	aan
Form	330

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury

The organization may have to use a copy of this return to satisfy state reporting requirements.	benefit trust or private foundation)	Open to Public
	The organization may have to use a copy of this return to satisfy state reporting requirements.	Inspection

OMB No. 1545-0047

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		nue Service	► The organization may have to use a copy of this return to satisfy state reporting	ng requirem	nents.	Inspection
Α	For the	e 2011 cale	ndar year, or tax year beginning January 1 , 2011, and ending	Decembe	er 31	,20 11
в	Check it	if applicable:	C Name of organization Indiana Karst Conservancy, Inc	D	Employe	r identification number
	Address	s change	Doing Business As			31-1185033
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	E	Telephon	e number
	Initial re	eturn	PO Box 2401			317-882-5420
	Termina	ated	City or town, state or country, and ZIP + 4			
	Amende	ed return	Indianapolis, IN 46206-2401	G	Gross red	ceipts \$ 13,529
	Applicat	tion pending	F Name and address of principal officer:	(a) Is this a gro	oup return f	or affiliates? 🗌 Yes 🗹 No
						cluded? Yes No
ı	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	lf "No,"	attach a	list. (see instructions)
J	Website			(c) Group ex	emption	number 🕨
κ	Form of	organization:	✓ Corporation Trust Association Other ► L Year of formation:	1986	M State	of legal domicile: IN
Ρ	art I	Summ	ary	·		
	1	Briefly de	escribe the organization's mission or most significant activities:			
•		The India	ana Karst Conservancy is a non-profit organization dedicated to the conservation	n and pres	ervatior	n of caves and karst
ů		features	in Indiana and other areas of the world. The Conservancy encourages research	and promo	otes edu	ucation related to
ma			t its proper, environmentally compatible use.			
ove	2	Check th	is box \blacktriangleright if the organization discontinued its operations or disposed of mo	ore than 2	5% of i	ts net assets.
ğ	3		of voting members of the governing body (Part VI, line 1a)		3	15
80	4		of independent voting members of the governing body (Part VI, line 1b)		4	15
/itie	5	Total nur	nber of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
Activities & Governance	6		nber of volunteers (estimate if necessary)		6	50
◄	7a		elated business revenue from Part VIII, column (C), line 12		7a	0
	b		lated business taxable income from Form 990-T, line 34		7b	0
				Prior Year		Current Year
đ	8	Contribu	tions and grants (Part VIII, line 1h)		15,649	10,080
Revenue	9		service revenue (Part VIII, line 2g)		5,580	1,440
eve	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)		1.951	1,645
Ĕ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,180	13,165
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)		250	100
	14	Benefits	paid to or for members (Part IX, column (A), line 4)			
s	15	Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			
Expenses	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)			
-ed	b		draising expenses (Part IX, column (D), line 25) ►			
ш	17	Other ex	penses (Part IX, column (A), lines 11a–11d, 11f–24e)		14,997	6,618
	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		15,247	6,718
	19		less expenses. Subtract line 18 from line 12		7,933	6,447
or es				ing of Curre	nt Year	End of Year
sets	20	Total ass	ets (Part X, line 16)	4!	59,726	466,173
t Asc d Ba	21		ilities (Part X, line 26)			
Net Assets or Fund Balances	22		ts or fund balances. Subtract line 21 from line 20	4	59,726	466,173
	art II		ture Block		I	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date				
	Type or print name and title					
Paid Preparer	Print/Type preparer's name		Check if self-employed			
Use Only	Firm's name	Firm's EIN ►				
	Firm's address ►	Phone no.				
May the IRS	discuss this return with the pre	parer shown above? (see instruction	ns)	• •	🗌 Yes 🗌 No)
		•			000	

For Paperwork Reduction Act Notice, see the separate instructions.

orm 99	90 (2011)								Page
Part			nt of Program Serv						
-					to any question ii	h this Part III			•
1	-		the organization's n		ization dadiaated t	a the concentrati	ion and proconvetion of	any so and kars	.+
							on and preservation of		51
						ourages researc	h and promotes educa		
	Kaista		oper, environmentally						
2	Did the	e organiz	ation undertake any	significant pro	gram services du	ring the year w	hich were not listed o	n the	
	prior F	orm 990	or 990-EZ?					· 🗌 Yes	√ No
			be these new service						
3				ucting, or mak	ke significant cha	nges in how i	t conducts, any pro	gram	
								· 🗌 Yes	√ No
			be these changes on						
4							e largest program ser		
							rusts are required to		nount
	grants	and allo	cations to others, the	e total expense	es, and revenue, if	any, for each p	rogram service report	ed.	
40	Cada) (Evenence ¢	2 754	aduding granta of	<u> </u>			0)
4a	(Code:						765) (Revenue \$		0)
							ive conservation prope		
							quire any new propertie		
							included performing w		
							an preserve. We also p		
	weed	control at	several of our preserver	ves, as well as	general maintenand	ce at our other p	reserves (trail mowing,	trasn pickup, e	etc).
416	(Carlar			1 202 :	lu elle el evente - ef	<u>۴</u>			0)
4b	(Code:			1,323 II	ncluding grants of	Φ) (Revenue \$		0)
							ublic who live in karst		
							s. In addition to our dir		
			· · · · · · · · · · · · · · · · · · ·				ir website, and have provide the second second		onai
							e visitors with various		
							e hiking on a trail at the		rty,
							oth the Buddha and Ora		
							er to promote karst edu		nities
	and re	port on a	ccomplishments. This	s newsletter is	distributed for free	to our members	and available on our p	ublic website.	
10	(Code:) (Expenses \$	1 221 ii	ocluding grants of	¢) (Revenue \$		0)
1C	(Code:			1,231 II	ncluding grants of	Φ			0)
							ies. In late 2011 we init		
					nt in 2011 was in pr	eparation of this	s acquisition and inclue	aed runding for	the
	apprai	sal and o	ther related expenses						
لم 1	Other	010010	ooniooo (Docariba in	Sobodul- O					
4d	(Exper		services (Describe ir includi	ing grants of \$	١	(Revenue \$)		
4e			service expenses		5,519		/		
		s. ogi uni	301 1100 Oxperioe3	-	5,517				

