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* Х 11 b c 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 Х 11 c 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 Х in Part X, line 167 If 'Yes,' complete Schedule D, Part IX 11 d Х 11 e e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X 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 Х 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and X if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E Х 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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

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

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

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)

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

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

20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H

b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?

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X

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Part IV

Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 X 21 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part 22 X IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III 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 Х Schedule J 23 24 a 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 X 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c 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 25 a 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 25b X Schedule L. Part l 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 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 Х 27 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). Х a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a **b** A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Х Schedule L, Part IV 28b c 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 X 28c \overline{X} 29 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 30 contributions? If 'Yes,' complete Schedule M Х 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II. Х 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-37 If 'Yes,' complete Schedule R. Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1 34 Х X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 38 Note. All Form 990 filers are required to complete Schedule O 38 X Form 990 (2013) BAA

	• Check if Schedule O contains a response or note to any line in this Part V			Γ	_
			Ye	s N	<u> </u>
1 :	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1	+:-	 	-
	b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	õ			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	<u> </u>			
	(gambling) winnings to prize winners?	1		X	-
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a	2			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	b >	١	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3	a	X	
	b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule 0</i>	3	Ь		
	a 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)?	4	а	Х	
i	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.		-		
_		5	-	-	<u>,</u> -
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			$\frac{1}{x}$	
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	-		-
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		<u> </u>		_
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6	a	X	Ĺ
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6	ь		
7	Organizations that may receive deductible contributions under section 170(c).				
	a 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?	7	a	×	ζ
	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7	b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. 7	С	` \	ζ
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d		. I		_
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7	е	- X	
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7	f	Σ	ζ
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7	a		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a		1	_	_
	Form 1098-C?	7	h		_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did t supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	he 8			
9	Sponsoring organizations maintaining donor advised funds.		_		_
	a Did the organization make any taxable distributions under section 4966?	9	а		
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9	b		
10	Section 501(c)(7) organizations. Enter:				
	a Initiation fees and capital contributions included on Part VIII, line 12		İ	Ì	
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b				
11	Section 501(c)(12) organizations. Enter:				
	a Gross income from members or shareholders . 11 a		1	- 1	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b				
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		İ		
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	a is the organization licensed to issue qualified health plans in more than one state?	. 13	a		_
	Note. See the instructions for additional information the organization must report on Schedule O				
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans				
	c Enter the amount of reserves on hand				
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14			X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14		L_	_
		_		20 /20	-4 1

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to līne 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 Section A. Governing Body and Management Yes No 13 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 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 13 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other $\tilde{\mathbf{X}}$ 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents X since the prior Form 990 was filed? Δ X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Did the organization have members or stockholders? 7 a 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? **7** a Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 b stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8 a a The governing body? Х **b** Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done SEE SCHEDULE Q X 120 Х 13 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15 a Х **b** Other officers of key employees of the organization 15 b 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 X taxable entity during the year? 16a 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 taken steps to safeguard the 16_b organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Another's website Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOHN STERLING PO BOX 1275 BEND OR 97709 541-389-2424

orm 990 (2013)	THE	CONSERVATION	ALLIANCE

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2age **7**

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

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

- 1 a 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 in	or any rela	ted org	ganı	zatio	п со	mpens	ated	d any current officer, di	rector, or trustee	
	(C)									
(A) Name and Title	(B) Average hours per week (list	one bo	er ar	iless p id a d	erso	more the more the more than th	an ;)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) LINDA BALFOUR	44					Ì				
DIRECTOR	0_	X	L					0.	0.	0.
(2) STEVE BARKER	4									_
DIRECTOR	0	X						0.	0.	0.
(3) AARON CARPENTER	4									_
VICE CHAIR	0	Х						0.	0.	<u> </u>
(4) SETH COBB	44									_
DIRECTOR	0	Х	_					0.	0.	0.
(5) HANS COLE	4									_
DIRECTOR	0	X						0.	0.	0.
(6) JASON FRAME	4									
TREASURER	0	X						0.	0.	0.
(7) TOPHER GAYLORD	4									
DIRECTOR	0	X						0.	0.	0.
(8) MARK HEINTZ	44	ļ								
DIRECTOR	0	X	L					0.	0.	0.
(9) CASEY HOFMANN	4	ļ								
DIRECTOR	0	Х						0.	0.	0.
(10) KATE KETSCHEK	44									
DIRECTOR	0	X						0.	0.	0.
(11) GARETH MARTINS	44	ļ .								
VICE CHAIR	0	X						0.	0.	0.
(12) ANGELA OWEN	4									
CHAIR	0	X						0.	0.	0.
(13) SCOTT WHIPPS	44	↓ _								
DIRECTOR	0	X						0.	0.	0.
(14) JOHN STERLING	40_									
EXECUTIVE DIR.	0_	<u> </u>	<u> </u>	Х	L			108,500.	0.	0.

