Address change       SOURLAND CONSERVANCY       22         Name change       Number and street (or P O box, if mail is not delivered to street address) Room/suite       E Te         Initial return       Final       City or town, state or province, country, and ZIP or foreign postal code       F Gr         Amended return       Application pending       City or town, state or province, country, and ZIP or foreign postal code       F Gr         G A ccounting Method       ♥ Cash 「Accrual Other (specify) ▶       H       Check ▶ 「         I Website:       WWWSOURLAND ORG       J Tax-exempt status(check only one) - ♥ 501(c)(3) ♥ 501(c)( ) ◄(insert no ) ↓ 4947(a)(1) or ↓ 527       H       Check ▶ 「         K Form of organization       ♥ Corporation       T rust 「Association 「Other」       L       Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if tota	2. Oper Ins prover identi 2-3707157 elephone number (609) 309 roup Exemption imber ► If the organiz tach Schedulo	9-5155
With the section S01(c), 527, or 494/(a)(1) or the Internal Revenue Code (except private foundations)         >> Do not enter social security numbers on this form as it may be made public.         >> Information about Form 990-EZ and its instructions is at www.irs.gov/form990         A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014         A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014         B Check if applicable         Mame change         Initial return         Final         return/terminated         Application pending         G Accounting Method         I Cash         A ccrual       Other (specify) >	Oper Ins mployer identi 2-3707157 slephone number (609) 309 roup Exemption imber ► If the organiz tach Scheduly	n to Public spection ification number er 9-5155
Onder section 501(c), 527, or 494/(a)(1) or the Internal Revenue Code (except private foundations)         > Do not enter social security numbers on this form as it may be made public.         > Information about Form 990-EZ and its instructions is at www.irs.gov/form99         A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014         B Check if applicable         Mame change         Initial return         Final         Final         Furnal         City or fown, state or province, country, and ZIP or foreign postal code         Mame de return         Application pending         G Accounting Method       Cash         Cash       Caccual         Other (specify) ►         I Website:       WWWSOURLAND ORG         J Tax-exempt status(check only one)       501(c)() < (insert no)         (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ         K Form of organization       Corporation         T contributions, gifts, grants, and similar amounts received	Oper Ins mployer identi 2-3707157 slephone number (609) 309 roup Exemption imber ► If the organiz tach Scheduly	n to Public spection ification number er 9-5155
▶ Do not enter social security numbers on this form as it may be made public.         ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990         Partial Revenue Service         A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014         B Check if applicable.         A Mare change         Initial return         Final         return/terminated         Application pending         City or town, state or province, country, and ZIP or foreign postal code         Horework State or province, country, and ZIP or foreign postal code         H Check IF         Application pending         City or town, state or province, country, and ZIP or foreign postal code         H Check IF         Revenue Status(check origonia)         Y Cash IF Accrual Other (specify)         I Website:         WWWSOURLAND ORG         J Tax-exempt status(check origonia)         Y Soli(c)(3)         Solic)(1)         A form of organization         Y Corporation         T rust IF Association         Y Corporation         T rust IF Association         Y Corporation         Y Cash IF Accrual Other (specify)         L Add lines Sb, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or	Ins mployer identi 2-3707157 dephone number (609) 309 oup Exemption imber If the organiz tach Schedulo	spection ification number er 2-5155
Department of the Treasury Internand Revenue Service       Information about Form 990-EZ and its instructions is at www.irs.gov/form990         A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014       A and ending 12-31-2014         B Check if applicable       C Name of organization SOURLAND CONSERVANCY       D Endition         Name change Initial return Final       Number and street (or P O box, if mail is not delivered to street address) Room/suite       E Te         Amended return Application pending       City or town, state or province, country, and ZIP or foreign postal code HOPEWELL, N0 06525       F Gr Nu         G Accounting Method       C Cash       Caccrual       O ther (specify) ▶	Ins mployer identi 2-3707157 dephone number (609) 309 oup Exemption imber If the organiz tach Schedulo	spection ification number er 2-5155
Internal Revenue Service         A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014         B Check if applicable         C Name of organization         SOURLAND CONSERVANCY         Name change         Initial return         Final         Final         City or town, state or province, country, and ZIP or foreign postal code         Application pending         G Accounting Method         V Cash         Address change         I Website:         WWWSOURLAND ORG         J Tax-exempt status(check orly one)         J Tax-exempt status(check orly one)         C Corporation         T rust         Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if tota (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ         Part I         Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct Check if the organization used Schedule 0 to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts received	Ins mployer identi 2-3707157 dephone number (609) 309 oup Exemption imber If the organiz tach Schedulo	spection ification number er 2-5155
A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014       , and ending 12-31-2014         B Check if applicable Address change Initial return Final return/terminated Application pending       C Name of organization SOURLAND CONSERVANCY       D Example SOURLAND CONSERVANCY         Amended return Application pending       Number and street (or P 0 box, if mail is not delivered to street address) Room/suite       E Te         G Accounting Method       Image: Cash Caccual Other (specify) ▶       Image: City or town, state or province, country, and ZIP or foreign postal code       Image: City or town, state or province, country, and ZIP or foreign postal code         G Accounting Method       Image: Cash Caccual Other (specify) ▶       Image: City or town, state or province, country, and ZIP or foreign postal code       Image: City or town, state or province, country, and ZIP or foreign postal code         G Accounting Method       Image: Cash Caccual Other (specify) ▶       Image: City or town, state or province, country, and ZIP or foreign postal code       Image: City or town, state or province, country, and ZIP or foreign postal code         G Accounting Method       Image: Cash Caccual Other (specify) ▶	2-3707157 elephone number (609) 309 oup Exemption imber	er 9-5155
B       Check if applicable Address change       C Name of organization SURLAND CONSERVANCY       D Et 20         Name change Initial return Final return/terminated       Number and street (or P 0 box, if mail is not delivered to street address) Room/suite       E Te         G Accounting Method       Image: C Cash Faccual Other (specify) ►       Image: C Cash Faccual Other (specify) ►       Image: C Form 990, 95         I Website:       WWWSOURLAND ORG       Sol(c)(3) ST 501(c)( ) ◄(insert no) f 4947(a)(1) or 527       Image: C Form 990, 95         I Website:       WWWSOURLAND ORG       Sol(c)(3) ST 501(c)( ) ◄(insert no) f 4947(a)(1) or 527       Image: C Form 990, 95         I Website:       WWWSOURLAND ORG       Sol(c)(1) ST 501(c)( ) ◄(insert no) f 4947(a)(1) or 527       Image: C Form 990, 95         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc Check if the organization used Schedule O to respond to any question in this Part I	2-3707157 elephone number (609) 309 oup Exemption imber	er 9-5155
Americange       2.         Name change       Number and street (or P 0 box, if mail is not delivered to street address) Room/suite       E Te         Initial return       STRINCETON AVE SUTTE 1A       E Te         Amended return       City or town, state or province, country, and ZIP or foreign postal code       F Gr         Amended return       Application pending       H Check ► Γ         G Accounting Method       Cash 「Accrual Other (specify) ►       H Check ► Γ         required to attic       (Form 990, 95)         I Website:       WWWSQURLAND ORG       Form of organization       Corporation 「Trust Association To ther         L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if tota (8) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ       F         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc Check if the organization used Schedule 0 to respond to any question in this Part I	lephone numbe (609) 309 oup Exemption imber ► If the organiz tach Schedul	9-5155
Initial return       83 PRINCETON AVE SUITE 1A       Initial return/terminated         Final       City or town, state or province, country, and ZIP or foreign postal code       F Gr         Amended return       Application pending       H Check ▶ 「         G Accounting Method       C Cash 「Accrual Other (specify) ▶       H Check ▶ 「         I Website:       WWWSOURLAND ORG       H Check ▶ 「         J Tax-exempt status(check only one) - ♥ 501(c)(3) ♥ 501(c)( ) ◄(insert no ) ↓ 4947(a)(1) or ↓ 527       527         K Form of organization       ♥ Corporation 「Trust 「Association 「Other	(609) 309 oup Exemption imber ► If the organiz tach Schedul	9-5155