Form 99	0 (2011)		I	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		,	
•	complete Schedule A	1 2	✓	
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		√
U	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	-		<u> </u>
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		\checkmark
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,			1
		5		Ļ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i>			
	"Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			<u> </u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	\checkmark	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		\checkmark
9	Did the organization report an amount in Part X, line 21; 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			1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		•
10	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	•	
	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	\checkmark	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	445		
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11b		√
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			<u> </u>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		\checkmark
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
10 0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		√
12 a	Schedule D, Parts XI, XII, and XIII	12a		\checkmark
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		\checkmark
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			<u> </u>
-	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV .	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
10	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		√
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		-
-	If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		\checkmark
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011) Page 4 Part IV **Checklist of Required Schedules** (continued) No Yes 21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 \checkmark Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 22 1 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a **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 **d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a **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? 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . . . 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III √ 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV . . 28a √ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete h 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 1 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," √ 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b Did the organization receive any payment from or engage in any transaction with a controlled entity within the √ 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 1 36 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, ✓ 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38 1 38 Form 990 (2011)

Statements Regarding Other IRS Filings and Tax Compliance Check IF Schedule O contains a response to any question in this Part V The the number of Forms W-2G included in line 1a. Enter -0- If not applicable 11 D D D Enter the number of forms W-2G included in line 1a. Enter -0- If not applicable 11 D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D D	Form 99	0 (2011)		F	Page 5
Tenter the number reported in Box 3 of Form 1086. Enter -0- if not applicable Image: Control of Forms W-26 included in line 1a. Enter -0- if not applicable Image: Control of Forms W-26 included in line 1a. Enter -0- if not applicable Image: Control of Forms W-26 included in line 1a. Enter -0- if not applicable Image: Control of Forms W-26 included in line 1a. Enter -0- if not applicable Image: Control of Form Source <	Part	V Statements Regarding Other IRS Filings and Tax Compliance			
1a Enter the number of Forms W2G included in line 1a. Enter -0- if not applicable 1a 0 b Enter the number of Forms W2G included in line 1a. Enter -0- if not applicable 1b 0 2 Dot the organization compty with blockup withholding rules for reportable payments to vendors and reportable gaming (gambling) winning to prize winners? 1c 1c 2 Enter the number of engineses reported on Form W-3. Transmittal of Wage and Tax. 2a 0 3 Did the organization have unrelated business gross income of \$1.000 or more during the year? 3c 7d Mote. If the sum of lines 2, and the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 3a 7d 3a 7d 4 At any time during the calary sar, dif Mo, "provide an explanation in Schedule O 3b 7d 7d 5 Was the organization have and the foreign country. 5f 7d 5c 7d 5 Was the organization aparty to a prohibited tax shelter transaction a any the arganization solid have annet that such contributions or ganization solid any contributions that two error tax deductible? 5a 7d 6 Dod any taxoline party to arganization file organization file arganization aparty to arganization arganizatin neotifile transaction a sparty to argonibile tax shelter transa		Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backing withhold rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c 2a Enter the number of enongly with acket on Form W-3. Transmittal of Wage and Tax. 2a 1c 1c 3a Did the organization on the sound lines 1a and 2a is greater than 250, your may be required federal employment tax returns? 3a 7 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 7 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 7 4a At any time during the calendar year, did the organization have an interest in, or a signature or other natubority over, a financial account is souther as control year. 3a 7 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction any time during the tax year? 5a 7 5b Did the organization nall gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b 7b 6c Did the organization and the payo?				Yes	No
c Did the organization comply with backup withholding rules for reportable payments for windors and reportable gayming (gambling winning to prize winners?). 1c 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Za or the sequence on line 2a, did the organization file al required faderal employment tax returns? 0 3a Did the organization have united to shires gross income of \$1.000 or more during the year? 3a 7 bit for year, "has it filed a Form 990-T for this year? ("%,", "provide an explanation in Schedule O 3a 7 bit "Yes," has it filed a Form 990-T for this year? ("%,", "provide an explanation in Schedule O 3a 7 bit A transmittal of Wage and 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 in a foreign country. (such as or is a party to a prohibited tax shelter transaction? 5a 7 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have nor tax deductible? 5a 7 5a Did the organization number on the xees of \$7.5 made party as a contributions or gifts were nor tax deductible? 7a 7a 6a 7 7a 7a 7a 7a 7b Did any taxable party notify the organization file form 8806:17 5a 7a 7a	1a				
reportable gaming (gambling) winnings to prize winners? 1c 28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax. 2a 29 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 30 Did the organization have unrelated business grass income of \$1.000 or more during the year? 2b 31 Did the organization have unrelated business grass income of \$1.000 or more during the year? 3c 44 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is sourches account. 3c 45 Hi "Yes," enter the name of the foreign country: P See instructions for filing requirements for Form TD F 90:221, Report of Foreign Bank and Financial Accounts. 5a 46 V Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction any time during the tax year? 5a V 50 Organizations bait any contributions that wee not tax deluctible? 5a V 61 "Yes," did the organization include with even ot tax deluctible? 5b V 62 Organizations that may receive deductible or therwise dispose of tangible parsonal property for which it was required to file form 8282? 7c V <	b				