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. Section B. Independent Contractors					
Sec	ction B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that compensation from the organization. Report compensation for the calendar year ending will	received more than \$100,000 of th or within the organization's tax yea	r		
	(A) Name and business address	(B) Description of services	(C) Compensa	tion	
_					
2	Total number of independent contractors (including but not limited to those listed above) w \$100,000 of compensation from the organization ▶ 0	ho received more than			

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<u> </u>	Check if Schedule O contains a response or note to an	y line in this Part VII	IL		
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$				
=	h Total. Add lines 1a-1f Business Code	2,129,951.			
GRAM SERVICE REVENUI	b c d e f All other program service revenue				
옱	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts). 4 Income from investment of tax-exempt bond proceeds. ▶ 5 Royalties . ▶	451,385.			451,385.
	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 c Gain or (loss) d Net gain or (loss)		<u> </u>		_
OTHER REVENUE	8 a Gross income from fundraising events (not including \$	62 524			62,534.
		62,534.		-	62,534.
	 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 				
	10a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code	_			
	11a				
	c				
	d All other revenue.		-		
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	2,643,870.	0.	0	. 513,919.

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must con			mplete column (A)	
	Check if Schedule O contains a			(0)	
	not include amounts reported on lines 7b, 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	1,360,000.	1,360,000.		1
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	140,000.	140,000.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	108,500.	56,420.	27,125.	24,955.
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	48,267.	25,099.	12,067.	11,101.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,654.	5,192.	2,596.	866.
9	Other employee benefits	7,416.	4,450.	2,224.	742.
	Payroll taxes	13,630.	8,178.	4,089.	1,363.
11	Fees for services (non-employees)		0,1101	.,,,,,,	2/000.
á	a Management				
ŧ	Legal .				
(Accounting				
•	d Lobbying				
•	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion				
	Office expenses .	2,972.	1,783.	892.	297.
14		2,312.	1,765.	092.	291.
15					
16	Occupancy	7,783.	4,670.	2,335.	778.
17	_ '. '	26,171.	15,703.	7,851.	2,617.
18	_ ` ` `	20,171.	13,703.	7,031.	2,017.
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	782.	469.	235.	78.
	Insurance	2,757.	1,654.	827.	276.
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.).				
â	PROFESSIONAL CONTRACT SERVICES	54,524.	32,714.	16,357.	5,453.
t	BACKYARD COLLECTIVES	15,753.	9,452.	4,726.	1,575.
•	TELEPHONE	3,160.	1,896.	948.	316.
(PRINTING AND PUBLICATIONS	1,368.	821.	410.	137.
	All other expenses	1,064.	639.	318.	107.
25	Total functional expenses Add lines 1 through 24e	1,802,801.	1,669,140.	83,000.	50,661.
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				

Page 11

	•	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	1,238,870.	1	1,200,411.
	2	Savings and temporary cash investments .	2,868,276.	2	3,750,067.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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 employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	-	6	-
AS	7	Notes and loans receivable, net		7	
A S S E T S	8	Inventories for sale or use		8	
T S	9	Prepaid expenses and deferred charges	1,481.	9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 7,817.	·····		
	ь	Less accumulated depreciation 10b 6,191.	2,408.	10 c	1,626.
	11	Investments – publicly traded securities	- <u>- /</u>	11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,111,035.	16	4,952,104.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
Ļ	20	Tax-exempt bond liabilities .		20	
A	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
A B L F	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
Ė	23	Secured mortgages and notes payable to unrelated third parties		23	
E S	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.		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
N E T		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	_		
Ş	27	Unrestricted net assets	491,148.	27	477,199.
ASSETS	28	Temporarily restricted net assets	969,223.	28	1,372,012.
	29	Permanently restricted net assets	2,650,664.	29	3,102,893.
O R F.		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34.			
E DZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ā	32	Retained earnings, endowment, accumulated income, or other funds		32	
日本しることとの	33	Total net assets or fund balances	4,111,035.	33	4,952,104.
Ě	34	Total liabilities and net assets/fund balances	4,111,035.	34	4,952,104.
BA	A				Form 990 (2013)

		94-310086	7	Pa	ge 12		
Pa	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	2,6	43,8	370.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,8	02,8	301.		
3	Revenue less expenses Subtract line 2 from line 1	3	8	41,0	69.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,111,035.				
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	4,9	52,1	04.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
		· · · ·		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 O						
2:	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	-	Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both	newed on a					
	Separate basis Consolidated basis Both consolidated and separate basis				-		
1	Were the organization's financial statements audited by an independent accountant?		2 b	Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sebasis, consolidated basis, or both.	parate					
	X 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 oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	nudit,	2 c		Х		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. SEE SCHEDULE O						
3 :	3 a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
Į	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	i audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b				
BAA	L		Form	990	(2013)		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► 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