Image: Tending return/terminated       City or town, state or province, country, and ZIP or foreign postal code         Amended return       Application pending         GA ccounting Method       Image: Cash	oup Exemption imber if the organiz tach Schedul	
return/terminated       City or town, state or province, country, and ZIP or foreign postal code       F Gr         Amended return       Application pending       F         GA accounting Method       Cash       Accrual       Other (specify) ▶	Inder	
Anericate return       Application pending         G Accounting Method ♥ Cash ▲ Accrual Other (specify) ▶       H Check ▶ Frequired to attice (Form 990, 95)         I Website: ▶ WWW SOURLAND ORG       J Tax-exempt status(check only one) - ♥ 501(c)(3) ♥ 501(c)( ) ◄ (insert no ) ▲ 4947(a)(1) or 527         K Form of organization ♥ Corporation T Trust ▲ Association ■ Other       L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if tota (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ         Part I       Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct Check if the organization used Schedule 0 to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts received         2       Program service revenue including government fees and contracts         3       Membership dues and assessments         4       Investment income         5a       Gross amount from sale of assets other than inventory         6       Gaming and fundraising events         a       Gross income form gaming (attach Schedule 6 if greater than \$15,000)	ıf the organız tach Schedul	
GAccounting Method	tach Schedul	
GAccounting Method       ✓ Cash       Accrual       Other (specify) ▶	tach Schedul	
I Website:       WWW SOURLAND ORG         J Tax-exempt status(check only one) - \$\sigma 501(c)(3) \$\sigma\$ 501(c)( ) \$\left(insert no )\$\sigma 4947(a)(1) or \$\sigma 527\$         K Form of organization       \$\sigma\$ Corporation \$\to\$ Trust \$\to\$ Association \$\sigma\$ Other         L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if tota         (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ         Part1         Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc Check if the organization used Schedule 0 to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts received         2       Program service revenue including government fees and contracts         3       Membership dues and assessments         4       Investment income         5a       Gross amount from sale of assets other than inventory         6       Gaming and fundraising events         6       Gaming and fundraising events         6       Gaming and fundraising events		
I Website: ▶ WWW SOURLAND ORG         J Tax-exempt status(check only one) - ♥ 501(c)(3) ● 「 501(c)( ) ◄ (insert no ) ▲ 4947(a)(1) or 527         K Form of organization ♥ Corporation ▼ Trust ▼ Association ♥ Other         L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if tota         (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ         Part I         Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc Check if the organization used Schedule 0 to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts received         2       Program service revenue including government fees and contracts         3       Membership dues and assessments         4       Investment income         5a       Gross amount from sale of assets other than inventory         b       Less cost or other basis and sales expenses         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)         6       Gaming and fundraising events         a       Gross income from gaming (attach Schedule G if greater than \$15,000)	50 22, 01 55	
K Form of organization       Corporation       Trust       Association       Other         L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if tota       (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ       PartI         Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc Check if the organization used Schedule 0 to respond to any question in this Part I		0 1 1 )
K Form of organization       Corporation       Trust       Association       Other         L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if tota       (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ       PartI         Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc Check if the organization used Schedule 0 to respond to any question in this Part I		
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if tota (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Program service revenue including government fees and contracts Nembership dues and assessments Investment income Less cost or other basis and sales expenses Call or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Call or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Call or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Call or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Schedule 6 if greater than \$15,000) Call of the form gaming (attach Sch		
<ul> <li>(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ</li> <li>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct Check if the organization used Schedule O to respond to any question in this Part I</li></ul>	l assets (Par	t II, column
Check if the organization used Schedule O to respond to any question in this Part I         1       Contributions, gifts, grants, and similar amounts received         2       Program service revenue including government fees and contracts         3       Membership dues and assessments         4       Investment income         5a       Gross amount from sale of assets other than inventory         5a       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)         6       Gaming and fundraising events         a       Gross income from daming (attach Schedule G if greater than \$15,000)	\$ 156,692	,
1       Contributions, gifts, grants, and similar amounts received	tions for Part	tI) •••••
<ul> <li>Program service revenue including government fees and contracts</li> <li>Membership dues and assessments</li> <li>Investment income</li> <li>Investment income</li> <li>Investment from sale of assets other than inventory</li> <li>Investment from sale of assets other than inventory</li> <li>Investment income</li> <li>Investment income<!--</td--><td>.  1 </td><td>10,245</td></li></ul>	.  1	10,245
<ul> <li>3 Membership dues and assessments</li> <li>4 Investment income</li> <li>5a Gross amount from sale of assets other than inventory</li> <li>5a Less cost or other basis and sales expenses</li> <li>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</li> <li>6 Gaming and fundraising events</li> <li>a Gross income from gaming (attach Schedule G if greater than \$15,000)</li> </ul>	. 2	
4       Investment income         5a       Gross amount from sale of assets other than inventory         b       Less cost or other basis and sales expenses         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)         6       Gaming and fundraising events         a       Gross income from gaming (attach Schedule G if greater than \$15,000)	. 3	56,933
b       Less cost or other basis and sales expenses       5b         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)         d       Gaming and fundraising events         a       Gross income from gaming (attach Schedule G if greater than \$15,000)	. 4	594
b       Less cost or other basis and sales expenses       5b         c       Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)         d       Gaming and fundraising events         a       Gross income from gaming (attach Schedule G if greater than \$15,000)		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)      G Gaming and fundraising events      Gross income from gaming (attach Schedule G if greater than \$15,000)		
- Gross income from gaming (attach Schedule G if greater than \$15,000)	. 5c	
- Gross income from gaming (attach Schedule G if greater than \$15,000)		
Ua Ua		
<b>b</b> Gross income from fundraising events (not including \$of contributions		
from fundraising events reported on line 1 ) (attach Schedule G if the 🕏		
sum of such gross income and contributions exceeds \$15,000) <b>6b</b> 74,	,121	
<b>c</b> Less direct expenses from gaming and fundraising events <b>6c</b> 33,	,477	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	40,644
7a Gross sales of inventory, less returns and allowances		
<b>b</b> Less cost of goods sold		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
8 Other revenue (describe in Schedule O)	. 8	14,799
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	• 9	123,215
<b>10</b> Grants and similar amounts paid (list in Schedule O)	. 10	
<b>11</b> Benefits paid to or for members	. 11	
<b>12</b> Salaries, other compensation, and employee benefits	. 12	56,810
13 Professional fees and other payments to independent contractors	• 13	9,400
13       Professional lees and other payments to independent contractors	. 14	
<b>15</b> Printing, publications, postage, and shipping <b>15</b> Printing, publications, postage, and shipping	. 15	3,541
<b>16</b> Other expenses (describe in Schedule O)	. 16	49,931
<b>17 Total expenses.</b> Add lines 10 through 16	• 17	119,682
18       Excess or (deficit) for the year (Subtract line 17 from line 9)         19       Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with	. 18	3,533
$\frac{\mathbf{q}}{\mathbf{a}}$ end-of-year figure reported on prior year's return)	. 19	108,603
<b>20</b> Other changes in net assets or fund balances (explain in Schedule O)		~
21 Net assets or fund balances at end of year Combine lines 18 through 20	. 20	0