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax larget of the calendar year ending with or within the year covered by this returm 0. 2a 0 bit detection is reported on line 2a, id the organization file all required federal employment tax returns? 2b 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a ✓ bit diverganization have unrelated business gross income of \$1,000 or more during the year? 3b ✓ bit diverganization have unrelated business gross income of \$1,000 or more during the year? 3b ✓ cover, a financial account in a foreign country. Extention have an interest in, or a signature or other authority over, a financial account in a foreign country. Extentions for film grequirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 5a ✓ fil "Yes," enter the name of the foreign country. Extentions for film grequirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 5a ✓ fill "Yes," enter the name of the foreign country. Extentions for film grequirements for B686-17 5a ✓ Go bot the organization nature most tax deductible? 5a ✓ fill the organization nature most tax deductible? 5a ✓ fill the organization nature most tax deductible? 5a ✓ fill th	С				
Statements, filed for the calendar year ending with or within the year covered by this return is the returns? 2b b fail least one is reported on line 2a, diff the organization file altrequired to e-file (see instructions) 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 7 3b If "Yes," has it filed 3 Form 90-T for this year? 3b 3a 7 44 At any time during the calendar year, did the organization have an interest in, or a signature or other dimansion. 3a 7 4a At any time during the calendar year, did the organization have an interest in, or a signature or other dimansion. 3b 4a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 7 5b Did any taxable party notify the organization file form 686-17 7 6b 7 6b T "Yes," id in the organization notify the very solicitation an express statement that such contributions or organization solicit any contributions that were not tax deductible? 7b 7c 7c 7 Organization shalt any preceive deductible contributions and party for which it as a contribution and party for goods and services provided in the payor? 7c			1c		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 2 3b Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b 3a 2 3b 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. 3b 3b 3c 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. 5c 5a 7 3c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 7 3c Uid any taxable party notify the organization file form 8886-17 5c 5c 5c 3c Did the organization nacular oxes receipts that are normally greater than \$100,000, and did the organization nacular were not tax deductible? 5c 5c 3c Organization solicit any contribution start were not tax deductible? 5a 7 5b 7a 7a <t< th=""><td>2a</td><td></td><td></td><td></td><td></td></t<>	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>a</i> - <i>th</i> ^{ide} (see instructions)					
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a √ b f*Yes," has if tied a Form 990-T for this year? if "No," provide an explanation in Schedule O 3b 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: ▶ 3b 3c √ 5e instructions for filing requirements to Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a √ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a √ 5b Did any taxable party notify the organization that if was or is a party to a prohibited tax shelter transaction? 5a √ 6c Does the organization and twa wer on tax deductible? 5a √ 7 Organization in the enganization in excess of \$75 made party to a contribution and party for goods and services provided to the payor? 6b ~ 7 Did the organization neelive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d 7d 7c √ 7 Drid the organization neelive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7d 7	b		2b		
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a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b a Gross income from members or shareholders 11a 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13b 13c 14a ✓	b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: 11a a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13b 13b b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c c Enter the amount of reserves on hand 13c 14a ✓	10				
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b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 110 110 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a √	11				
against amounts due or received from them.) 111b 111b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b 12a 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 13a 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a ✓	-				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	D				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	10-		100		
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a √			12a		
a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13b 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a					
Note. See the instructions for additional information the organization must report on Schedule O. Image: best of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of the organization is licensed to issue qualified health plans Image: best of th			132		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	a		100		
the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	b				
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a ✓	-				
14a Did the organization receive any payments for indoor tanning services during the tax year?	с				
			14a		✓
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 99	90 (2011)		I	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response to any question in this Part VI			\checkmark
Secti	on A. Governing Body and Management		Vaa	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 15		Yes	NO
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	-		
b 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	√	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6	√	✓ ✓
b	one or more members of the governing body?	7a 7b	✓ ✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	\checkmark	
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i> .	9		\checkmark
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	<u> </u>	
10-	Did the exception have least chapters, branches, as affiliates?	100	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	\checkmark	
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		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		\checkmark
14	Did the organization have a written document retention and destruction policy?	14		\checkmark
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
b	with a taxable entity during the year?	16a		✓
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Indiana Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	า 501(c)(3)s	only)
	✓ Own website			

19 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Keith Dunlap, 32 Troon Ct, Greenwood, IN 46143-2401

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	box, office	unles er and	Pos neck s pe d a d	erson lirect	e than o is both or/trust	n an tee)	compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Key employee Officer Institutional trustee Individual trustee or director		Former Highest compensated employee Key employee Officer Institutional trustee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) Julian Lewis										
President	20			1				0	0	0
(2) James Adams	20			•				0	0	0
Secretary	5			1				0	0	0
(3) Keith Dunlap				•				0	0	
Treasurer	20			1				0	0	0
(4) Bruce Bowman	20			•				0	0	
Director, Webmaster	5	1						0	0	0
(5) Dave Haun		•						0		
Director	2	1						0	0	0
(6) Don Ingle										
Director, Education Committee Chair	5	1						0	0	0
(7) Everett Pulliam		-								
Director	2	1						0	0	0
(8) Bob Sergesketter										
Director	2	✓						0	0	0
(9) Bruce Silvers										
Director	2	✓						0	0	0
(10) Karen Silvers										
Director	2	✓						0	0	0
(11) Tom Sollman										
Director	2	✓						0	0	0
(12) Carla Striegel-Winner										
Director	2	✓						0	0	0
(13) Bob Vandeventer										
Director	2	✓						0	0	0
(14) Richard Vernier										
Director	2	✓						0	0	0

