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# Extended to November 16, 2015

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public

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

AF	or the	2014 calendar year, or tax year beginning and ending	9
B c	heck if oplicable	C Name of organization	D Employer identification number
	Addres:	Conservation Force, Inc.	
	Name change	Doing business as	72-1364493
	Initial return Final return/	Number and street (or PO box if mail is not delivered to street address) 3240 S. I-10 Service Road West Room/	suite E Telephone number (504) 837 - 1233
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$ 1,288,651.
	Amende	THE COLLECT COLL COLL	H(a) Is this a group return
	Applica tion pending	F Name and address of principal officer CTT 13 C1411 B: 34CK3011	for subordinates? Yes X No
		Salle as C above	H(b) Are all subordinates included? Yes No
		mpt status X 501(c)(3) 501(c)( ) ( (insert no ) 4947(a)(1) or c: ► www.conservationforce.org	527   If "No," attach a list (see instructions)     H(c) Group exemption number ▶
			Year of formation 1997 M State of legal domicile LA
		Summary	- Control of the Cont
Governance	1 [	Briefly describe the organization's mission or most significant activities Conservanatural world through science based programs	ation of wildlife and the s, public service,
rna	-	Check this box Fig. 1 if the organization discontinued its operations or disposed of	
ove	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3 8
න	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)	4 6
Activities &	5 7	otal number of individuals employed in calendar year 2014 (Part V, line 2a)	5 4
ξ		otal number of volunteers (estimate if necessary)	6 <u>0</u> 7a 0.
Ac	1	otal unrelated business revenue from Part VIII, column (C), line 12	7a 0.
	D 1	Net unrelated business taxable income from Form 990-T, line 34	Prior Year Current Year
ø.	8 (	Contributions and grants (Part VIII, line 1h)	728,632. 1,268,948.
Š	l	Program service revenue (Part VIII, line 2g)	0. 0.
Revenue	10 i	nvestment income (Part VIII, column (A), lines 3,4, and 7d)	389. 1,100.
ш	11 (	other revenue (Part VIII, column (A), lines 3, d, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 9c, 10c, and 119) 15  Otal revenue - add lines 8 through 11 (must edible Part VIII, column (A), line 20)	41,525. 18,603.
	12	otal revenue - add lines 8 through 11 (must epiblic Part VIII, column (A), line 22)	770,546. 1,288,651.
		Grants and similar amounts paid (Part IX, column (A) Impes 1:3)	276,260. 201,940. 0. 0.
		Benefits paid to or for members (Part IX, column (A) line 4)	181,627. 160,863.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
ie d		Fotal fundraising expenses (Part IX, column (D), line 25)   6,936.	
ū	ł .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	421,457. 476,336.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	879,344. 839,139.
	19	Revenue less expenses Subtract line 18 from line 12	<108,798.> 449,512.
Vet Assets or und Balances			Beginning of Current Year End of Year 11,462,466. 11,901,979.
Asse Bals	20	Fotal assets (Part X, line 16) Fotal liabilities (Part X, line 26)	10,000.
	22	Net assets or fund balances. Subtract line 21 from line 20	11,452,466. 11,901,979.
		Signature Block	
Und	er pena	ties of perjury, I declare that I have ex <del>amined this return, including accompa</del> nying schedules and s	tatements, and to the best of my knowledge and belief, it is
true true	correc	, and complete Deckaration of preparer (other than officer) is based on all information of which pri	eparer has any knowledge
D 1		Signature of office	Date Natember 201)
Sig	1	Christian B. Jackson, Secretary & Treasu	
∑ Her _∙	•	Type or print name and title	2015
<u> </u>		Print/Type preparer's name Preparer's signature	Date   Check PTIN
Raic	ı	Katherine A. Hoffman ACHCULUNIN Helt	self-employed P00966279
<i>)</i> , '	arer	Firm's name BERNARD & FRANKS, CORP. OF C.P.A.	S Firm's EIN ▶ 72-0916213
Use	Only	Firm's address 4141 VETERANS BLVD, SUITE 313	/504)005 0170
	. 45 - 17	METAIRIE, LA 70032-5581	Phone no (504)885-0170
	•	S discuss this return with the preparer shown above? (see instructions) 7-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Yes No Form 990 (2014)
4320	01 11-0 <b>S</b>	9-14 LMA For Paperwork Reduction Act Notice, see the separate instructions.  Per Schedule Offer Organization Mission State	

_			
d	Other program services (Describe in Schedule O)		
	(Expenses \$ 18,257. including grants of \$		
e	Total program service expenses ► 750	.909.	