Form 990-EZ (2014)							Page <b>2</b>
	see the instructions for Part II) ion used Schedule O to respond to	any question in t	his Da	rt II			 र
		any question in t	1113 1 4	<u>.</u>	<u></u> .		<u> </u>
		[	(A)	Beginning	ofyear		(B) End of year
22 Cash, savings, and investmen	ts	[			113,425	22	106,487
23 Land and buildings						23	
24 Other assets (describe in Sch	edule O)				4,227	24	14,249
25 Total assets					117,652	25	120,736
26 Total liabilities (describe in Section 26)	chedule O)				9,049	26	8,600
27 Net assets or fund balances (	ıne 27 of column (B) <b>must</b> agree wi	th line 21)			108,603	27	112,136
What is the organization's primary	cion used Schedule O to respond to exempt purpose?	any question in t	hıs Pa	rt III .		(c)	Expenses quired for section 501 (3) and 501(c)(4) anizations, optional for
TO PROTECT THE ECOLOGICAL THE SOURLAND MOUNTAIN REC Describe the organization's progra measured by expenses In a clear benefited, and other relevant inform	GION m service accomplishments for eac and concise manner, describe the	ch of its three larg	jest pr	rogram serv	/ices, as		anizations, optional for ers )
28 PROTECT THE ECOLOGICAL THE SOURLAND MOUNTAIN REC SURROUNDING ROLLING HILLS HOPEWELL AND MONTGOMERY AND MERCER (Grants \$ 0)	GION WHICH INCLUDES THE MO AND VALLEYS WITHIN EAST AN	UNTAIN PROPE D WEST AMWELL JNTIES OF HUNT	R AND _, HILI 'ERDO	D THE LSBOROU( DN, SOMER	GH,	28a	119,682
29 (Grants \$ ) 30	If this amount includes foreign	grants, check her	e.	<b>Þ</b>	Г	29a	
(Grants \$ )	If this amount includes foreign	grants, check her	e.		Г	30a	
<b>31</b> Other program services (descri (Grants \$ )	be in Schedule O ) If this amount includes foreign	grants, check her	e.		Г	31a	
32 Total program service expenses	(add lines 28a through 31a)			🕨		32	119,682
	tors, Trustees, and Key Employees non used Schedule O to respond to						
(a) Name and title	<b>(b)</b> Average hours per week devoted to position	(c)Reportabl compensatio (Forms W-2/10 MISC) (if not p enter -0-)	on )99- p <b>aid,</b>	contr employee and	llth benef butions t benefit p deferred bensation	o olans,	(e) Estimated amount of other compensation
CLIFF WILSON PRESIDENT	2 00		0			0	0
		t i		1			i i

