# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

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

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the	2009 ca	alendar yea	r, or tax year beginning 10-	01-2009 and ending 09-30-201	0				
		pplicable	Please	C Name of organization THE STUDENT CONSERVATION	ASSOCIATION INC		D Employer i	dentification number		
☐ Add	dress ch	nange	use IRS label or	Doing Business As	91-08806 E Telephone					
Na	me cha	ange print or type. See								
Init	tıal retu	rn	Specific Instruc-		ox if mail is not delivered to street addre	ss) Room/suit	(603) 543	ts \$ 37,913,704		
Tei	mınate	d	tions.	689 RIVER RD P O BOX 550			<b>G</b> Gloss leceip	15 \$ 37,913,704		
☐ Am	ended	return		City or town, state or country CHARLESTOWN, NH 0360305						
Г Арі	plication	pending		CHARLESTOWN, NH 0360303	50					
			F Nan	ne and address of principal	officer	<b>H(a)</b> Is	this a group retu	ırn for		
			DALE F	PENNY VER ROAD		affı	liates?	ΓYes <b>Γ</b> Nο		
				ESTOWN, NH 03603		H(b) Are	all affiliates inclu	uded?		
								st (see instructions)		
<b>I</b> Ta	x-exem	npt status	<b>▽</b> 501(c)	) (3) ◀ (insert no )	a)(1) or 527	<b>H(c)</b> Gr	oup exemption i	number ►		
J W	ebsit e	e: 🕨 WW	/W THESC	ORG						
<b>K</b> For	m of or	ganızatıon	✓ Corporat	ion Trust Association C	ther 🟲	L Year of	formation 1964	M State of legal domicile NY		
	rt I		mary			I		-		
Governance	1	TO BU	LD THE NE		most significant activities NSERVATION LEADERS AND II NGAGING YOUNG PEOPLE IN H					
Ě										
Š	2	Check	this box 🛏	ıf the organization discon	tinued its operations or disposed	of more tha	n 25% of its ne	t assets		
	3	Numbe	r of voting r	nembers of the governing b	ody (Part VI, line 1a)			<b>3</b> 25		
Activities &	4	Numbe	r of ındepen	dent voting members of the	e governing body (Part VI, line 11	o)		425		
星	5	Total n	umber of en	nployees (Part V , line 2a)				<b>5</b> 743		
Ş	6	Total n	umber of vo	lunteers (estimate if neces	sary)			<b>6</b> 5		
					Part VIII, column (C), line 12	•		<b>7a</b> 9,586		
	Ь	Net unr	elated busi	ness taxable income from	Form 990-T, line 34			<b>7b</b>		
					P	rior Year	Current Year			
ā	8			d grants (Part VIII, line 1h			7,777,819	8,920,863 28,038,925		
Ravenu	9 10				)		405,020	175,452		
Æ	11				5, 6d, 8c, 9c, 10c, and 11e)		7,737	18,646		
	12							20,010		
							29,916,293	37,153,886		
	13			, , ,	olumn (A), lines 1-3)		2,268,066	6,188,388		
	14				umn (A), line 4)	_				
&	15	5alari 10)	es, other co	ompensation, employee ber	efits (Part IX, column (A), lines !	5-	13,820,996 15,612,58			
Expenses	16a	Profes	sional fund	raising fees (Part IX, colur	nn (A), line 11e)		0 0			
ੜੇ	ь	Total fu	ndraising exp	enses (Part IX, column (D), line	25) <b>1</b> ,846,592					
	17	Other	expenses (	(Part IX, column (A), lines	l1a-11d,11f-24f)		16,497,391 14,648,27			
	18				al Part IX, column (A), line 25)		32,586,453	36,449,247		
	19	Reven	ue less exp	penses Subtract line 18 fro	m line 12		-2,670,160	704,639		
Not Assets or Fund Balances						Beginn	ing of Current Year	End of Year		
tege:	20	Total	assets (Par	t X, line 16)			23,433,651	25,442,026		
AAB MB	21						13,522,238	14,569,628		
žÏ	22	Netas	sets or fun	d balances Subtract line 2	1 from line 20		9,911,413	10,872,398		
Pai	rt II	Sign	ature Blo	ock						
					ined this return, including accompanying n of preparer (other than officer) is base					
Sigr		***					11-08-10	_		
Here	е	Sign	ature of office	er		Dat	te			
			HARD SEAMAN e or print nam	Chief Financial Officer e and title						
		F	<u>.</u>	·	Date	Check If	Proparor's id-	ntifying number		
Paid		Preparer signatur		J KENNEY		self-	(see instructio			
	arer's	empolye					olyed ▶ ☐			
Use		ıf self-er	mployed),							
	- ··· y	address,	ddress, and ZIP + 4 226 CAUSEWAY STREET					(617) 723-7900		
				BOSTON, MA 021142155	-12 (-			<u> </u>		
May	the IR	S discus	s this retu	rn with the preparer shown	above? (see instructions)			▼ Yes		