Part	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	box, office or directo	unles	Pos neck ss pe	erson lirect	e than o is both or/trus employee	n an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	an com fr org and	(F) timated nount of other pensatio om the anization d related inization	1
(15) Ja	mie Winner						ed						
	irector	2	1						0	0			0
(16)		_											
(17)													
(18)		_											
(19)		_											
(20)		_											
(21)		_											
(22)		_											
(23)		-											
(24)		_											
(25)		-											
1b	Sub-total												
c	Total from continuation sheets to Part	 VII. Sectio	n A	•	•	•	•••						
d									0	0			0
2	Total number of individuals (including but reportable compensation from the organi	t not limited	d to th				above	e) w	ho received m		00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc	tor, c									Yes	No √
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$ ⁻	ble 150,	con ,000	npei)? <i>[</i>	nsatic f "Ye	on a s,"	and other comp complete Sch	ensation from th	ne		
5	Did any person listed on line 1a receive c									ation or individu			v

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
	none		
2		those listed above) who	
	received more than \$100,000 of compensation from the organization \blacktriangleright	0	

5

✓

	90 (201					Page 9
Part	: VIII	Statement of Revenue		1		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns 1a				
Gifts, Grants ilar Amounts	b	Membership dues 1b				
ts, (Arr	С	Fundraising events 1c				
Gif ilar	d	Related organizations 1d				
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e 765				
utic	f	All other contributions, gifts, grants, and similar amounts not included above 1f 9,315				
oth	~	and similar amounts not included above 1f 9,315 Noncash contributions included in lines 1a-1f: \$				
Con and	g h	Total. Add lines $1a-1f$	10,080			
_		Business Code	10,000			
Program Service Revenue	2a	SpeLoggers 31 00 00	1,440	1,440		
Rev	b					
/ice	с					
Ser	d					
am	е					
JB0.	f	All other program service revenue .				
ď	g	Total. Add lines 2a–2f	1,440			
	3	Investment income (including dividends, interest, and other similar amounts)	1 (45	1 / 45		
	4	Income from investment of tax-exempt bond proceeds	1,645	1,645		
	4 5	Royalties				
	5	(i) Real (ii) Personal				
	6a	Gross rents				
	b	Less: rental expenses				
	с	Rental income or (loss)				
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory				
	b	Less: cost or other basis				
		and sales expenses .				
	C	Gain or (loss)				
•	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$				
er Re		of contributions reported on line 1c). See Part IV, line 18				
Oth	b	Less: direct expenses b				
•		Net income or (loss) from fundraising \underline{events} . \blacktriangleright				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a				
		Less: direct expenses b				
	C	Net income or (loss) from gaming activities ► Gross sales of inventory, less				
	IVa	returns and allowances a				
	b	Less: cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a					
	b					
	с					
	d	All other revenue				
	е	Total. Add lines 11a–11d				
	12	Total revenue. See instructions	13,165	3,085		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX						
Do no 8b, 9b	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses	
1	Grants and other assistance to governments and		expenses	general expenses	expenses	
•	organizations in the United States. See Part IV, line 21					
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	100	100			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16					
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$.					
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (non-employees):					
а	Management					
b	Legal					
c	Accounting					
d						
е	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other					
12	Advertising and promotion					
13	Office expenses	301	301			
14	Information technology					
15	Royalties					
16						
17	Travel					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials					
19	Conferences, conventions, and meetings .					
20	Interest					
21	Payments to affiliates					
22	Depreciation, depletion, and amortization .					
23		798	798			
24	Other expenses. Itemize expenses not covered					
24	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	Land stewardship	2,754	2,754			
b	Land acquisition	1,231	1,231			
c	Education newsletter	996	996			
_	Education newsletter	327	327			
d						
e	All other expenses	211	211			
25	Total functional expenses. Add lines 1 through 24e	6,718	6,718			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ □ if following SOP 98-2 (ASC 958-720)				5 000 mm	

Ρ	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	2,998	1	5,880
	2	Savings and temporary cash investments	111,715	2	115,280
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ts		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Š	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 345,013			
	b	Less: accumulated depreciation 10b	345,013	10c	345,013
	11	Investments-publicly traded securities		11	
	12	Investments-other securities. See Part IV, line 11		12	
	13	Investments-program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	459,726	16	466,173
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
iab		Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
				25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances		Organizations that follow SFAS 117, check here ►			
ano	27	Unrestricted net assets	33,830	27	37,076
Bal	28	Temporarily restricted net assets	80,883	28	84,084
p	29	Permanently restricted net assets	345,013	29	345,013
Τū		Organizations that do not follow SFAS 117, check here \blacktriangleright and			
or		complete lines 30 through 34.			
ţs	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ťÀ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ne	33	Total net assets or fund balances	459,726	33	466,173
	34	Total liabilities and net assets/fund balances	459,726	34	466,173