TOM KILBOURNE VICE PRESIDENT	2 00	0	0	0
JOANNA FIORI SECRETARY	2 00	0	0	0
TOM SEESSEL TREASURER	2 00	0	0	0
TRACY CARLUCCIO TRUSTEE	1 00	0	0	0
MARIAN FENWICK TRUSTEE	1 00	0	0	0
PEG VAN PATTON TRUSTEE	1 00	0	0	0
MICHAEL HEFFLER TRUSTEE	1 00	0	0	0
JARED FLESHER TRUSTEE	1 00	0	0	0
SANDY SIMPSON TRUSTEE	1 00	0	0	0
PAT SZIBER TRUSTEE	1 00	0	0	0
MARCIA MAGUIRE TRUSTEE	1 00	0	0	0

Form	990-EZ (2014)			Page <b>3</b>
Ра	rt V Other Information (Note the Schedule A and personal benefit contract statement requiren	nents	in the	
	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	v		<u> </u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Νο
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy			
	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change	34		No
25-	on Schedule O (see instructions)			
359	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
Ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule (	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Νο
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>F</b> 37a	)		
Ь	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? $$ .	38a		No
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			l
а	Initiation fees and capital contributions included on line 9			l
b	Gross receipts, included on line 9, for public use of club facilities 39b			l
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			l
	section 4911 <b>b</b> 0 , section 4912 <b>b</b> 0 , section 4955 <b>b</b> 0			l
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
с	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	1		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨 Ŋ			
42a	The organization's books are in care of 🕨 <u>THE ORGANIZATION</u> Telephone no	► <u>(60</u>	9)309	-5155
	Located at 🕨 83 PRINCETON AVE SUITE 1A HOPEWELL, NJ ZIP + 4	• 08	3525	
b	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		Yes	No
	account)?	42b		No
	If "Yes," enter the name of the foreign country 🕨			[]
с	See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b> At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			No
с	Did the organization receive any payments for indoor tanning services during the year?			No
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? <i>If "No," provide an</i>		1	
	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		

Form 990-EZ (2014)

Form **990-EZ** (2014)

Form 990-EZ (2014)								
			Yes	No				
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		No				
Ра	rt VI Section 501(c)(3) organizations only							

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51 ration used Schedule O to respond to a estion in this Part VI 

	Check if the organization used Schedule O to respond to any question in this Part VI								
			Yes	No					
47	Dıd the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No	-				
48	Is the organization a school as described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	48		No	_				
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No					
ь	If "Yes," was the related organization a section 527 organization?	49b							

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				
<b>f</b> Total number of other employees pa	ud over \$100,000 .			▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

.

Total number of other independent contractors each receiving over \$10 d 52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3

completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including acco knowledge and belief, it is true, correct, and complete. Declaration of preparer (other knowledge.

Sign Here	V s	***** Ignature of officer OM SEESSEL TREASURER ype or print name and title							
Paid Preparer		Print/Type preparer's name Preparer's signature JAMES M WOOD							
		Firm's name FIAMES M WOOD CPA							
Use Onl		Firm's address 🍽 603B OMNI DRIVE							
		HILLSBOROUGH, NJ 088	44						

May the IRS discuss this return with the preparer shown above? See instruction

efil	e GF	RAPHIC pr	int - DO	NOT PROCE	SS As Filed Da	ta -		DLN: 9	3492054004245
SCI	HFC	DULE A		Dublia	Charity State	ie and Dui		ort	OMBNo 1545-0047
					Charity Statu				2014
					•	charitable trust			
•	tment	of the		Tuformation a	Attach to Form bout Schedule A (Form			untions is st	Open to Public
Treasu Interna		enue Service		Information a	•	ii 990 of 990-ez jov /form990.	.) and its instri	actions is at	Inspection
Name	e of t	he organizat	ion					Employer ident if	cation number
		CONSERVANCY							
		_						22-3707157	
	rt I				Status (All organiza				ions.
	organı				auseıtıs (Forlines 1				
1					r association of churc		n section 170(	b)(1)(A)(I).	
2					<b>)(1)(A)(ii).</b> (Attach S				
3			-	-	service organization				
4	I				erated in conjunction v	with a hospital c	lescribed in <b>se</b>	ction 170(b)(1)(A)(	iii). Enter the
5			name, city, ation opera		nefit of a college or un	wersity owned	or operated by	a dovernmental unit	described in
5	,	-	-	(iv). (Complet	-	iversity owned (	of operated by	a governmentar unit	described in
6					t or governmental unit	doccribod in <b>c</b>	ration 170(h)(	1)(A)(y)	
7	'								acheral nublic
1	1				ves a substantial part vi). (Complete Part II		oni a governin		general public
8	Г				tion 170(b)(1)(A)(vi)		tII)		
9	ম	An organız	ation that r	normally receiv	/es (1) more than 33	1/3% of its supp	ort from contr	ıbutıons, membershı	p fees, and gross
		receipts fr	om activitie	es related to it	s exempt functions—s	ubject to certai	n exceptions,	and (2) no more than	1 3 3 1/3% of
					ncome and unrelated b				
			-		une 30, 1975 See <b>se</b> o		-	-	
10	Г				ated exclusively to tes				
11	Ē	-	-	•	ated exclusively for th	•	•		out the purposes of
	,				nızatıons described ır				
	_			-	at describes the type		-	•	· · -
а	I				perated, supervised, o				
					to regularly appoint c I <b>rt IV, Sections A and</b>		ty of the direc		e supporting
b	Г				upervised or controlle		n with its suppo	orted organization(s)	, by having control or
		_			nization vested in the	same persons t	hat control or	manage the support	ed organization(s) <b>Yo</b>
	_	-		V, Sections A a					
с	I		•	-	supporting organizatio ructions) <b>You must co</b>	•			egrated with, its
d	Г		-		<b>d.</b> A supporting organi	-		-	rganızatıon(s) that ıs
		not functio	nally integr	rated The orga	anization generally mu	st satisfy a dist	tribution requi		
	_				ete Part IV, Sections A			······································	The state of the state
e	I				eceived a written detei ally integrated suppoi			is a iype [,⊤ype II,	iype III functionally
f					nizations				_
g					out the supported orga				-
2									
	(i)N	ame of supp	orted	(ii) EIN	(iii) Type of	(iv) Is the or	ganization	(v) A mount of	(vi) A mount of
		organizatior			organization	listed in your	-	monetary support	
					(described on lines	docume	ent?	(see instructions)	instructions)
					1 - 9 above or IRC				
					section (see instructions))			_	
						Yes	No		