Part IV	Checklist	of	Required	<b>Schedules</b>

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	,If "Yes," complete Schedule A	1	X	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2	Χ	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		Х
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	Х	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		V	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	<del>-</del> -		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		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	11f	ļ	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	-	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes " and if the organization appropriate appropriate the propriate of the propria	104		X
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		X
13 14a		13 14a	Х	<del></del>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		<u> </u>	<u> </u>
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ŀ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1.0		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<del>  ^</del>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del> </del>	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		T-
<del>-</del> -	and the state of t		990	(2014

Par	t IV Checklist of Required Schedules (continued)			ugo .
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II,	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			İ .
	Part IX, column (A), line 2 <sup>9</sup> If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	ļ <u>-</u>	ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	·	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			Х
••	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)	00	1	Х
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		Х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
30	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	<del> </del>	
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a		35a		X
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		L
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI	37	ļ	X

Form **990** (2014)

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

		JU44 JJ	<u> </u>	age <b>ɔ</b>
Par	Statements Regarding Other IRS Filings and Tax Compliance Check If Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5		
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	4		
ь		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	İ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	t		
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly for goods and services provided to the partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and partly as a contribution and contribution and contribution and contribution and contribution and contribution and contribution and contribution and contribution and contri	ayor <sup>9</sup> <b>7a</b>		<u>X</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ <u>.</u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required	1 <sup>7</sup> 7g		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098	3-C <sup>γ</sup> <b>7h</b>	ļ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		ļ
9	Sponsoring organizations maintaining donor advised funds.			
а		9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9ь	<u> </u>	ļ
10	Section 501(c)(7) organizations. Enter			
а				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	, , , , , , , , , , , , , , , , , , , ,			
	amounts due or received from them)			1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<del> </del> -
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ	<u> </u>	
а	·	13a	ļ	<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O			
b				
	organization is licensed to issue qualified health plans			
C			<del> </del>	X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	J	

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

Conservation Force, Inc. 72-1364493 \*Fórm 990 (2014) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 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 6 1b b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7ь persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a a The governing body? b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 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) Yes 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 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 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 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 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Χ 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure None 17 List the states with which a copy of this Form 990 is required to be filed ▶\_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records the Organization - (504) 837-1233

70001-6911

3240 S. I-10 Service Road West, No.

200,

Metairie,

LA

#### Form 990 (2014) 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

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

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

<b>(A)</b> Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) John J. Jackson III	80.00	X		Х				2 207	0.	25 512
Chairman & President	90.00	^		^		<u> </u>		3,207.	0.	35,513
(2) Christian B. Jackson	80.00			V					^	20 000
Secretary & Treasurer	10.00	X		X		ļ		Θ.	Θ.	20,000
(3) Bert Klineburger	10.00								•	0
Director		X	ļ					Θ.	Θ.	0
(4) Phillippe Chardonet	20.00									_
Director	15 00	X	ļ			ļ		Θ.	Θ.	0
(5) Shane Mahoney	15.00								•	_
Director		X	ļ	<u> </u>				Θ.	Θ.	0
(6) Gerhard Damm	5.00									
Director	1 00	X				ļ		Θ.	Θ.	0
(7) Don Lindsay	1.00		ļ							
Director		X		L.	ļ	<u> </u>		Θ.	Θ.	0
(8) Dale Toweill, Ph.D.	5.00									
Director		X						Θ.	Θ.	Θ
-										

Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	/	not c	Pos			000	Reportable Reportable			E:	stimate	∍d
		hours per	box	c, unle	ss pe	rson	is bot	th an	compensation	compensatio	n	ar	nount	of
		week		icer ar	id a d	irecto	or/trus	stee)	from	from related	·		other	
		(list any	Individual trustee or director		Ì				the	organizations		com	pensa	ation
		hours for	1 5 5	بو			ged	1	organization	(W-2/1099-MIS	iC)	f	rom th	е
		related organizations	35 SE	institutional trustee			Highest compensated employee		(W-2/1099-MISC)			1	ianizat	
		below	La tr	Page 1		Кеу етріоуее	5 8						d relat	
		line)	divid	la fig	Officer	Fa A	Sples	Former				orga	anızatı	ons
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			1									i		
1 h	Sub-total	1	<del></del>	J		1			3,207.		0.		5,5	13
	Total from continuation sheets to Part V	III Coetion A							0.		0.		<u> </u>	<del>-0.</del>
		ii, Section A							3,207.		0.	5	5,5	<del>13</del> .
	Total (add lines 1b and 1c)	4 [ 4 4 4 - 41				l	. 1		<del></del>	000 ( )			J, J	<u> </u>
2	Total number of individuals (including but i	not limited to tr	nose	HST	ed a	DOV	e) w	no re	eceived more than \$100	,000 of reportabl	е			۵
	compensation from the organization	<del></del>											V	0
_											1	<del></del>	Yes	No
3	Did the organization list any former officer			e, ke	ey er	mplo	oyee	, or	highest compensated e	mployee on		i L		v
	line 1a? If "Yes," complete Schedule J for											3	ļ	X
4	For any individual listed on line 1a, is the s	· ·		-					•	the organization		į		
	and related organizations greater than \$15											4	<u></u>	X
5	Did any person listed on line 1a receive or	accrue compe	nsat	tion 1	from	any	/ uni	relat	ed organization or indivi	dual for services		į		
	rendered to the organization? If "Yes," con	nplete Schedul	le J	for s	uch	per	son					5		<u> </u>
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of com	ıpens	ation	from	
	the organization Report compensation for	the calendar y	ear	endi	ng y	vith	or w	/ithir	n the organization's tax	/ear				
	(A)								(B)			((	C)	
	Name and business	s address	N	ONI	Ε				Description of s	ervices	С		nsatio	'n
													_	
													•	
								$\dashv$						
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		······································						$\dashv$						
	Total number of independent anniversal	(noludina but		une i <sup>4</sup> c	.d.+-	. +1	- I-		I obovol where a	are the				
2	Total number of independent contractors in \$100,000 of companyation from the organ		iot II	пппе	:u 10		ose II O	Siec	above) who received in	iore triair				
	\$100,000 of compensation from the organ	IZALIOII			-		<u> </u>							