Name of the organization Employer identification number 94-3100867 THE CONSERVATION ALLIANCE 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's 4 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 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X 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) 9 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 carry out the purposes of one or 11 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 III - Non-functionally integrated Type II Type III — Functionally integrated d 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 If the organization received a written determination from the IRS that 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? q Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (i) 11 g (i) A family member of a person described in (i) above? 11 g (ii) A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s). h (vii) Amount of monetary (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (v) Did you notify (vi) is the (iv) Is the (i) Name of supported organization in column (i) listed in your governing document? organization in column (i) organized in the US? organization the organization in support column (1) of your support? Yes No Yes No Yes No (A) (B) (C) (D) **(E)** 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 A. Public Support											
Cale: begi:	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	1,316,847.	1,918,768.	1,870,242.	2,149,783.			7,255,640.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0.			
4	Total. Add lines 1 through 3	1,316,847.	1,918,768.	1,870,242.	2,149,783.		0.	7,255,640.			
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)							0.			
6	Public support. Subtract line 5 from line 4							7,255,640.			
Sec	tion B. Total Support		, 								
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013		(f) Total			
7	Amounts from line 4	1,316,847.	1,918,768.	1,870,242.	2,149,783.		0.	7,255,640.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	188,633.	140,666.	-110,847.	270,493.			488,945.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0.			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).							0.			
11	Total support. Add lines 7 through 10							7,744,585.			
12	Gross receipts from related activ	vities, etc (see ins	tructions)		-	L	12	0.			
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's fırst, second, th	ıırd, fourth, or fifth	tax year as a section	on 501(c)(3)		<u> </u>			
	tion C. Computation of Pu										
14	Public support percentage for 20	•	•	ne 11, column (f))	_	14	<u>%</u>			
15	Public support percentage from					L	15	%			
16 a	33-1/3% support test — 2013. If and stop here. The organization	the organization qualifies as a pu	did not check the blicly supported o	box on line 13, a organization	and the line 14 is 3	33-1/3% or m	ore,	check this box			
b	33-1/3% support test — 2012. If and stop here. The organization	the organization on qualifies as a pu	lid not check a boblicly supported of	ox on line 13 or 1 organization	6a, and line 15 is	33-1/3% or n	nore,	check this box			
17 a	7 a 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 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.										
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions										

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)

Sec	tion A. Public Support						
Calen 1	dar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
2	any 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization without charge.						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ł	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
•	: Add lines 7a and 7b						* -
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		T				
	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
10 a	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total Support. (Add Ins 9,10c, 11 and 12)						
14	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	a section 501(c)(3) ▶ □
	tion C. Computation of Pul			12			
15		=	•	ne 13, column (f))	15	%
16	Public support percentage from :						ક
	tion D. Computation of Inv					 _	
17		· ·	• •	-	umn (f))	. 17	%
18	Investment income percentage for					18	્ર
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check						
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%	, check this box	and stop here. Th	e organization q	ualifies as a public	ly supported orga	3-1/3%, and Inization
20	Private foundation. If the organization	zation did not che	eck a box on line	14, 19a, or 19b,	check this box and	d see instructions.	

Schedule A	(Form 990 or 990-EZ) 2013 TH	E CONSERVATION ALLIANCE	94-3100867	Page 4
Part IV	Supplemental Information. or 17b; and Part III, line 12. (See instructions).	Provide the explanations required by Part I Also complete this part for any additional in	I, line 10; Part II, line 17a iformation.	
				- -
				-

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE	E CONSERVATION ALLIANCE		94-3100867
Par	t Organizations Maintaining Don	or Advised Funds or Other Similar F swered 'Yes' to Form 990, Part IV, Inc	unds or Accounts.
	Complete if the organization and	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held in eganization's exclusive legal control?	donor advised funds
6	Did the organization inform all grantees, done for charitable purposes and not for the benefimpermissible private benefit?	ors, and donor advisors in writing that grant full of the donor or donor advisor, or for any oth	ands can be used only the purpose conferring
Par			
		swered 'Yes' to Form 990, Part IV, Im	e 7
1	Purpose(s) of conservation easements held be	<u> </u>	
	Preservation of land for public use (e g ,	· <u></u>	n of an historically important land area
	Protection of natural habitat	Preservation	n of a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation contribution in the f	orm of a conservation easement on the
	last day of the tax year		Held at the End of the Tax Year
ā	Total number of conservation easements		2 a
t	Total acreage restricted by conservation ease	ements	2 b
(Number of conservation easements on a cert	ified historic structure included in (a)	2 c
c	Number of conservation easements included	in (c) acquired after 8/17/06, and not on a his	toric 2 d
3	structure listed in the National Register Number of conservation easements modified, tra	nsferred, released, extinguished, or terminated by	
	tax year ►		<u> </u>
4	Number of states where property subject to cons	ervation easement is located	
5	Does the organization have a written policy roand enforcement of the conservation easeme	egarding the periodic monitoring, inspection, bints it holds?	nandling of violations, Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation easemen	ts during the year
7	Amount of expenses incurred in monitoring, insp ►\$	ecting, and enforcing conservation easements du	ring the year
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i) Yes No
9	include, if applicable, the text of the footnote	s conservation easements in its revenue and exp to the organization's financial statements tha	ense statement, and balance sheet, and t describes the organization's accounting for
Par	conservation easements † III Organizations Maintaining Colle Complete if the organization and	ections of Art, Historical Treasures, wered 'Yes' to Form 990, Part IV, In	or Other Similar Assets.
	· · · · · · · · · · · · · · · · · · ·		
1 a	a If the organization elected, as permitted under art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its final	eld for public exhibition, education, or research in	
t	o If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items	er SFAS 116 (ASC 958), to report in its revenue for public exhibition, education, or research in fur	ue statement and balance sheet works of art, therance of public service, provide the
	(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, amounts required to be reported under SFAS	116 (ASC 958) relating to these items	nancial gain, provide the following
	a Revenues included in Form 990, Part VIII, Iin	e 1	▶ \$
	Assets included in Form 990, Part X		▶ \$