				Pa	age 12
	ation of Net Assets				
Scł	chedule O contains a response to any question in this Part XI			•	. 🗌
mu	ust equal Part VIII, column (A), line 12)	1		1	3,165
	must equal Part IX, column (A), line 25)	2			6,718
xp	penses. Subtract line 2 from line 1	3			6,447
unc	d balances at beginning of year (must equal Part X, line 33, column (A)) .	4		45	9,726
in	n net assets or fund balances (explain in Schedule O)	5			
unc	d balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
•		6		46	6,173
I S	Statements and Reporting				
Scl	chedule O contains a response to any question in this Part XII				
				Yes	No
	nod used to prepare the Form 990: 🗹 Cash 🗌 Accrual 🗌 Other on changed its method of accounting from a prior year or checked "Other," e	explain in			
iza	ation's financial statements compiled or reviewed by an independent accountant?	,	2a		✓
	ation's financial statements audited by an independent accountant?		2b		v
	a or 2b, does the organization have a committee that assumes responsibility for		25		•
	ew, or compilation of its financial statements and selection of an independent accord	0	2c		
ion	n changed either its oversight process or selection process during the tax year,	explain in			
	a or 2b, check a box below to indicate whether the financial statements for the y rate basis, consolidated basis, or both:	/ear were			
sis	s Consolidated basis Both consolidated and separate basis				
	federal award, was the organization required to undergo an audit or audits as se	et forth in			
t A	Act and OMB Circular A-133?		3a		
	organization undergo the required audit or audits? If the organization did not une audits, explain why in Schedule O and describe any steps taken to undergo such	0	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047 2011 **Open to Public** Inspection

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

	of the organization						1	Employer id	lentification		
-	ana Karst Conserva	-							31-118		
Pa	rt Reason f	or Public Cha	rity Status (All orga	inization	s must c	omplete	e this pa	rt.) See i	nstructio	ns.	
The	-		ation because it is: (Fo		-		-				
1			hes, or association of			ed in sec	tion 170	(b)(1)(A)(i).		
2	🗌 A school desc	ribed in section	170(b)(1)(A)(ii). (Attac	ch Sched	ule E.)						
3		•	spital service organiza								
4	A medical rese	earch organizatio	on operated in conjun	ction with	n a hospit	al descril	oed in se	ction 170)(b)(1)(A)(iii). Enter the	
		ne, city, and stat									
5		on operated for)(1)(A)(iv). (Com	the benefit of a colle plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernmenta	al unit described	l in
6	A federal, state	e, or local gover	nment or government	al unit de	scribed ir	n section	170(b)(1)(A)(v).			
7	7 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.)										
8	A community t	trust described i	n section 170(b)(1)(A)(vi). (Cor	nplete Pa	ırt II.)					
9	🗹 An organizatio	on that normally	receives: (1) more that	an 331/3%	6 of its su	upport fro	om contri	ibutions,	members	hip fees, and gro	oss
	receipts from	activities related	d to its exempt funct	ions—su	bject to d	certain ex	ceptions	s, and (2)	no more	than 331/3% of	its
		•	ent income and unre				•		n 511 tax	k) from business	ses
	acquired by th	e organization a	fter June 30, 1975. Se	ee sectio	n 509(a)(2). (Com	olete Par	t III.)			
10	🗌 An organizatio	n organized and	operated exclusively	to test fo	or public s	safety. Se	ee sectio	n 509(a)(4).		
11			nd operated exclusive								
			olicly supported organ								ion
	509(a)(3). Che	ck the box that	describes the type of	supportir	ng organiz	zation and	d comple	ete lines 1	1e throug	h 11h.	
	a 🗌 Typel	b 🗌	Type II c	🗌 Туре	III-Funct	ionally in	tegrated		d 🗌	Type III–Other	
е			that the organization								
	other than fou	ndation manage	ers and other than one	e or more	e publicly	supporte	ed organ	izations c	lescribed	in section 509(a)(1)
	or section 509	(a)(2).									
f	-		a written determinatio	on from	the IRS t	hat it is	a Type	I, Type I	I, or Typ	e III supporting	
	organization, o	check this box									
g	Since August		he organization acce	pted any	gift or co	ontributio	n from a	ny of the	•		
	(i) A person v	who directly or i	ndirectly controls, eitl	her alone	or toget	her with	persons	described	d in (ii) an	d Yes N	lo
	(iii) below,	the governing be	ody of the supported	organizat	ion?					11g(i)	
	(ii) A family m	ember of a perse	on described in (i) abc	ove?						11g(ii)	
	(iii) A 35% cor	ntrolled entity of	a person described in	n (i) or (ii) a	above?.					11g(iii)	_
h	Provide the fo	llowing informat	ion about the support	ed organi	ization(s).					-	_
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9	in col. (i) lis	organization sted in your	the organ	ou notify nization in	organizat	s the ion in col.	(vii) Amount of support	
			above or IRC section (see instructions))	governing	document?		of your oort?		zed in the S.?		
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											
<u> </u>											
Tota	1										

Schedule A (Form 990 or 990-EZ) 2011						
Part II	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)					