Total

Pai	rt III Support Schedule for (Complete only if you c						
	Part III. If the organiza						
Se	ction A. Public Support						
Caleı	ndar year (or fiscal year beginning in) 🏲	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual						
	grants")						
	Tax revenues levied for the						
	organization's benefit and either						
	paıd to or expended on ıts behalf						
-	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 3						
	The portion of total contributions						
I	by each person (other than a						
	governmental unit or publicly						
	supported organızatıon) ıncluded on lıne 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	<b>(a)</b> 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	<b>(f)</b> Total
7	in) ► A mounts from line 4						
	Gross income from interest,						
-	dividends, payments received on						
:	securities loans, rents, royalties						
	and income from similar						
	sources Net income from unrelated						
-	business activities, whether or not						
	the business is regularly carried						
	on						
	Other income Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI )						
	Total support Add lines 7 through						
	10 Gross receipts from related activitie	as atc (see inst					
	First five years. If the Form 990 is	, ,	•	third fourth or	fifth tax year ac a	<b>12</b>	
	organization, check this box and <b>st</b>						
	ction C. Computation of Pub						· · ·
	choir of compatation of rub					14	
14	Public support percentage for 2014	(line 6, column	(f) divided by line	11, column (f))		14	
				11, column (f))		15	
15 16a	Public support percentage for 2014 Public support percentage for 2013 <b>33 1/3% support test—2014.</b> If the	Schedule A, Par organization did	t II, line 14 not check the bo:	x on line 13, and	lıne 14 ıs 33 1/3%	15	
15 16a	Public support percentage for 2014 Public support percentage for 2013 <b>33 1/3% support test—2014.</b> If the and <b>stop here.</b> The organization qua	Schedule A, Par organization did lifies as a public	t II, line 14 not check the bo ly supported orga	x on line 13, and nization		15 or more, check	▶
15 16a b	Public support percentage for 2014 Public support percentage for 2013 33 1/3% support test—2014. If the and stop here. The organization qua 33 1/3% support test—2013. If the	Schedule A, Par organization did lifies as a public organization did	t II, line 14 not check the bo ly supported orga not check a box o	x on line 13, and nization on line 13 or 16a		15 or more, check	▶
15 16a b	Public support percentage for 2014 Public support percentage for 2013 <b>33 1/3% support test—2014.</b> If the and <b>stop here.</b> The organization qua	Schedule A, Par organization did lifies as a public organization did i qualifies as a pi	t II, line 14 not check the bo: ly supported orga not check a box ( iblicly supported	x on line 13, and nization on line 13 or 16a organization	, and line 15 is 33	15 or more, check 1/3% or more, c	▶
15 16a b 17a	Public support percentage for 2014 Public support percentage for 2013 <b>33 1/3% support test—2014.</b> If the and <b>stop here.</b> The organization qua <b>33 1/3% support test—2013.</b> If the box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> - is 10% or more, and if the organization	Schedule A, Par organization did lifies as a public organization did qualifies as a pu - <b>2014.</b> If the orga tion meets the "fa	t II, line 14 not check the boy y supported orga not check a box iblicly supported anization did not acts-and-circums	x on line 13, and nization on line 13 or 16a organization check a box on lin stances" test, che	, and line 15 is 33 ne 13, 16a, or 16b eck this box and <b>s</b> i	15 or more, check 1/3% or more, c o, and line 14 top here. Explain	► heck this ►
15 16a b 17a	Public support percentage for 2014 Public support percentage for 2013 <b>33 1/3% support test—2014.</b> If the and <b>stop here.</b> The organization qua <b>33 1/3% support test—2013.</b> If the box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test-</b> is 10% or more, and if the organization meet VI how the organization mee	Schedule A, Par organization did lifies as a public organization did qualifies as a pu - <b>2014.</b> If the orga tion meets the "fa	t II, line 14 not check the boy y supported orga not check a box iblicly supported anization did not acts-and-circums	x on line 13, and nization on line 13 or 16a organization check a box on lin stances" test, che	, and line 15 is 33 ne 13, 16a, or 16b eck this box and <b>s</b> i	15 or more, check 1/3% or more, c o, and line 14 top here. Explain	heck this
15 16a b 17a	Public support percentage for 2014 Public support percentage for 2013 <b>33 1/3% support test—2014.</b> If the and <b>stop here.</b> The organization qua <b>33 1/3% support test—2013.</b> If the box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test-</b> is 10% or more, and if the organization mee organization	Schedule A, Par organization did lifies as a public organization did qualifies as a pu - <b>2014.</b> If the orga tion meets the "facts-and	t II, line 14 not check the box y supported orga not check a box iblicly supported anization did not acts-and-circums f-circumstances	x on line 13, and nization on line 13 or 16a organization check a box on lin stances" test, cho test The organiz	, and line 15 is 33 ne 13, 16a, or 16b eck this box and <b>s</b> zation qualifies as	15 or more, check 1/3% or more, c o, and line 14 top here. Explain a publicly suppo	► heck this ►
15 16a b 17a	Public support percentage for 2014 Public support percentage for 2013 <b>33 1/3% support test—2014.</b> If the and <b>stop here.</b> The organization qua <b>33 1/3% support test—2013.</b> If the box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test-</b> is 10% or more, and if the organization meet VI how the organization mee	Schedule A, Par organization did lifies as a public organization did qualifies as a pu - <b>2014.</b> If the orga tion meets the "fa ts the "facts-and - <b>2013.</b> If the orga	t II, line 14 not check the boy y supported orga not check a box of iblicly supported anization did not of acts-and-circums d-circumstances	x on line 13, and nization on line 13 or 16a organization check a box on lin stances" test, che test The organis check a box on lin	, and line 15 is 33 ne 13, 16a, or 16b eck this box and <b>s</b> zation qualifies as ne 13, 16a, 16b, o	15 or more, check 1/3% or more, c and line 14 top here. Explain a publicly suppo r 17a, and line	heck this
15 16a b 17a b	Public support percentage for 2014 Public support percentage for 2013 <b>33 1/3% support test—2014.</b> If the and <b>stop here.</b> The organization qua <b>33 1/3% support test—2013.</b> If the box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test</b> - is 10% or more, and if the organization meetorganization <b>10%-facts-and-circumstances test</b> - 15 is 10% or more, and if the organization Explain in Part VI how the organization	Schedule A, Par organization did lifies as a public organization did qualifies as a pu - <b>2014.</b> If the orga tion meets the "fa ts the "facts-and - <b>2013.</b> If the orga iization meets the	t II, line 14 not check the boy y supported orga not check a box of iblicly supported anization did not of circumstances' anization did not of e "facts-and-circ	x on line 13, and nization on line 13 or 16a organization check a box on lin stances" test, che test The organis check a box on lin umstances" test,	, and line 15 is 33 ne 13, 16a, or 16b eck this box and <b>s</b> zation qualifies as ne 13, 16a, 16b, o check this box an	15 or more, check 1/3% or more, c and line 14 top here. Explain a publicly suppo r 17a, and line ad stop here.	heck this F irted Iy
15 16a b 17a b	Public support percentage for 2014 Public support percentage for 2013 <b>33 1/3% support test—2014.</b> If the and <b>stop here.</b> The organization qua <b>33 1/3% support test—2013.</b> If the box and <b>stop here.</b> The organization <b>10%-facts-and-circumstances test-</b> is 10% or more, and if the organization mee organization <b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ	Schedule A, Par organization did lifies as a public organization did qualifies as a pu - <b>2014.</b> If the orga tion meets the "fa ts the "facts-and - <b>2013.</b> If the orga iization meets the "fa	t II, line 14 not check the box ly supported orga not check a box of iblicly supported anization did not of circumstances' anization did not of e "facts-and-circums acts-and-circums	x on line 13, and nization on line 13 or 16a organization check a box on lin stances" test, che test The organiz check a box on lin umstances" test Th	, and line 15 is 33 ne 13, 16a, or 16b eck this box and <b>s</b> zation qualifies as ne 13, 16a, 16b, o check this box an e organization qua	15 or more, check 1/3% or more, c b, and line 14 top here. Explain a publicly suppo r 17a, and line of stop here. lifies as a public	heck this F irted