Schedule D (Form 990) 2013 THE (Part III Organizations Mainta				orica	Treasures, or	Other S	94-3100 Similar Asse		Page 2 ued)
3 'Using the organization's acquisition items (check all that apply)									<u>-</u> -
a Public exhibition			d \square Loan	or exc	change programs				
b Scholarly research			e Other		mango programo				
c Preservation for future gener	ations		• oo.						
4 Provide a description of the organiz		ons and	explain how they	/ furth	er the organization's	s exempt p	urpose ın		
5 During the year, did the organiza to be sold to raise funds rather the	tion solicit or	receive	donations of a	t, hist	orical treasures, o	r other sin	milar assets	Yes	No
Part IV Escrow and Custodia	l Arrangem	ents.	Complete if	the o	rganization ans				
line 9, or reported an	amount on	Form	990, Part X,	line	21.				
1 a Is the organization an agent, trus on Form 990, Part X?			_			er assets	not included	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIII aı	nd com	plete the follow	ng tal	ole:			Amount	
c Beginning balance						1 c		Amount	
d Additions during the year			•			1 d	· ·	******	
e Distributions during the year						1 e			
						1 f			
f Ending balance .	mount on For	000	Dort V. I.no 213	,			— т	T Voc	No
2a Did the organization include an a		•				La Dark V	L	Yes	⊢No
b If 'Yes,' explain the arrangement	in Part XIII C	леск п	ere ii the expla	ntion	nas been provided	in Fan A	tii		
Part V Endowment Funds. C	omplete if t	he or	ganization ar	iswe	red 'Yes' to Fo	rm 990.	Part IV. line	e 10.	
	(a) Current		(b) Prior yea		(c) Two years back		hree years back	(e) Four yea	irs back
1 a Beginning of year balance	, ,		```		,,,,		•		
b Contributions									
- Ni-t							·· · · · ·	· · · · · · · · · · · · · · · · · · ·	
c Net investment earnings, gains, and losses									
d Grants or scholarships						~			
e Other expenditures for facilities									
and programs									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage	e of the currer	nt year	end balance (lir	ne 1g,	column (a)) held	as:			
a Board designated or quasi-endowm	ent 🟲		%						
b Permanent endowment ▶	8		<u>-</u>						
c Temporarily restricted endowmer	nt ►		8						
The percentages in lines 2a, 2b,	and 2c should	equal	100%						
3 a Are there endowment funds not in t	he nossession	of the o	roanization that	are he	ld and administered	I for the			
organization by	ne possession	01 1110 0	rgariization that	210 110	ia ana aammisteree	1101 1110		Yes	No
(i) unrelated organizations								3a(i)	
(ii) related organizations								3a(ii)	
b If 'Yes' to 3a(II), are the related of	organizations !	listed a	s required on S	chedu	le R ²			3b	
4 Describe in Part XIII the intended	duses of the o	organiza	ation's endowm	ent fu	nds				
Part VI Land, Buildings, and	Equipment	•					•	•	•
Complete if the organi			'Yes' to Forr	n 991	0, Part IV, line	11a. Se	e Form 990), Part X, I	ne 10.
Description of property		(a) Cost	t or other basis vestment)	(b) Cost or other basis (other)		cumulated eciation	(d) Book	value
1 a Land	.,					151			
b Buildings	į		•						-
c Leasehold improvements	ţ							 .	
d Equipment .	1				7,817.		6,191.		1,626.
a Othor	}			-	1,011.	, -	0,131.		1,040.
Fotal. Add lines 1a through 1e (Colum	n (d) must so	ual Fo	m 990 Part V	colum	un (R) line 10(c) \		•		1,626.
BAA	iii (u) iiiusi eq	uai i Ui	THE JOU, FAIL A,	COIUIT	in (D), inte TO(C))		• 1	le D (Form 99	20) 2013
PUL .							JUIEUL	, C 🐱 (1 OHH 33	بان درد،