	n 990 <b>ʻ</b> ()		rvation	Force, I	nc.		/2-1364	493 Page <b>9</b>
Pa	rt VII	Statement of Rever	nue					
		Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII			
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
is s	1 a	Federated campaigns	1a					
פֿבּ	ь	Membership dues	1ь					
A,c	c	Fundraising events	1c		<b>1</b>			
<u> </u>	d	Related organizations	1d					
S.E	е	Government grants (contribut	ions) 1e					
contributions, Girts, Grants and Other Similar Amounts	f	All other contributions, gifts, gran						
₽Ĕ		similar amounts not included abo	ve 1f $1$	, 268, 948.				
פֿק	9	Noncash contributions included in lines	: 1a-1f \$	·····	2 262 242			
<u>5                                    </u>	h	Total. Add lines 1a-1f		<b></b>	1,268,948.			
				Business Code				
Program service Revenue	2 a							 
ž a	Ь							
ĘĘ	C	<del></del>						
ga Re	d							
5	e f	All other program service reve						
	g		enue	<b></b>				
	3	Investment income (including	dividends inter					
		other similar amounts)	2,7,237,23, 11,13	<b>&gt;</b>	1,100.	1,100.		
	4	Income from investment of ta	x-exempt bond	proceeds >		,		
	5	Royalties		<b>•</b>				
		•	(ı) Real	(II) Personal				
	6 a	Gross rents						
	b	Less rental expenses						
	С	Rental income or (loss)	<u> </u>					
	d	Net rental income or (loss)		<b>•</b>				
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory			-	į		
	b	Less cost or other basis						
		and sales expenses		<del>-  </del>		[		
	1	Gain or (loss)						
		Net gain or (loss)		<u> </u>				
ĭe	Ва	Gross income from fundraisin	-					
Ven		including \$	of					
Other Revenue		contributions reported on line Part IV, line 18						
the	b	Less direct expenses	a b		-			
Ö	t	Net income or (loss) from fund		<b>—</b>	İ			
	i	Gross income from gaming ad	-					
		Part IV, line 19	a	1				
	ь	Less direct expenses	t		† ! !			
	c	Net income or (loss) from gan	ning activities	<b></b>				
	10 a	Gross sales of inventory, less	returns					
	[	and allowances	a					
	b	Less: cost of goods sold	ŀ	, [	<u> </u>			
	С	Net income or (loss) from sale		<u> </u>				
		Miscellaneous Revenu		Business Code		10 500		
		Conservation Li	<u>ltigatio</u>	900099	18,500.	18,500.		
	b	Book Royalties		900099	103.	103.		
	C							
	d				18,603.		<del></del>	
	12	Total. Add lines 11a-11d  Total revenue See instructions			1,288,651.	19,703.	0.	<u>Θ.</u>
	1 - 4	LOIDLICACIONE OCC INSTINCTIONS			<u>,,</u>	<u> </u>		<u>.                                    </u>

Form 990 (2014) Conservation Force, Inc.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete all columns.