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 qualify under the tests listed below, please complete Part II.)

	Part II. If the organiz	ation fails to qu	ality under the	tests listed be	low, please col	npiete i	Part II.)	
_	ction A. Public Support ndar year (or fiscal year beginning							
Juie	in) 🕨	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	(d) 2013	<b>(e)</b> 2	014	<b>(f)</b> Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not	35,473	48,366	46,646	72,946		67,178	270,609
	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	13,072	21,503	43,528	44,099		74,121	196,323
	organization's tax-exempt							
	purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or							
	business under section 513							
4	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
5	The value of services or facilities							
5	furnished by a governmental unit to							
	the organization without charge							
6	<b>Total.</b> Add lines 1 through 5	48,545	69,869	90,174	117,045		141,299	466,932
7a	Amounts included on lines 1, 2,							
	and 3 received from disqualified							0
	persons							
b	A mounts included on lines 2 and 3							
	received from other than disqualified persons that exceed							0
	the greater of \$5,000 or 1% of the							0
	amount on line 13 for the year							
с	Add lines 7a and 7b							0
8	Public support (Subtract line 7c							100.000
-	from line 6)							466,932
Se	ction B. Total Support							
Cale	ndar year (or fiscal year beginning	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 20	114	<b>(f)</b> Total
	in) 🏲					(0) 20		
9	Amounts from line 6	48,545	69,869	90,174	117,045		141,299	466,932
10a	Gross income from interest,							
	dividends, payments received on	252	719	660	615		594	2,840
	securities loans, rents, royalties and income from similar	252	,15	000	015		554	2,040
	sources							
b	Unrelated business taxable							
	income (less section 511 taxes)							
	from businesses acquired after							
	June 30, 1975							
С	Add lines 10a and 10b	252	719	660	615		594	2,840
11	Net income from unrelated							
	business activities not included							
	IN line 10b, whether or not the business is regularly carried on							
12	Other income Do not include							
	gain or loss from the sale of	496	965	5,571	9,255		14,799	21.000
	capital assets (Explain in Part	496	905	5,571	9,255		14,799	31,086
	VI)							
13	Total support. (Add lines 9, 10c,	49,293	71,553	96,405	126,915		156,692	500,858
	11, and 12)	,		,	,			
14	<b>First five years.</b> If the Form 990 is f	or the organizatio	n's first, second,	third, fourth, or f	ifth tax year as a	section	501(c)(3	) organization,
	check this box and stop here	ia Support Do	reantage					<b>P</b> *1
	ction C. Computation of Publ Public support percentage for 2014			12 column (f))		45		
15				13, column (l))		15		93 230 %
16	Public support percentage from 201	3 Schedule A, Pa	rt III, line 15			16		94 540 %
Se	ction D. Computation of Inve	estment Incon	ne Percentag	le				
17	Investment income percentage for 2				n (f))	17		0 570 %
18	Investment income percentage from					18		0 660 %
					lune 1 5		/ 20/	
199	33 1/3% support tests—2014. If the more than 33 1/3%, check this box a							line 17 is not
h	<b>33 1/3% support tests—2013.</b> If the							
	18 is not more than 33 1/3%, check							
20	Private foundation. If the organizati							`

#### 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

- 1 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 VI what 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 II 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).
- 11 Has the organization accepted a gift or contribution from any of the following persons?
  - **a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
  - **b** A family member of a person described in (a) above?
  - c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

No

Yes

1

2

3a

Зb

3c

**4**a

4b

**4**c

5a

5b

5c

6

7

8

9a

9b

**9**c

10a

10b

11a 11b

11c

#### Part IV Supporting Organizations (continued)

#### Section B. Type I Supporting Organizations

- 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If* "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

## Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
1		

Yes

No

Yes

1

2

## Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played 3 in this regard.

## Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)
- a 🔽 The organization satisfied the Activities Test Complete line 2 below
- **b** The organization is the parent of each of its supported organizations. Complete **line 3** below
- **c** The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)
- 2 <u>Activities Test</u> Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those** supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI*.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

No

2a

2b

3a

Зb

# Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

 $1 \prod$  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E

	Section 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		
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		

#### Section B - Minimum Asset Amount

- 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)
- **a** Average monthly value of securities
- **b** Average monthly cash balances
- **c** Fair market value of other non-exempt-use assets
- **d Total** (add lines 1a, 1b, and 1c)
- e Discount claimed for blockage or other factors (explain in detail in Part VI)
- 2 Acquisition indebtedness applicable to non-exempt use assets
- 3 Subtract line 2 from line 1d
- 4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)
- 5 Net value of non-exempt-use assets (subtract line 4 from line 3)
- 6 Multiply line 5 by 035
- 7 Recoveries of prior-year distributions
- 8 Minimum Asset Amount (add line 7 to line 6)

#### **Section C - Distributable Amount**

- 1 Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- Check here if the current year is the organization's first as a non-functionally-integrated
   Type III supporting organization (see instructions)