Part II

	(Complete only if you checked th Part III. If the organization fails to				•	•	alify under
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	on B. Total Support		•	-	•		
	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for th						
<u>Ct</u>	organization, check this box and stop her						••••
	on C. Computation of Public Suppor	-		1			0/
14 15	Public support percentage for 2011 (line 6 Public support percentage from 2010 Sch		•			14 15	<u>%</u>
16a	33 ¹ / ₃ % support test – 2011. If the organiz	,	·			-	
	box and stop here. The organization qual			,			
b	33 ¹ / ₃ % support test — 2010. If the organ check this box and stop here. The organi	ization did no	ot check a box	c on line 13 o	r 16a, and line		or more,
17a	10%-facts-and-circumstances test — 20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts- acts-and-circu	and-circumsta umstances" tes	nces" test, cho st. The organiz	eck this box ar ation qualifies	nd stop here. I as a publicly s	Explain in
b	10%-facts-and-circumstances test — 20 15 is 10% or more, and if the organizat Explain in Part IV how the organization m	ion meets the eets the "fact	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th	nis box and st	op here.
18	supported organization				a, or 17b, chec	k this box and	see

Schedule A (Form 990 or 990-EZ) 2011

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Secti	on A. Public Support			· •	•		
Calen	ıdar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	8,926	8,480	8,253	15,649	10,080	51,388
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	9,974	4,927	14,785	5,580	1,440	36,706
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						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	18,900	13,407	23,038	21,229	11,520	88,094
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .	1,875	1,852	1,938	1,435	1,536	8,636
b	Amounts included on lines 2 and 3		-	-			
-	received from other than disgualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b	1,875	1,852	1,938	1,435	1,536	8,636
8	Public support (Subtract line 7c from						
	line 6.)						79,458
Secti	on B. Total Support					·	
Calen	ıdar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	18,900	13,407	23,038	21,229	11,520	88,094
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	3,403	1,336	1,813	1,951	1,645	10,148
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	3,403	1,336	1,813	1,951	1,645	10,148
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	22,303	14,743	24,851	23,180	13,165	98,242
14	First five years. If the Form 990 is for the	•			-		
							· · ►
See.	organization, check this box and stop he						
	on C. Computation of Public Support	rt Percentage	e			15	01 0/
15	on C. Computation of Public Suppor Public support percentage for 2011 (line	rt Percentage 8, column (f) div	e vided by line 13	3, column (f))		15	81 %
15 16	on C. Computation of Public Suppor Public support percentage for 2011 (line Public support percentage from 2010 Scl	r t Percentage 8, column (f) div hedule A, Part I	e /ided by line 13 II, line 15 .	3, column (f))		15 16	81 % 85 %
15 16 Secti	on C. Computation of Public Suppor Public support percentage for 2011 (line Public support percentage from 2010 Sc on D. Computation of Investment In	rt Percentage 8, column (f) div hedule A, Part I come Percer	e /ided by line 1: II, line 15 . ntage	3, column (f)) 		16	85 %
15 16 Secti 17	on C. Computation of Public Support Public support percentage for 2011 (line Public support percentage from 2010 Scl ion D. Computation of Investment In Investment income percentage for 2011 (rt Percentage 8, column (f) div hedule A, Part I come Percer (line 10c, colum	e vided by line 13 II, line 15 	3, column (f)) / line 13, colun		16	85 % 10 %
15 16 Secti 17 18	ion C. Computation of Public Suppor Public support percentage for 2011 (line Public support percentage from 2010 Scl ion D. Computation of Investment In Investment income percentage for 2011 (Investment income percentage from 2010	rt Percentage 8, column (f) div hedule A, Part I come Percer line 10c, colum 0 Schedule A, F	e vided by line 1 II, line 15 . ntage on (f) divided by Part III, line 17	3, column (f)) / line 13, colun 	nn (f))	16 17 18	85 % 10 % 9 %
15 16 Secti 17	ion C. Computation of Public Suppor Public support percentage for 2011 (line a Public support percentage from 2010 Scl ion D. Computation of Investment In Investment income percentage for 2011 (Investment income percentage from 2010 33 ¹ / ₃ % support tests – 2011. If the organ	rt Percentage 8, column (f) div hedule A, Part I come Percer line 10c, colum D Schedule A, F ization did not	e vided by line 13 II, line 15 	3, column (f)) / line 13, colun on line 14, an	nn (f)) 	16 17 18 ore than 33 ¹ /3%	85 % 10 % 9 % 5, and line
15 <u>16</u> Secti 17 18 19a	ion C. Computation of Public Suppor Public support percentage for 2011 (line 2 Public support percentage from 2010 Scl ion D. Computation of Investment In Investment income percentage for 2011 (Investment income percentage from 2010 33 ¹ / ₃ % support tests – 2011. If the organ 17 is not more than 33 ¹ / ₃ %, check this box	rt Percentage 8, column (f) div hedule A, Part I come Percer (line 10c, colum D Schedule A, F ization did not and stop here.	e vided by line 1 II, line 15 htage In (f) divided by Part III, line 17 check the box The organizatio	3, column (f)) y line 13, colun on line 14, an on qualifies as a	nn (f))	16 17 18 ore than 33 ¹ /3% orted organizatio	85 % 10 % 9 % 5, and line on . ► ✓
15 16 Secti 17 18	ion C. Computation of Public Suppor Public support percentage for 2011 (line a Public support percentage from 2010 Scl ion D. Computation of Investment In Investment income percentage for 2011 (Investment income percentage from 2010 33 ¹ / ₃ % support tests – 2011. If the organ 17 is not more than 33 ¹ / ₃ %, check this box 33 ¹ / ₃ % support tests – 2010. If the organize	rt Percentage 8, column (f) div hedule A, Part I come Percer (line 10c, colum D Schedule A, F ization did not and stop here. zation did not cl	e vided by line 1 II, line 15 . ntage on (f) divided by Part III, line 17 check the box The organization neck a box on l	3, column (f)) 	nn (f))	16 17 18 ore than 33 ¹ / ₃ % orted organization is more than 33	85 % 10 % 9 % 5, and line 5n . ► ✓ 8 ¹ / ₃ %, and
15 <u>16</u> Secti 17 18 19a	ion C. Computation of Public Suppor Public support percentage for 2011 (line 2 Public support percentage from 2010 Scl ion D. Computation of Investment In Investment income percentage for 2011 (Investment income percentage from 2010 33 ¹ / ₃ % support tests – 2011. If the organ 17 is not more than 33 ¹ / ₃ %, check this box	rt Percentage 8, column (f) div hedule A, Part I come Percer (line 10c, colum D Schedule A, F ization did not and stop here. zation did not cl box and stop h	e vided by line 1 II, line 15 . ntage In (f) divided by Part III, line 17 check the box The organization neck a box on l ere. The organi	3, column (f)) / line 13, colun on line 14, an on qualifies as a line 14 or line 1 zation qualifies	nn (f))	16 17 18 ore than 33 ¹ / ₃ % orted organization is more than 33 upported organization 1000 more than 33 1000 more than 35 1000 more than	$\begin{array}{c c} 85 \% \\ \hline 10 \% \\ 9 \% \\ \hline 5, \text{ and line} \\ 5n & \blacktriangleright \checkmark \\ 3^{1}{}_{3}\%, \text{ and} \\ \hline zation & \blacktriangleright \square \end{array}$