TEEA3302L 10/02/13

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation Cost or end-of-year market value
1) Financial derivatives			
2) Closely-held equity interests			
3) Other			
A)			
A) B)			
C)			
D)			
C) D) E)	-		
F)		<u> </u>	
G)			
H)		· · · · · · · · · · · · · · · · · · ·	
(I)			
otal. (Column (b) must equal Form 990, Part X, column (B) line 12)			
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered), Part IV, line 11c.	See Form 990, Part X, line 13
(a) Description of investment type	(b) Book value	(c) Method of valuati	on Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
\-/			
	······································		
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets.	N/Z	Doubly has 11d	See Form 200 Port V June 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered	N/7 Yes' to Form 990	A D, Part IV, line 11d.	See Form 990, Part X, line 15
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Des	N/Z	A), Part IV, line 11d.	See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Dec.	N/7 Yes' to Form 990	A D, Part IV, line 11d.	See Form 990, Part X, line 19 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Dec. (1) (2)	N/7 Yes' to Form 990	A D, Part IV, line 11d.	See Form 990, Part X, line 19 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Dec. (1) (2) (3)	N/7 Yes' to Form 990	A D, Part IV, line 11d.	See Form 990, Part X, line 19 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Dec. (1) (2) (3) (4)	N/7 Yes' to Form 990	A D, Part IV, line 11d.	See Form 990, Part X, line 19 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Dec. (1) (2) (3)	N/7 Yes' to Form 990	A D, Part IV, line 11d.	See Form 990, Part X, line 19 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (2) (3) (4) (5)	N/7 Yes' to Form 990	A. Part IV, line 11d.	See Form 990, Part X, line 19 (b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (4) (5) (6) (7) (8)	N/7 Yes' to Form 990	A. Part IV, line 11d.	See Form 990, Part X, line 19 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13) (a) Description (b) must equal Form 990, Part X, column (B) line 13) (a) Description (c) Desc	N/7 Yes' to Form 990	A D, Part IV, line 11d.	See Form 990, Part X, line 19 (b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (2) (3) (4) (5) (6) (7) (8) (9)	N/7 Yes' to Form 990	A D, Part IV, line 11d.	See Form 990, Part X, line 19 (b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/I I 'Yes' to Form 990 scription	A D, Part IV, line 11d.	See Form 990, Part X, line 15 (b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) December (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities.	N/I I 'Yes' to Form 990 scription	O, Part IV, line 11d.	(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, column (B) line 13) (a) Description (C) (b) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fotal (C)	N/I I 'Yes' to Form 990 scription 3), line 15)	1e or 11f. See Form 990	(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability	N/I I 'Yes' to Form 990 scription	1e or 11f. See Form 990	(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Fotal. (Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (b) Federal income taxes	N/I I 'Yes' to Form 990 scription 3), line 15)	1e or 11f. See Form 990	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Fotal. (Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (1) Federal income taxes (2)	N/I I 'Yes' to Form 990 scription 3), line 15)	1e or 11f. See Form 990	(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fotal Description of liability (1) Federal income taxes (2) (3)	N/I I 'Yes' to Form 990 scription 3), line 15)	1e or 11f. See Form 990	(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Fotal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fotal Description of liability (1) Federal income taxes (2) (3) (4)	N/I I 'Yes' to Form 990 scription 3), line 15)	1e or 11f. See Form 990	(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	N/I I 'Yes' to Form 990 scription 3), line 15)	1e or 11f. See Form 990	(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (b) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fotal Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	N/I I 'Yes' to Form 990 scription 3), line 15)	1e or 11f. See Form 990	(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Fotal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fotal. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	N/I I 'Yes' to Form 990 scription 3), line 15)	1e or 11f. See Form 990	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	N/I I 'Yes' to Form 990 scription 3), line 15)	1e or 11f. See Form 990	(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	N/I I 'Yes' to Form 990 scription 3), line 15)	1e or 11f. See Form 990	(b) Book value
(10) Fotal. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (b) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	N/I I 'Yes' to Form 990 scription 3), line 15)	1e or 11f. See Form 990	(b) Book value
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Part IX Other Assets. Complete if the organization answered (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) Fotal. (Column (b) must equal Form 990, Part X, column (B) Part X Other Liabilities. Complete if the organization answered 'Yes' to Fotal (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	N/I I 'Yes' to Form 990 scription 3), line 15)	1e or 11f. See Form 990	(b) Book value

Schedule D (Form 990) 2013 THE CONSERVATION ALLIANCE		94-3100867	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue	per Return. N/A	
Complete if the organization answered 'Yes' to Form 990,		•	
1 Total revenue, gains, and other support per audited financial statements	·	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d	L	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 included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b.		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)	5	
Part XII Reconciliation of Expenses per Audited Financial Staten			
Complete if the organization answered 'Yes' to Form 990,	•	es per neturn. 11/11	
	, raitiv, iiie iza.		
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	1 - 1		
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d .		2 e	
3 Subtract line 2e from line 1.		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	10)	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	0)		
Part XIII Supplemental Information.	- 		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also contains a second	complete this part to pro	ovide any additional inform	nation.
BAA		Schedule D (Forn	n 990) 20

Schedule F (Form 990)

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.