	(A) Prior Year	(B) Current Year (optional)
1		
1a		
1b		
1c		
1d		
2		
3		
4		
5		
6		
7		
8		

	Current Year
1	
2	
3	
4	
5	
6	

Schedule A (Form 990 or 990-EZ) 2014

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdist ribut ions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
<b>d</b> From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
<ul> <li>Carryover from 2009 not applied (see instructions)</li> </ul>			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
<ul> <li><b>a</b> Applied to underdistributions of prior years</li> </ul>			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
<b>d</b> From 2013			
<b>e</b> From 2014			

Schedule A (Form 990 or 990-EZ) (2014)

Page **8** 

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

Schedule A (Form 990 or 990-EZ) 2014

efile GRAPHIC prin	t - DO NOT PRO	CESS As Fi	led Data	-	DLN	: 93492054004245
SCHEDULE G	S	Supplement	al Infor	mation Regard	dina	OMBNo 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if	Fundraisin the organization answ organization entered Atta	ng or G ered "Yes" to d more than \$ cch to Form 99	aming Activitie Form 990, Part IV, lines 17, 15,000 on Form 990-EZ, line 0 or Form 990-EZ. Z) and its instructions is at w	2 <b>S</b> 18, or 19, or if the 6a.	2014 Open to Public Inspection
Name of the organization						ntification number
SOURLAND CONSERVA	NCY				22-3707157	7
	<b>J Activities.</b> Co required to com		ganızatıo	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-EZ
1 Indicate whether the	e organization raise	ed funds through a	any of the f	ollowing activities Che	eck all that apply	
a 🔽 Mail solicitation	S		е	☐ Solicitation of nor	n-government grants	
<b>b</b> 🔽 Internet and em	aıl solıcıtatıons		f	☐ Solicitation of gov	vernment grants	
c 🔽 Phone solicitati			g	Special fundraisin	ig events	
<b>d</b> 🔽 In-person solic	tations					
				vidual (including office tion with professional f		Γ Yes Γ No
b If "Yes," list the ten to be compensated			(fundraıser	s) pursuant to agreem	ents under which the fu	undraiser is
(i) Name and address ındıvıdual or entıty (fundraıser		fundra cus cor	i) Did iser have tody or htrol of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	<b>(vi)</b> A mount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			•			

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

	edule					
Pa	rt II					
		more than \$15,000 of fundi events with gross receipts of		ons and gross income	: OH FOHH 990-EZ, IIIE	es i and ob. List
			(a) Event #1 SOURLAND MUSIC	(b) Event #2 SOURLAND	(c) O ther events	(d) Total events (add col (a) through col (c))
			FESTIVAL	SPECTACULAR	(total number)	
ъ			(event type)	(event type)		
Kevelnie	1	Gross receipts	40,075	28,470	5,576	74,12
Þ Þ	2	Less Contributions				
r	3	Gross income (line 1 minus line 2)	40,075	28,470	5,576	74,12
	4	Cash prizes				
0	5	Noncash prizes				
באטרושלאם	6	Rent/facility costs				
	7	Food and beverages .				
nrea	8	Entertainment				
ŝ	9	Other direct expenses .	18,000	14,390	1,087	33,47
	10	Direct expense summary Add lii	nes 4 through 9 in column	(d)		(33,477
		Net income summary Subtract I	ine 10 from line 3, column	(d)	🕨	40.64
	11		,			40,644
Par	11 t II	I Gaming. Complete if the o	rganization answered	'Yes" to Form 990, Pa	rt IV, line 19, or repo	
ar		· · · · · · · · · · · · · · · · · · ·	rganization answered ne 6a.	'Yes" to Form 990, Pa		rted more than
	t II	I Gaming. Complete if the o \$15,000 on Form 990-EZ, li	rganization answered ne 6a. (a) Bingo	'Yes" to Form 990, Pa ( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	rt IV, line 19, or repor (c) Other gaming	
Kevelikite	t II	I Gaming. Complete if the o	rganization answered ne 6a. (a) Bingo	( <b>b)</b> Pull tabs/Instant		rted more than (d) Total gaming (ad col (a) through col
	t II:	I Gaming. Complete if the o \$15,000 on Form 990-EZ, li	rganization answered ne 6a. (a) Bingo	( <b>b)</b> Pull tabs/Instant		rted more than (d) Total gaming (ad col (a) through col
	t III 1 2	Gaming. Complete if the o \$15,000 on Form 990-EZ, li Gross revenue	rganization answered ne 6a. (a) Bingo	( <b>b)</b> Pull tabs/Instant		rted more than (d) Total gaming (ad col (a) through col
	t III 1 2 3	I       Gaming. Complete if the o         \$15,000 on Form 990-EZ, li         Gross revenue         Cash prizes	rganization answered ne 6a. (a) Bingo	( <b>b)</b> Pull tabs/Instant		rted more than (d) Total gaming (ad col (a) through col
	t III 1 2 3 4	I       Gaming. Complete if the o         \$15,000 on Form 990-EZ, li         Gross revenue         Cash prizes         Non-cash prizes	rganization answered ne 6a. (a) Bingo	( <b>b)</b> Pull tabs/Instant		rted more than (d) Total gaming (ad col (a) through col
	t II 1 2 3 4 5	I       Gaming. Complete if the organization (Second Second	rganization answered ne 6a. (a) Bingo	( <b>b)</b> Pull tabs/Instant		rted more than (d) Total gaming (ad col (a) through col
	t III 1 2 3 4 5 6	Gaming. Complete if the o         \$15,000 on Form 990-EZ, li         Gross revenue         Cash prizes         Non-cash prizes         Rent/facility costs         Other direct expenses	rganization answered ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming (c) Other gaming Yes% ∏ No	rted more than (d) Total gaming (ad col (a) through col
EXpenses Kevenne	t III 1 2 3 4 5 6 7	Gaming. Complete if the o         \$15,000 on Form 990-EZ, li         Gross revenue       .         Cash prizes       .         Non-cash prizes       .         Rent/facility costs       .         Other direct expenses       .         Volunteer labor       .         Direct expense summary Add line	rganization answered ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming (c) Other gaming Yes	rted more than (d) Total gaming (ad col (a) through col
	t III 1 2 3 4 5 6 7	Gaming. Complete if the o         \$15,000 on Form 990-EZ, li         Gross revenue         Cash prizes         Non-cash prizes         Rent/facility costs         Other direct expenses         Volunteer labor	rganization answered ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming (c) Other gaming Yes	rted more than (d) Total gaming (ad col (a) through col
	t III 1 2 3 4 5 6 7 8 Ent	I       Gaming. Complete if the o         \$15,000 on Form 990-EZ, li         Gross revenue         Cash prizes         Cash prizes         Non-cash prizes         Rent/facility costs         Other direct expenses         Volunteer labor         Direct expense summary Add line         Net gaming income summary Sub         ter the state(s) in which the organiz	rganization answered ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	rted more than (d) Total gaming (ad col (a) through col (c))
	t III 1 2 3 4 5 6 7 8 Ent Is t	I       Gaming. Complete if the organization licensed to conduct         Gross revenue       .         Gross revenue       .         Cash prizes       .         Non-cash prizes       .         Rent/facility costs       .         Other direct expenses       .         Volunteer labor       .         Direct expense summary Add line         Net gaming income summary Sub	rganization answered ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming 	rted more than (d) Total gaming (ad col (a) through col (c))
nited Experises Kevenne	t III 1 2 3 4 5 6 7 8 Ent Is t	Image: Complete if the organization licensed to conduct         Gross revenue         Gross revenue         Cash prizes         Cash prizes         Non-cash prizes         Rent/facility costs         Other direct expenses         Volunteer labor         Direct expense summary Add line         Net gaming income summary Sub         ter the state(s) in which the organization licensed to conduct         No," explain	rganization answered ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	rted more than (d) Total gaming (ad col (a) through col (c)) Yes No
	t III 1 2 3 4 5 6 7 8 Ent Is t	I       Gaming. Complete if the organization licensed to conduct         Gross revenue       .         Gross revenue       .         Cash prizes       .         Non-cash prizes       .         Rent/facility costs       .         Other direct expenses       .         Volunteer labor       .         Direct expense summary Add line         Net gaming income summary Sub	rganization answered ne 6a. (a) Bingo	(b) Pull tabs/Instant         bingo/progressive bingo         ✓	(c) Other gaming Yes%. No ▶ ▶ 	rted more than (d) Total gaming (ad col (a) through col (c)) . Tyes TNo
	t III 1 2 3 4 5 6 7 8 Ent Ist If"	Image: Complete if the organization licensed to conduct         Gross revenue         Gross revenue         Cash prizes         Cash prizes         Non-cash prizes         Rent/facility costs         Other direct expenses         Volunteer labor         Direct expense summary Add line         Net gaming income summary Sub         ter the state(s) in which the organization licensed to conduct         No," explain	rganization answered ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	rted more than (d) Total gaming (ad col (a) through col (c))
	t III 1 2 3 4 5 6 7 8 Ent Is t Is t If "  Wei	Image: Complete if the organization licensed to conduct         Gross revenue         Gross revenue         Cash prizes         Cash prizes         Non-cash prizes         Rent/facility costs         Other direct expenses         Volunteer labor         Direct expense summary Add line         Net gaming income summary Sub         ter the state(s) in which the organization licensed to conduct         No," explain	rganization answered ne 6a. (a) Bingo (a) Bingo (b) Bingo (c) Bing	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	rted more than (d) Total gaming (ad col (a) through col (c))