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			mplete column (A)	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	F 000	r 000		
	and domestic governments See Part IV, line 21	5,000.	5,000.		
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	196,940.	196,940.		
	Individuals See Part IV, lines 15 and 16	130,340.	190,940.		<del></del>
4	Benefits paid to or for members			<u></u>	
5	Compensation of current officers, directors, trustees, and key employees	58,720.	44,848.	6,936.	6,936
6	Compensation not included above, to disqualified	30,720.	11,040.	0,330.	0,550
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	91,849.	91,849.		
8	Pension plan accruals and contributions (include	31,0131	31,013.		
Ū	section 401(k) and 403(b) employer contributions)			İ	
9	Other employee benefits	3,271.	3,271.		
10	Payroll taxes	7,023.	7,023.		
11	Fees for services (non-employees)				
	Management (Non-employees)				
b	Legal	11,425.	11,425.		
c	Accounting	11,425. 9,728.	, , , , , , , , , , , , , , , , , , , ,	9,728.	
d	Lobbying	· · · · · · · · · · · · · · · · · · ·			
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O)	199.		199.	
12	Advertising and promotion				
13	Office expenses	26,803.	2,002.	24,801.	
14	Information technology				
15	Royalties				
16	Occupancy _	28,044.		28,044.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	127,395.	127,395.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	11,586.		11,586.	
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Concorration Education [	200,855.	200,855.		
b	CONDM	32,008.	32,008.	-	<del>.</del>
C	Land Truct	15,908.	15,908.		· · · · · · · · · · · · · · · · · · ·
d	Athan Drafacta	12,385.	12,385.		
_	All other expenses		,		
25	Total functional expenses Add lines 1 through 24e	839,139.	750,909.	81,294.	6,936
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 following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		28,138.	1	66,126.
	2	Savings and temporary cash investments	ļ	310,501.	2	723,612.
;	3	Pledges and grants receivable, net		3		
-	4	Accounts receivable, net	Ĺ		4	
	5	Loans and other receivables from current and fo	rmer officers, directors,			
		trustees, key employees, and highest compensations				
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali	fied persons (as defined under			
ĺ		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
₹   ;	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
1	0a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D	10a 11,145,711.			
	b	Less accumulated depreciation	10ь 87,960.	11,069,337.	10c	11,057,751
1	1	Investments - publicly traded securities			11	
1	2	Investments - other securities See Part IV, line	l1		12	
1	3	Investments - program-related See Part IV, line	11		13	
1	4	Intangible assets		14		
1	5	Other assets See Part IV, line 11		54,490.	15	54,490
1	6	Total assets. Add lines 1 through 15 (must equ	al line 34)	11,462,466.	16	11,901,979.
1	7	Accounts payable and accrued expenses			17	
1	8	Grants payable		18		
1	9	Deferred revenue			19	
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
တ္က 2	22	Loans and other payables to current and forme	r officers, directors, trustees,			
≝		key employees, highest compensated employee	es, and disqualified persons			
Liabilities		Complete Part II of Schedule L		10,000.	22	0.
ב ∣ ב	23	Secured mortgages and notes payable to unrela	ated third parties		23	
2	24	Unsecured notes and loans payable to unrelate	d third parties		24	
2	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines				
		Schedule D	1		25	
2	26	Total liabilities. Add lines 17 through 25		10,000.	26	0.
		Organizations that follow SFAS 117 (ASC 958	B), check here ▶ X and			
Se		complete lines 27 through 29, and lines 33 ar	nd 34.			
Ž 2	27	Unrestricted net assets		97,124.	27	156,701.
<u>e</u> 2	28	Temporarily restricted net assets		288,869.	28	678,805.
Net Assets or Fund Balances	29	Permanently restricted net assets		11,066,473.	29	11,066,473.
בַּ		Organizations that do not follow SFAS 117 (A				
ō		and complete lines 30 through 34.				
sta   a	30	Capital stock or trust principal, or current funds		30		
881	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
t   3	32	Retained earnings, endowment, accumulated in			32	
ź   g	33	Total net assets or fund balances	ĺ	11,452,466.	33	11,901,979.
1 3	34	Total liabilities and net assets/fund balances		11,462,466.	34	11,901,979.

Form	Conservation Force, Inc.	72-	1364493	Pa	ige <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
	•				
1	Jotal revenue (must equal Part VIII, column (A), line 12)	1	1,28		
2	Total expenses (must equal Part IX, column (A), line 25)	2	839	9,1	39.
3	Revenue less expenses Subtract line 2 from line 1	3	449	9,5	12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,45	2,4	66.
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	-		1.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	11,90	1,9	79.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		_	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	tit   [	•	
	Act and OMB Circular A-133?		3a		X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	irt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2014)

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

Department of the Treasury Internal Revenue Service

Name of the organization

# **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

ZUT4
Open to Public

orm990. Inspection
Employer identification number

Conservation Force, Inc. 72-1364493 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 name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  $\Box$ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (iv) Is the organization (v) Amount of monetary (vi) Amount of (ii) FIN (iii) Type of organization listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) No (see instructions))

Section A. Public Support

\*Schedule A (Form 990 or 990-EZ) 2014 Conservation Force, Inc. 72-13644

[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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	633,214.	1,307,289.	1,225,070.	728,632.	1,268,948.	5,163,153.
2	Tax revenues levied for the organ-		İ				
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	633,214.	1,307,289.	1,225,070.	728,632.	1,268,948.	5,163,153.
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly			***************************************			
	supported organization) included			1			
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						154,600.
6	Public support. Subtract line 5 from line 4						5,008,553.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	(a) 2010 633, 214.	1,307,289.	1,225,070.	728,632.	1,268,948.	5,163,153.
8	Gross income from interest,				*		
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	342.	1,817.	576.	464.	1,203.	4,402.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	:		32,500.	41,450.	18,500.	92,450.
11	Total support. Add lines 7 through 10						5,260,005.
12	Gross receipts from related activities	, etc (see instruction	ons)			12	116,661.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and sto						<b>▶</b> □
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (	line 6, column (f) di	ivided by line 11, c	olumn (f))		14	95.22 %
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	97.72 <u>%</u>
16a	33 1/3% support test - 2014. If the	organization did no	t check the box or	line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>►</b> X
k	33 1/3% support test - 2013. If the	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qua	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - <b>2014</b> . If the org	anization did not c	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test The organiza	ition qualifies as a j	publicly supported	d organization		▶ □
ŀ	10% -facts-and-circumstances tes	t - <b>2013</b> . If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-cir	cumstances" test.	The organization q	ualifies as a public	cly supported orga	anization	▶ □
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s <b>&gt;</b>
					Sche	edule A (Form 990	or 990-EZ) 2014

# Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support		<b>,</b>		·	-y	
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and			-			_
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
8	Public support (Suppract line 7c from line 6)						
	ction B. Total Support						
Cale	indar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
	dross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ı					
	acquired after June 30, 1975	1					
	Add lines 10a and 10b						
11							
12	Other income Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI)  Total support (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization	s first, second, thi	rd, fourth, or fifth t	lax vear as a section	on 501(c)(3) organiz	ation.
•	check this box and stop here	J. gamzanon	c., cocoma, am	,	,	(0/(0) 0/90/112	▶ □
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
				column (fl)		15	%
15	• • • • •			Columnia (1))		16	
	<del></del>					10	%
	ction D. Computation of Inves			_		1	
	Investment income percentage for 20	•	•	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2014. If the	-					7 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	e organization qua	lifies as a publicly	supported organiz	zation	▶∟_
ı	o 33 1/3% support tests - 2013. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box and s	stop here. The org	anızatıon qualifies	as a publicly supp	ocrted organization	▶ 🛄
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	this box and see in	structions	▶ □
		<del></del>			0.	hadula A /Carm 00	0 000 570 0014

## Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I if you checked 11a of Part I, complete Sections A and B if you checked 11b of Part I, complete Sections A and C if you checked 11c of Part I, complete Sections A, D, and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI**how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI**how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part Vi**when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
  (B) purposes? If "Yes," explain in **Part Vi**what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part Viwhat controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990)
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

F	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
70		
5a		
5b		
5c		
6		
_		
7		<b></b>
8	]	
9a	ļ	
9b		
9c		
30		
10a		
10b		<u> </u>
990 or 99	0-EZ)	2014

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Sche	dule À (Form 990 or 990-EZ) 2014 Conservation Force, Inc			72-1364493 Page 6
Par				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	.,	
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4	1	
5	Depreciation and depletion	5	-	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8	_	
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)				
Sect	ion D	- Distributions			Current Year			
1	Amou	unts paid to supported organizations to accomplish exe	empt purposes					
2	Amou	ints paid to perform activity that directly furthers exem	pt purposes of supported					
	organizations, in excess of income from activity							
_3_	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amou	unts paid to acquire exempt-use assets						
_5_	Quali	fied set-aside amounts (prior IRS approval required)						
_6	Othe	distributions (describe in Part VI) See instructions						
_7	Total	annual distributions. Add lines 1 through 6						
8	Dıstrı	butions to attentive supported organizations to which t	he organization is responsive	•				
	(prov	de details in Part VI) See instructions	······································					
9_	Distri	butable amount for 2014 from Section C, line 6						
10	Line	3 amount divided by Line 9 amount	Y					
			(i)	(ii)	(iii)			
Sect	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable			
				Pre-2014	Amount for 2014			
		butable amount for 2014 from Section C, line 6			***************************************			
2		rdistributions, if any, for years prior to 2014						
		onable cause required-see instructions)						
_3_	Exce	ss distributions carryover, if any, to 2014						
a_		······································						
<u>b</u>				<del></del>				
<u>c</u> d								
	From	2012						
		of lines 3a through e						
		ed to underdistributions of prior years			<u> </u>			
		ed to 2014 distributable amount						
— <u>"</u>		rover from 2009 not applied (see instructions)						
<u></u> i		ainder Subtract lines 3g, 3h, and 3i from 3f						
4		butions for 2014 from Section D.			· · · · · · · · · · · · · · · · · · ·			
•	line 7							
a		ed to underdistributions of prior years			<u> </u>			
		ed to 2014 distributable amount						
c		ainder Subtract lines 4a and 4b from 4						
5		aining underdistributions for years prior to 2014, if						
_		Subtract lines 3g and 4a from line 2 (if amount						
		er than zero, see instructions)						
6		aining underdistributions for 2014 Subtract lines 3h	that Maria a constitution of the state of th					
		to from line 1 (if amount greater than zero, see						
		uctions).						
7		ss distributions carryover to 2015. Add lines 3j						
	and 4	•						
8		kdown of line 7						
а								
ь								
С								
d	Exce	ss from 2013						
	Г.,,,,,	no from 2014						

Schedule A (Form 990 or 990-EZ) 2014

. .- .- "

Part VI	• •				10, Part II, line 17a or	17b, and Part III, line 12
	Also complete this pa	art for any additional inf	formation (See instru	ctions)		
	.,					
	<del></del>					
	<del></del>				<del> · · · · · · · · · · · · · · · · · ·</del>	
	······································	<del></del>				
			<del> </del>			-
			<del></del>			
	···	<del></del>	<del></del>	<del></del>		
		<u> </u>				
				<del></del>		
				<del>- · · ·</del>		

# SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Conservation Force, Inc.

Employer identification number 72-1364493

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" to Form 990, Part IV, lin-	e 6					
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds				
	are the organization's property, subject to the organization's	_	Yes No				
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only				
	for charitable purposes and not for the benefit of the donor of	0 0	•				
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No				
Par		ganization answered "Yes" to Form 990,					
1	Purpose(s) of conservation easements held by the organizat		· · · · · · · · · · · · · · · · · · ·				
	X Preservation of land for public use (e.g., recreation or e		torically important land area				
	X Protection of natural habitat	· —	tified historic structure				
	X Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last				
_	day of the tax year		tot a conscivation casement on the last				
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a 15				
b	Total acreage restricted by conservation easements		2ь 3,766.27				
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c 0				
d	Number of conservation easements included in (c) acquired	, ,					
ŭ	listed in the National Register	and of 17700, and not on a matoric struc	2d 0				
3	Number of conservation easements modified, transferred, re	leased extinguished or terminated by th					
Ū	year ▶ 0	icased, extinguished, or terminated by tr	e organization during the tax				
4	Number of states where property subject to conservation ea	sement is located > 2					
5	Does the organization have a written policy regarding the pe						
•	violations, and enforcement of the conservation easements	- · · · · · · · · · · · · · · · · · · ·	Yes X No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, and		7				
8	Does each conservation easement reported on line 2(d) above						
Ü	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170	Yes No				
9	In Part XIII, describe how the organization reports conservat	ion essements in its revenue and evocas					
3	include, if applicable, the text of the footnote to the organization	•					
	conservation easements	mon s mandar statements that describes	the organization's accounting to				
Pai	t III Organizations Maintaining Collections of	f Art. Historical Treasures, or C	Other Similar Assets				
	Complete if the organization answered "Yes" to Form		The Chillian Models.				
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art				
	historical treasures, or other similar assets held for public ex						
	the text of the footnote to its financial statements that descr		ance of public service, provide, in Fait Alli,				
ь	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art, bistorical				
J	treasures, or other similar assets held for public exhibition, e						
	relating to these items	odcation, or research in furtherance of pr	ablic service, provide the following amounts				
	(i) Revenue included in Form 990, Part VIII, line 1		▶ •				
	(ii) Assets included in Form 990, Part X		► \$ ► \$				
9	• •	anguran, or other nimiter consts for fire and					
2	If the organization received or held works of art, historical tre		ai gain, provide				
	the following amounts required to be reported under SFAS 1	To lyon aboliterating to tuese items.	<b>•</b> •				
a	Revenue included in Form 990, Part VIII, line 1		► \$ ► \$				
Þ	Assets included in Form 990, Part X		<b>&gt;</b> \$				

• Sche	dule D (Form 990) 2014 Conserva	ation Force	e, Inc.			72-13	64493 Page 2		
Par		ollections of Ar	t, Historical Tre	easures, or O	ther Simi	ar Asse	ts(continued)		
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that are	a significant	use of its	collection items		
	(check all that apply):								
а	• Public exhibition	d	Loan or excl	hange programs					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	liections and explair	how they further th	ne organization's	exempt purp	ose in Par	t XIII		
5	During the year, did the organization solicit or	r receive donations of	of art, historical treas	sures, or other sin	nılar assets				
<del>,</del> .	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or								
. <b></b>	reported an amount on Form 990, Par	t X, line 21							
1a	Is the organization an agent, trustee, custodi	an or other intermed	lary for contribution	s or other assets	not included	_			
	on Form 990, Part X?						_ Yes No		
ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table <sup>.</sup>			,			
							Amount		
c	Beginning balance				1c		· · · · · · · · · · · · · · · · · · ·		
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	ustodial account li	iability?		Yes No		
ь	If "Yes," explain the arrangement in Part XIII								
Par	t V Endowment Funds. Complete	the organization an	swered "Yes" to Fo	rm 990, Part IV, Iır	ne 10.				
		(a) Current year	(b) Prior year	(c) Two years bac	k (d) Three	years back	(e) Four years back		
1a	Beginning of year balance	11,355,342.	11,226,155.	11,247,26	4. 6,	880,845.	2,414,998.		
b	Contributions	547,819.	497,060.	600,75	3. 5,	105,253.	4,751,546.		
С	Net investment earnings, gains, and losses	995.	317.	40	9.	35.	. 68.		
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	158,878.	366,480.	622,13	5.	738,779.	285,767.		
f	Administrative expenses		1,710.	13	5.	90.			
9	End of year balance	11,745,278.	11,355,342.	11,226,15	5. 11,	247,264.	6,880,845.		
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ►	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administered f	or the organ	ızatıon	<del></del>		
	by						Yes No		
	(i) unrelated organizations						3a(i) X		
	(ii) related organizations						3a(ii) X		
b	If "Yes" to 3a(II), are the related organizations	s listed as required o	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds		·				
Pa	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" to Form 990	, Part IV, line 11a S	ee Form 990, Par	t X, line 10				
	Description of property	(a) Cost or o	' '	, · · · · · · · · · · · · · · · · · · ·	c) Accumulat	ŀ	(d) Book value		
		basis (investr		(other)	depreciation	,	- A A - A - A		
1a	Land		11,01	1,983.		1	11,011,983.		
b	Buildings						<del></del>		
c	Leasehold improvements								
d	Equipment			2 720			45 -22		
e	Other			3,728.	87,9		45,768.		
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10c)		<b>▶</b>   ]	11,057,751.		