2013 Information about Schedule F (Form 990) and its instructions is Open to Public Inspection at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

OMB No 1545-0047

94-3100867

THE CONSERVATION ALLIANCE

Part I General Information on Activities Outside the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

For grantmakers, Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States PART V

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (b) Number of (c) Number of (d) Activities conducted in (f) Total (a) Region (e) If activity listed in region (by type) (e g, offices in the employees, expenditures for (d) is a program service, describe and investments region agents, and fundraising, program independent services, investments, in region specific type of contractors grants to recipients service(s) in region in region located in the region) PT V PT V 140,000. TO PROTECT WILD (1) CANADA SERVICES (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)(12)(13)(14)(15)(16)(17)3 a Sub-total 140,000 **b** Total from continuation sheets to Part I 140,000 c Totals (add lines 3a and 3b)

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

Schedule F (Form 990) 2013

94-3100867

THE CONSERVATION ALLIANCE

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.

(i) Method of valuation (book, FMV, appraisal, other)	CASH							•									0	2 Schodule F (Form 000) 2013	יוטש נטככ ווווס-
(h) Description of non-cash was assistance	CA																▲		י בוופחחום י
(g) Amount of non-cash assistance	140,000.																/ the IRS, or for whic		
(f) Manner of cash disbursement	CASH																ed as tax-exempt by		
(e) Amount of cash grant																	gn country, recogniz		
(d) Purpose of grant	PROTECT WILD																arities by the foreig		
(c) Region	CANADA																re recognized as ch uivalency letter		
(b) IRS code section and EIN (if applicable)																	ions listed above that a	ons or entities	
(a) Name of organization																	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by 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	
-	Ð	(2)	(3)	(4)	(2)	(9)	6	(8)	6)	(10)	[E]	(12)	(13)	(14)	(15)	(16)	2 Ent		BAA

Page 3

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THE CONSERVATION ALLIANCE

Schedule F (Form 990) 2013

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 óf valuation (book, FMV, appraisal, other) Schedule F (Form 990) 2013 (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 (18) BA (18) 5 (16) 8 <u>(10</u> (11) (12) (13) (14) (12) (2) <u>@</u> € **②** 9 8 9 ϵ

TEEA3503L 06/26/13

· Sche	dule F (Form 990) 2013 THE CONSERVATION ALLIANCE	94-3100867	Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Cer Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	tain Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Cer Foreign Corporations (see Instructions for Form 5471)	taın Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	fied Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	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 for Form 5713).	Yes	X No
BAA	TEEA3505L 06/26/13	Schedule F (F	orm 990) 201:

•	Schedule F (Form 990) 2013 THE CONSERVATION ALLIANCE	94-3100867	Page 5
	Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I	I, line 3, column (f)	
	(accounting method; amounts of investments vs expenditures per region); Pamethod); Part III (accounting method); and Part III, column (c) (estimated nu applicable. Also complete this part to provide any additional information (see	mber of recipients), as	g S
	PART I, LINE 2 - GRANTMAKERS EXPLANATION FOR MONITORING USE OF FUI	NDS OUTSIDE US	
	PERIODIC INSPECTION AND GRANT APPLICATION.		
	PART I, LINE 3F - METHOD OF ACCOUNTING		
	APPLICANT IS AWARDED A CASH GRANT.		
	PART I, LINE 3F - INVESTMENTS & EXPENDITURES PER REGION		
	CASH GRANT.		
			<i></i> -
			- -

TEEA3504L 06/26/13

Schedule F (Form 990) 2013

BAA

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

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

2013

Open to Public Inspection

Name of the organization						Employer identifica	
THE CONSERVATION ALLIANCE	Ξ				!	94-310086	7
Part I Fundraising Activities. Comp	quired to comp	lete this p	art				
1 Indicate whether the organization	raised funds th	rough any	of the follo	owing activities. Check	all that a	pply	
a Mail solicitations			е	Solicitation of non-	-governm	ent grants	
b Internet and email solicitations	5		f	Solicitation of gove	ernment g	ırants	
c Phone solicitations			a	X Special fundraising	events		
d n-person solicitations				<u> </u>	-		
2 a Did the organization have a written of employees listed in Form 990, Pai	r oral agreemen	it with any i	ndıvıdual (ır	ncluding officers, directo	ors, trustee	s or key	
employees listed in Form 990, Pai b If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	iduals or entitie	s (fundraise					Yes XNo
(i) Name and address of individual	(ii) Activity		fundraiser	(iv) Gross receipts	T (v) Am	ount paid to	(vi) Amount paid to
or entity (fundraiser)	(.)	have custo of contr	dy or control	from activity	(or ref	etained by) iser listed in lumn (i)	(or retained by) organization
		Yes	No	· · · · · · · · · · · · · · · · · · ·			
1							
2							
3						-	
4							
5							
6							
7							
8						-	
9			1			· · · -	
10				··			
Total			•				0.
3 List all states in which the organizati or licensing	on is registered	or licensed	to solicit co	ontributions or has been	notified it	is exempt from	
							