Sche	edule G (Form 990 or 990-EZ) 2014 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activities conducted in
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records
	Name 🕨
	Address 🕨
15a	Does the organization have a contract with a third party from whom the organization receives gaming
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the
	amount of gaming revenue retained by the third party 🕨 \$
с	If "Yes," enter name and address of the third party
	Name 🕨
	Address 🕨
16	Gaming manager information
	Name 🕨
	Gaming manager compensation 🕨 \$
	Description of services provided 🏲
	Director/officer     Employee     Independent contractor
17	Mandatory distributions
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent
	in the organization's own exempt activities during the tax year 🕨 💲
Pa	<b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
	Return Reference Explanation

efile GRAPHIC print	- DO NOT PROCESS	As Filed Data -		DLN: 93492054004245
SCHEDULE O (Form 990 or 990-EZ)	Supplementa	Il Information t	o Form 990 or 990-EZ	омв № 1545-0047 <b>2014</b>
Department of the Treasury Internal Revenue Service	Form 990 or	990-EZ or to provide an Attach to Form 99	or 990-EZ) and its instructions is a	Open to Public Inspection
Name of the organization SOURLAND CONSERVANCY			<b>Employ</b> 22-370	er identification number

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INVESTMENT INCOME AMOUNT 594
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION SPECIAL CAMPAIGNS AMOUNT 13,750 DESCRIPTION OTHER AMOUNT 1,049 TOTAL TO FORM 990-EZ, LINE 8 14,799
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION PAYROLL TAX AMOUNT 4,648 DESCRIPTION CONTRACTED SERVICES AMOUNT 9,902 DESCRIPTION OFFICE SUPPLIES AMOUNT 1,522 DESCRIPTION MEMBER & PUBLIC EDUCATION AMOUN T 2,814 DESCRIPTION TELEPHONE AMOUNT 745 DESCRIPTION INSURANCE AMOUNT 1,775 DESC RIPTION SPECIAL CAMPAIGN EXPENSES AMOUNT 22,316 DESCRIPTION PROGRAM EXPENSES AMOUNT 5,985 DESCRIPTION MISCELLANEOUS AMOUNT 224 TOTAL TO FORM 990-EZ, LINE 16 49,931
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION PREPAID EXPENSES BEG OF YEAR AMOUNT 2,848 END OF YEAR AMOUNT 14,249 DES CRIPTION GRANTS RECEIVABLE BEG OF YEAR AMOUNT 1,379 END OF YEAR AMOUNT 0
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE & ACCRUED EXPENSES BEG OF YEAR AMOUNT 1,900 END OF YEAR AMOUNT 4,600 DESCRIPTION GRANTS RECEIVED IN ADVANCE BEG OF YEAR AMOUNT 7,149 END OF YEAR AMOUNT 4,000

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# TY 2014 Transfers Personal Benefits Contracts Declaration

Name: SOURLAND CONSERVANCY

**EIN:** 22-3707157

**Declaration:** THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.