Schedule D (Form 990) 2014

<u>Sche</u>	dule D (Form 990) 2014 Conservation Force, Inc.		72-1364493	Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue p	er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		······	
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	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e   3	
3	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1		3	
4 a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses	per Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	-		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1		
a	investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
D <sub>2</sub>	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  rt XIII Supplemental Information.		1 3 1	
-	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	IV. lines 1b and 2b. Part V	/, line 4, Part X, line 2, Part )	ΚI.
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add		, 1110 1,1 (2117), 1110 2,1 (2117)	ν.,
	Ed and 40, and 1 are year, most Ed and 15 7,000 complete this part to prome any			
Pa	rt II, line 9:			
Th:	e organization records general conservatio	<u>n easements a</u>	t fair market	
			1	
<u>va</u>	lue and presents them on the income statem	ent as non-ca	<u>sn cnaritable</u>	
	at the time and another balance shoe	+ as land ass	ate and as	
<u>co</u>	ntribution revenue and on the balance shee	t as tand ass	ets and as	
	rmanantly restricted not assets MRC Serv	itudes de not	have a value	or
pe	rmanently restricted net assets. MBC Serv	Trudes do not	liave a value	01
+ ~	x incentive like a general conservation ea	sement Thus	each one is	
La	x incentive tike a general conservation ea	Schienc. Illus	, each one is	
va	lued at \$1. Any related expenses incurred	in monitorin	g the easement	t
V U	tueu at \$1. Any retated expenses incurred	ZII MONZ COT ZII	g the casemen	<del>-</del>
nr	ojects are reported on the income statemen	t.		
Ρ.	ofects are reported on the income statemen.			
Pa	rt V, line 4:			
Th	e permanent endowment is comprised of Land	<u>  Conservation</u>	Easements, La	and
-	, -		-	
Μi	tigation Bank Servitudes, and a pair of ra	<u>re ivory tusk</u>	s. The	
4320	54		Schedule D (Form 9	990) 2014

Schedule D (Form 990) 2014 Conservation Force, Inc.  Part XIII Supplemental Information (continued)	72-1364493 Page 5
Part XIII Supplemental Information (continued)	
temporarily restricted endowment will be used in compliance	with donor
restrictions on Conservation Force programs and projects.	
	<del></del>
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	<del></del>

# 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.

Department of the Treasury Internal Revenue Service Information about Schedule F (Form 990) and its instructions is at www.irs.gov/torm990.

2014
Open to Public Inspection

Name of the organization

Employer identification number

Conservation Fo	rce, Inc	•		72-13644	93
			side the United States. Comple	ete if the organization answered '	Yes" on
Form 990, Part IV	, line 14b.				
1 For grantmakers. Does	the organization	maintain record	is to substantiate the amount of its gr	ants and other assistance,	
the grantees' eligibility fo	or the grants or a	issistance, and t	the selection criteria used to award the	e grants or assistance?	Yes No
2 For grantmakers. Desc	ribe in Part V the	organization's p	procedures for monitoring the use of it	s grants and other assistance ou	tside the
United States					
3 Activities per Region (Th	ne following Part	I, line 3 table ca	n be duplicated if additional space is	needed.)	
(a) Region	(b) Number of		(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures for and
	in the region	independent contractors	services, investments, grants to	describe specific type of service(s) in region	investments
		in region	recipients located in the region)	of service(s) in region	in region
				(1) Wildlife	
				conservation &	
				antı-poaching efforts ın	
Sub-Sahara Africa			Grants & Program Svcs	Zimbabwe; (2) Ranching	182,940.
				To support the Faculty	
				of Forestry with their	
East Asia and the				Eld's Deer	
Pacific			Grant	Reintroduction Project	8,000.
				To support the Eld's	
				Deer Project at the Laos	
East Asia and the				Wildlife Conservation	
Pacific			Grant	Association.	6,000.
					<b></b>
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		1			
		ļ			
		<u> </u>			
3 a Sub-total		0		<u> </u>	196,940.
<b>b</b> Total from continuation					
sheets to Part I		0		<u> </u>	0.
c Totals (add lines 3a					
and 3b)	1 0	0	1	1	196,940.

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

See Part V for Column (e) descriptions

Schedule F (Form 990) 2014

Conservation Force, Inc. Schedule F (Form 990) 2014

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

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Tanzania &	wildlife conservation and anti-poaching					
		Namibia	efforts	74,480.	74,480 wire transfer	0.		book
1 tr			to support the Eld's					
			Deer Reintroduction		,			
		Thailand	Project	8,000.	8,000.wire transfer	0.		book
			1st installment					
			updating Convention					
			of Migratory Species					
		Chad	Action Plan	12,000.	12,000,wire transfer	0		book
			to support the Eld's					
		Laos	Deer Project	6,000.	6,000.wire transfer	0		book
			co support wildille					
		• • •	conservation		ų	•		1.0
***************************************		Хітрарме	anti-poaching efforts	27,460.	460.Wire transfer			DOOK
			to support the					
			Elephant Conservation					
			Policy & Management					
		Zimbabwe	Plan	.000,69	69,000.wire transfer	0.		book
2 Enter total number of	recipient organization	ns listed above that are	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by	foreign country,	recognized as tax-e>	empt by		<u> </u>
the IRS, or for which t	the grantee or counse	el has provided a sectic	the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter			<b>^</b>		0

Schedule F (Form 990) 2014

33

3 Enter total number of other organizations or entitles

72-1364493

Conservation Force, Inc.