		_					
	_ 						
	_ 					_ 	

		Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gro	the organization ar event contributions	swered 'Yes' to Fo	rm 990, Part IV, lii on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
RE		<u> </u>	(a) Event #1 OUTDOOR RETAIL (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
かい アー・カー・カー・カー・カー・カー・カー・カー・カー・カー・カー・カー・カー・カー	1	Gross receipts	85,079.			85,079.
Ē	2	Less. Charitable contributions				
	3	Gross income (line 1 minus line 2)	85,079.			85,079.
	4	Cash prizes				
_	5	Noncash prizes .				
DIRECT	6	Rent/facility costs				
č	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	22,545.			22,545.
Š	10	Direct expense summary Add lines 4 the	-		•	22,545.
Day	11	Net income summary Subtract line 10 fr Gaming. Complete if the organization		alta Farm 000 Dar	t IV Juno 10 or rou	62,534.
Par	t III	\$15,000 on Form 990-EZ, line 6a	illon answered Te	s to Form 990, Far		ported more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ē	1	Gross revenue .				
	2	Cash prizes				
DIRECT	3	Noncash prizes				
Č Š T E S	4	Rent/facility costs				<u></u> .
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes 8	Yes %	
	7	Direct expense summary Add lines 2 the	rough 5 in column (d)		•	·
	8	Net gaming income summary. Subtract I	ine 7 from line 1, colum	ın (d)		
	als th	er the state(s) in which the organization o he organization licensed to operate gamin No,' explain		nese states?		Yes No
		re any of the organization's gaming licens (es,' explain:				Yes No
BAA			TEEA3702L (06/26/13	Schedule & (Fo	rm 990 or 990-EZ) 2013

94-3100867

• Schedule G (Form 990 or 990-EZ) 2013 THE CONSERVATION ALLIANCE

Sch	edule G (Form 990 or 990-EZ) 2013 THE CONSERVATION ALLIANCE	4-31008	10/	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
12	'ls the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity operated in	1		
	a The organization's facility	13 a		%
Į	b An outside facility .	13 b		8
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	3		
	Name •		-	
	Address	- -		
ı	a Does the organization have a contact with a third party from whom the organization receives gaming revenue by If 'Yes,' enter the amount of gaming revenue received by the organization \$ and to of gaming revenue retained by the third party c If 'Yes,' enter name and address of the third party		Yes	No
	Name ►			
	Address ►	- 	- -	
16	Gaming manager information			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided			- -
	Director/officer Employee Independent contractor			
17				
	a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
	organization's own exempt activities during the tax year ► \$			
Pa	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information (see instructions).	olumns (i ny additio	ii) and (onal	(V),
				
_				

SCHEDULE I

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.

OMB No 1545-0047 2013

Open to Public Inspection

Employer identification number

94-3100867

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

Department of the Treasury Internal Revenue Service Name of the organization

THE CONSERVATION ALLIANCE

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 criteria used to award the grants or assistance? Part I General Information on Grants and Assistance

SEE PART IV

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Х¥es

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete If the organization answered 'Yes' to 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ACCESS FUND							
		501C3	40,000.	0.			PROTECT WILD
(2) ADIRONDACK MOUNTAIN CLUB							•
		501C3	50,000.	0.			PROTECT WILD
(3) ALASKA WILDERNESS LEAGUE							•
		501C3	35,000.	0.			PROTECT WILD
(4) AMERICAN RIVER CONSERVANCY							
		501C3	35,000.	0.			PROTECT WILD
(5) AMERICAN RIVERS							
WASHINGTON , DC 20001		501C3	35,000.	0.			PROTECT WILD
(6) AMERICAN WHITEWATER							
		501C3	35,000.	0.			PROTECT WILD
O APPALACHIAN MOUNTAIN CLUB							
BOSTON, MA 02108		501C3	25,000.	0.			PROTECT WILD
(8) CALIFORNIA WILDERNESS					_		
		501C3	35,000.	0.			PROTECT WILD
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3) and government	organizations listed	in the line 1 table			A	24
3 Enter total number of other organizations listed in the line 1 table	ions listed in the lin	e 1 table				A	12
							(C,00) (000

Schedule I (Form 990) (2013)

TEEA3901L 07/12/13

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

Page 2

(f) Description of non-cash assistance Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance <u> Part I, line 2 - Procedures for monitoring use of grants funds in u.s.</u> (c) Amount of cash grant PERIODIC INSPECTION AND GRANT ACCEPTANCE PROCESS. (b) Number of recipients (a) Type of grant or assistance Part IV

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Schedule I (Form 990) (2013)