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (I	Schedule A (Form 990 or 990-EZ) 2011 Page 4					
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).					
	·					

SCHEDULE	D
(Form 990)	

Department of the Treasury Internal Revenue Service

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.
 ► See separate instructions.

OMB No. 1545-0047			
2011			
Open to Public Inspection			

Name of the organization Indiana Karst Conservancy, Inc

Employer identificat	ion number
31-1	1185033

Par	Organizations Maintaining Dono organization answered "Yes" to Fe	or Advised Funds or Other Similar Fu	unds or Accounts. Complete if the
	organization answered res to re	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year) .		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised
	funds are the organization's property, subject	et to the organization's exclusive legal con	trol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, do only for charitable purposes and not for the conferring impermissible private benefit?		r for any other purpose
Par		lete if the organization answered "Yes	
1	Purpose(s) of conservation easements held l		, ,
	Preservation of land for public use (e.g.,		of an historically important land area
	Protection of natural habitat	-	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza easement on the last day of the tax year.	tion held a qualified conservation contribu	tion in the form of a conservation
			Held at the End of the Tax Year
а	Total number of conservation easements .		2a 1
b	Total acreage restricted by conservation eas		
с	Number of conservation easements on a cer	tified historic structure included in (a) .	2c 0
d	Number of conservation easements includ historic structure listed in the National Regis		
3	Number of conservation easements modified	d, transferred, released, extinguished, or to	erminated by the organization during the
	tax year ► 0		
4 5	Number of states where property subject to Does the organization have a written pol violations, and enforcement of the conservat	icy regarding the periodic monitoring, i	nspection, handling of
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, \$ 0	inspecting, and enforcing conservation ea	sements during the year
8	Does each conservation easement reported (i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization rebalance sheet, and include, if applicable, the organization's accounting for conservation e	text of the footnote to the organization's	
Part		ctions of Art, Historical Treasures, ered "Yes" to Form 990, Part IV, line 8	
1 a	If the organization elected, as permitted und works of art, historical treasures, or other public service, provide, in Part XIV, the text of	der SFAS 116 (ASC 958), not to report in similar assets held for public exhibition,	its revenue statement and balance sheet education, or research in furtherance of
b	If the organization elected, as permitted un works of art, historical treasures, or other public service, provide the following amount	similar assets held for public exhibition,	
2	(i) Revenues included in Form 990, Part VIII, (ii) Assets included in Form 990, Part X If the organization received or held works following amounts required to be reported u	of art, historical treasures, or other simi	lar assets for financial gain, provide the
а	Revenues included in Form 990, Part VIII, lin		
b	Assets included in Form 990, Part X		