Page 3

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. Schedule F (Form 990) 2014

Ī		İ							4
hod of	(book, FMV, appraisal, other)						:		Schedule F (Form 990) 2014
(h) Met	(book, ppraisa	!				!			Form
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(g) Description of	493131			· '					
(g) Des									
	=			-					
(f) Amount of	assistance								
(f) Am	assis								
of									
(e) Manner of	isoni se								
(e)	casilo								
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(d) Amount of	ට දින්න ව								
or of	<u>n</u>								1
(c) Number of	ecipien								
(S)									
De of grant or assistance (b) Region									
(b) Region									
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(a) Type of grant or assistance	5 2				}				
(a) Tvp	Ė				İ			-	

432073 09-24-14

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, do not file with Form 990)

Schedule F (Form 990) 2014

Yes X No.

#### Part V | Supplemental Information

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

### Part I, Line 2:

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

#### Part I, line 3:

Expenditures are recorded at the time the cash is paid out. All expenditures are reported accordingly on the current year income statement.

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

Region: Sub-Sahara Africa

(e) Specific Types of Services in Region: (1) Wildlife conservation & anti-poaching efforts in Zimbabwe; (2) Ranching for Restoration; (3) Rhino relocation project in Zambia; (4)Zimbabwe Elephant Conservation Policy & Management Plan

# Region: East Asia and the Pacific

(e) Specific Types of Services in Region: To support the Faculty of Forestry with their Eld's Deer Reintroduction Project in Thailand.

### 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

432211 08-27-14

Conservation Force, Inc.

Employer identification number 72-1364493

Form 990, Part I, Line 1, Description of Organization Mission:
leadership and education.
Form 990, Part III, Line 1, Description of Organization Mission:
effort combining forces from a consortium of organizations. Three,
Conservation Force is a proactive force due to its record of
conservation successes. Conservation Activities are divided into three
areas: (1) Habitat, (2) Species, (3) Maritime. HABITAT includes (a)
Easements, (b) Communal Based Natural Resources Management (CBNRM), (c)
the Endangered Species Act (ESA), and (d) Convention in Trade of
Endangered Species. SPECIES includes a variety of animals ranging from
the African Lion to the Markhor. MARITIME includes CBNRM with
indigenous coastal world-wide communities and all conservation projects
funded by recreational anglers.
Form 990, Part III, Line 4a, Program Service Accomplishments:
projects in Zimbabwe, Tanzania & Namibia; the Clean Water Project; the
DNA Tagging Project; the Doorway to Waterways Project; just to list a
few.
Form 990, Part III, Line 4b, Program Service Accomplishments:
by hunting blocks, the participation of local communities in
conservation is paramount if Tanzania is to continue to use tourism,
both consumptive and non-consumptive, as a means to develop its economy
and reduce poverty. We are also a funding partner of Conamar in Panama
and with the Tropic Star Lodge are working to conserve and protect  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014)

Employer identification number 72 - 1364493

marine wildlife and environment by supporting the CBNRM program in the village of Pinas, Panama. In 2007, the project "Save and Help Rebuild the Pinas Community" was initiated to channel the Pinas River back to its original river bed in order to protect the village houses and airstrip from being washed away and to eliminate the outbreak of disease and other health concerns affecting the village. The work is ongoing. Conamar also works toward instituting conservation decrees and legislation such as the establishment of a commercial-free 20 mile tourist area starting from Pinas whereby all commercial activity is prohibited by law and with continued efforts to extend the prohibited area to 50 miles covering numerous tourist areas such as Coiba, Perlas and San Blas Islands, while working towards the elimination of long liners in these areas. Since 1997, it is illegal to kill any billfish in Panama for commercial value and since 2010, tuna boats are prohibited from fishing within the 200 mile limit of Panama waters on both oceans. CF helps hunting operators to undertake community development activities, conduct anti-poaching operations, and to develop their blocks for improved sustainability. Other CBNRM projects include our partnership with the Tembo Foundation in Tanzania, the Markhor Project in Pakistan, and the Tarpon Research Projects in Sierra Leone and Trinidad.

Form 990, Part VI, Section A, line 2:

John Jackson and Christian Jackson are husband and wife.

Form 990, Part VI, Section B, line 11:

The 990 is reviewed by the officers of the organization's governing body,

approved by them, then signed and filed with the IRS.

Employer identification number 72 - 1364493

Form 990, Part VI, Section B, Line 12c:

To insure that the organization operates in a manner consistent with charitable purposes, the organization performs periodic reviews of the Conflict of Interest Policy. Each Director, Principal Officer, and member of a committee with governing board-delegated powers shall annually sign a statement which affirms that such person: (1) received a copy of the policy, (2) read and understands the policy, (3) agrees to comply with the policy, and (4) understands the organization's exempt purpose.

Form 990, Part VI, Section B, Line 15:

Officer's compensation is waived except for health and life insurance and retirement, which are allowed only for those working more than fifty hours a week in the main office, such as John and Chrissie Jackson. An independent committee approves and monitors this compensation to insure that no private inurement occurs.

Form 990, Part VI, Section C, Line 19:

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

Form 990, Part VII, Section A. la. "

The \$3,207 of 1099 income John J. Jackson III received was court awarded legal fees from the U.S. government.

Schedule O (Form 990 or 990-EZ) (2014)	Page <b>2</b>
Name of the organization Conservation Force, Inc.	Employer identification number 72 - 1364493
Form 990, Part XI, line 9, Changes in Net Assets:	
rounding adjustment	1.
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