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 3

Name of the organization						Employer identification number	tton number
THE CONSERVATION ALLIANCE						94-310086/	_
Part II Continuation of Grants and Other Assistance to G	d Other Assistaı	nce to Governm	ents and Organiza	overnments and Organizations in the United States (Schedule	States (Schedule	e I (Form 990), Part II.)	art II.)
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHELAN-DOUGLAS_LAND_TRUST							
		50103	35,000.				PROTECT WILD
CONSERVATION COLORADO							
DENVER, CO 80202		501C3	45,000.				PROTECT WILD
CONSERVATION LANDS							
DURANGO, CO 81301		501C3	35,000.				PROTECT WILD
CONSERVATION RESOURCE ALLIANC							
BISHOP, CA 93514		501C3	35,000.				PROTECT WILD
EARTHJUSTICE							
SAN FRANCISCO, CA 94111		501C3	45,000.				PROTECT WILD
FRIENDS OF THE UNYO			33333				
BISHOP , CA 93514		501C3	25,000.				PROTECT WILD
[a]							
FLAGSTAFF, AZ 86001		501C3	35,000.				PROTECT WILD
GREATER YELLOWSTONE							
BOZEMAN, MT 59715		501C3	35,000.				PROTECT WILD
INTERNATIONAL MIN BIKING							
BOULDER, CO 80301		501C3	45,000.				PROTECT WILD
KLAMATH SISKIYOU WILDLANDS		-					
ASHLAND, OR 97520		50103	30,000.				PROTECT WILD
			TEEA4001L 07/12/13			Schedule I	Schedule I Cont (Form 990) 2013

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

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Continuation Page

Schedule I Cont (Form 990) 2013 (h) Purpose of grant or assistance PROTECT WILD PROTECT WILD PROTECT WILD PROTECT WILD PROTECT WILD PROTECT WILD PROTECT WILD PROTECT WILD PROTECT WILD PROTECT WILD Employer identification number Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 94-3100867 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance 25,000. 25,000. 40,000 (d) Amount of cash grant 50,000 35,000 50,000 50,000 50,000 35,000 35,000 TEEA4001L 07/12/13 (c) IRC section if applicable 501C3 50103 50103 50103 50103 501C3 50103 501C3 50103 50103 (b) EIN (a) Name and address of organization or government THE CONSERVATION ALLIANCE THOMPSON DIVIDE COALITION SOUTHERN UTAH WILDERNESS SALT LAKE CITY, UT 84111 RIVERS_WITHOUT BORDERS TRUST FOR PUBLIC LAND NEW MEXICO WILDERNESS ALBUQUERQUE, NM 87125 MONTPLELIER, VT 05602 OREGON NATURAL DESERT CARBONDALE, CO 81623 MONTANA WILDERNESS PORTLAND, OR 97217 SODA MIN SPRINGS CLINTON, WA 98236 ASHLAND, OR 97520 MT 95695 JUNEAU, AK 22209 TROUT UNLIMITED BEND, OR 97701 OREGON WILD Name of the organization HELENA,

Continuation Sheet for Schedule I (Form 990)

 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2013

က (h) Purpose of grant or assistance ₽ PROTECT WILD PROTECT WILD PROTECT WILD PROTECT WILD PROTECT WILD PROTECT WILD PROTECT WILD PROTECT WILD Continuation Page Employer identification number Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 94-3100867 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 25,000. 50,000 35,000 45,000 35,000 50,000 40,000 30,000 (c) IRC section if applicable 501C3 50103 50103 50103 50103 50103 **501C3** 5003 (p) EIN (a) Name and address of organization or government THE CONSERVATION ALLIANCE WESTERN RIVERS CONSERVANCY WILDERNESS SUPPORT CENTER WINTER WILDLANDS ALLIANCE WILDERNESS LAND IRUST CO 81623 YELLOW DOG WATERSHED MONTPELIER, VT 05602 ASHEVILLE, NC 28801 __VERMONT LAND TRUST PORTLAND, OR 97217 WILD SALMON CENTER PORTLAND, OR 97209 BIG BAY, MI 49808 DURANGO, CO 20036 BOISE, ID 87302 _ MILD_SOUTH_ CARBONDALE , Name of the organization

Schedule I Cont (Form 990) 2013

TEEA4001L 07/12/13

SCHEDULE O (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.

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization THE CONSERVATION ALLIANCE	Employer identification number 94-3100867			
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS				
A DRAFT OF THE 990 IS PRESENTED TO THE BOARD OF DIRECTORS FOR F	REVIEW.			
THE BOARD IS RESPONSIBLE FOR APPROVAL OF THE 990 PRIOR TO SUBMISSION.				
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMI	ENT OF CONFLICTS			
THE BOARD OF DIRECTORS ARE REQUIRED TO ADDRESS ISSUES IF				
THEY ARISE.				
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS	- CEO, TOP MANAGEMENT			
THE BOARD OF DIRECTORS DETERMINES COMPENSATION AT REGULAR BOARD	MEETINGS.			
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AV	AILABLE			
INFORMATION IS AVAILABLE UPON REQUEST AND ON WWW.GUIDSTAR.ORG.				
FORM 990, PART XII, LINE 2 - CHANGE OF OVERSIGHT OR SELECTION PROCE	<u>:ss</u>			
THE BOARD OF DIRECTORS ASSUMES DIRECT RESPOSIBILITY FOR THE AUD	OIT PROCESS.			
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