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

Schedu	e D (Form 990) 2011									Page 2
Part	III Organizations Maintaining (Collections of A	Art, Hi	storical T	reasures	, or Otł	ner Similar /	Asse	ets (cont	inued)
3	Using the organization's acquisition, accollection items (check all that apply):	ccession, and oth	ner rec	ords, chec	k any of th	e follow	ing that are a	a sigi	nificant us	se of its
а	Public exhibition		d	🗌 Loan	or exchang	ge progr	ams			
b	Scholarly research		e	Other	-					
с	Preservation for future generations									
4	Provide a description of the organization XIV.	on's collections a	nd exp	olain how t	hey further	the orga	anization's ex	emp	t purpose	in Part
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar						□ No			
Par	Escrow and Custodial Arrar line 9, or reported an amount	•	•	•	anization	answer	ed "Yes" to	Forr		
1a	Is the organization an agent, trustee,	custodian or othe	er inter	mediary fo				not		
	included on Form 990, Part X?							•	Yes	🗌 No
b	If "Yes," explain the arrangement in Par	t XIV and comple	ete the	following ta	able:					
								Amo	ount	
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount		art X, lir	ne 21? .					Yes	No No
b	If "Yes," explain the arrangement in Par			-						
Par	V Endowment Funds. Comple									
		(a) Current year	(b) F	Prior year	(c) Two year		(d) Three years b	-	(e) Four yea	ars back
1a	Beginning of year balance	40,167		30,379		29,463	28,	777		
b	Contributions			8,700				_		
С	Net investment earnings, gains, and							_		
_		1,260		1,088		916		686		
d	Grants or scholarships							_		
е	Other expenditures for facilities and							_		
	programs							_		
f	Administrative expenses									
g	End of year balance	41,427		40,167	. ,	30,379		463		
2	Provide the estimated percentage of th	-		ice (line 1g	, column (a	i)) held a	S:			
a	Board designated or quasi-endowment		%							
b		0%								
С	Temporarily restricted endowment	0 %	00/							
20	The percentages in lines 2a, 2b, and 2c Are there endowment funds not in the			aization the	at are hold	and adr	niniatorod for	the		
Ja	organization by:		e orgai			anu aui		uie	Ye	es No
	(i) unrelated organizations								3a(i)	<u>5 NU</u> √
	(ii) related organizations							•	3a(i) 3a(ii)	 ✓
b	If "Yes" to 3a(ii), are the related organiz							•	3b	
4	Describe in Part XIV the intended uses							•	00	
Part		-								
	Description of property	(a) Cost or oth (investme	ner basis	(b) Cost c	or other basis ther)		ccumulated preciation		(d) Book va	alue
1a	Land				341,113					341,113
b	Buildings				3,900					3,900
c	Leasehold improvements				0,.00					
d	Equipment									
e	Other									
Total.	Add lines 1a through 1e. (Column (d) mu	ust equal Form 99	0, Part	X, column	n (B), line 10	D(c).) .	>			345,013

Schedule D (Form 990) 2011

Schedule D (For	rm 990) 2011			Page 3
Part VII	Investments-Other Securities	. See Form 990, Part X,	line 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D) (E)				
(E) (F)				
(G)				
(U) (H)				
(I)				
-	o) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII	Investments-Program Related	I. See Form 990, Part X,	line 13.	
(a) Description of investment type	(b) Book value	(c) Method of va Cost or end-of-year m	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
(10)				
	o) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		
	(8) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(9)				
(10)				
	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)		
Part X	Other Liabilities. See Form 990,	Part X, line 25.	1	
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)			_	
(4)				
(5)			-	
(6)				
(7)				
(8) (9)				
(9) (10)				
(10)				
	o) must equal Form 990, Part X, col. (B) line 25.) 🕨			

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedu	le D (Form 990) 2011				Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to A	udited	Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-	3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6				6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV.)			8	
9	Total adjustments (net). Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine			3 10	
Part					urn
1	Total revenue, gains, and other support per audited financial statements			1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			-	
2		0-			
a	Net unrealized gains on investments	2a		-	
b	Donated services and use of facilities			-	
c	Recoveries of prior year grants			-	
d	Other (Describe in Part XIV.)				
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	· · ·		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.) .		5	
Part	XIII Reconciliation of Expenses per Audited Financial Stater	nents V	Vith Expenses p	er R	eturn
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				
d	Other (Describe in Part XIV.)				
e	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 :	i i		-	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
h	Other (Describe in Part XIV.)	4b		-	
c	Add lines 4a and 4b	-10		4c	
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, lir</i>	 ле 18)		5	
Part		10 101/1		5	
_	lete this part to provide the descriptions required for Part II, lines 3, 5, and	0. Dart	III lines 1a and 1: E	Dart IV	V lines 1b and 2b:
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XII				
	Iditional information.	, 11100 20		pioro	
-	, line 9 - Our conservation easement monitoring expenses are included in our	goporal "	'stowardship" cator	onu	The conservation
Farth		general	stewardship categ	Ory.	
easen	nent in our balance sheet is shown as a nominal \$1/acre placeholder indicating	n it has lit	ttle if any value and	d may	(constitute a
		g it nus in	the, if any, value and	2 may	
long-t	erm liability.				
long t					
Part V	, line 4 - Our quasi-endowment fund is for long-term monitoring and defense of	of our cor	nservation easemen	t and	for long-term
stewa	rdship of our fee-owned real estate held for conservation protection.				

SCHEDULE O (Form 990 or 990-EZ)	90-EZ	OMB No. 1545-0047		
Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.		Open to Public Inspection	
Name of the organization Indiana Karst Conservan	cy, Inc	Employer identi	fication number 31-1185033	
Part VI, line 2 - Directors	Karen and Bruce Silvers are spouses. Directors Carla Striegel-Winner and Ja	amie Winner are	e spouses.	
Part VI, line 6 - The orgar	nization has members.			
Part VI, line 7a - The orga	anization's members elect the members of the Executive Board. At a typical a	innual election,	the membership	
elects the three Officers	(who serve 1-year terms) and four of the twelve Directors (who serve stagger	ed 3-year terms). Thus the	
membership annually ele	ect/re-elect seven of the fifteen member Executive Board.			
Part VI, line 7b - The only	decisions made by the membership besides electing the governing body is t	to approve Byla	aw and Articles of	
Incorporation changes, s	to the membership do not directly approve decisions of the governing body.			
Part VI, line 11b - After th	e preliminary form 990 is completed by the Treasurer, copies are e-mailed to	all Board mem	bers for review,	
comments, and correction	ons prior to the form being signed and submitted.			
Part VI, line 19 - The IKC	posts all of its governing documents on its public website. The IKC publishe	s its quarterly f	financial statements	
in its quarterly newslette	r which is also posted on its public website.			

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization	Employer identification number
Indiana Karst Conservancy, Inc	31-1185033