Cat No 11282Y

Form 990 (2009)

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO BUILD THE NEXT GENERATION OF CONSERVATION LEADERS AND INSPIRE LIFELONG STEWARDSHIP OF OUR ENVIRONMENT AND COMMUNITIES BY ENGAGING YOUNG PEOPLE IN HANDS-ON SERVICE TO THE LAND

						Form <b>990</b> (2009)					
4e	Total program servic	e expenses►\$	31,435,355								
-	(Expenses \$	3,758,295 inc	luding grants of \$	276,2	20 ) (Revenue \$	3,966,355)					
4d	Other program servi	ces (Describe in Sch	edule O )								
		ng trail maintenance, habit			rograms offer projects in urban a ce projects In fiscal year 2010, S	rea parks and encompass a wide SCA fielded 96 crews in 18 cities					
4c	(Code	) (Expenses \$	8,260,071 ınclu	iding grants of \$	795,794 ) (Revenue \$	3,662,967 )					
					al issues such as wildfire manage mately 70 teams comprised of 5:	ement and education, trail 10 members were fielded in fiscal					
4b	(Code	) (Expenses \$	9,193,643 ınclu	ding grants of \$	1,252,358 ) (Revenue \$	7,977,470 )					
		range of areas including so			er, primarily hosted by governme ration and visitor interpretive serv	ent agencies on public lands vices Approximately 1,590 interns					
4a	(Code	) (Expenses \$	10,223,346 inclu	ding grants of \$	3,864,016 ) (Revenue \$	12,304,353 )					
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported										
	If "Yes," describe thes	se changes on Schedu	ule O								
3	Did the organization c services?	•,	•	•	ducts, any program	┌ Yes ┌ No					
	If "Yes," describe thes	se new services on Sc	hedule O								
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?										

Part TV	Checklist	of Requir	ed Sche	dules
4: I L T L T	CHECKHSL	UI KEYUII	eu Stile	uuies

	•		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νο
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Νο
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νο
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> " <i>Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2009)

orm	990 (2009)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	The state of the	4		
D	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	<u> </u>
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this			
	return	_		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
				<del>                                     </del>
	If "Yes," enter the name of the foreign country <u>—</u> See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Νo
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		<u> </u>
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	-		
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	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	-		
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
		12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the	12a		_
	year			

CHARLESTOWN, NH 03603

(603) 543-1700

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
	Colon Al Governing Dody and Flanagement		Yes	No
1a	Enter the number of voting members of the governing body 1a 25			
b	Enter the number of voting members that are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		N o
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		N o
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		N o
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	venue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
b	taxable entity during the year?	16a		<u> </u>
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CT, FL, GA, ID  KY, LA, ME, MD, MA, MI, MN, MS, N  NC, ND, OH, OK, OR, PA, RI, SC, T  WV, WI	NH, N.	J,NM,	NY,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply of which website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the RICHARD SEAMAN 689 RIVER ROAD P O BOX 550	ie orga	nızatıor	<b>.</b>

## 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A) Name and Title  A verage hours per week  A	Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
week or director o		A verage hours		tion (	ched		I		Reportable compensation	Reportable compensation	Estimated amount of other
See add'l data			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organızatıon (W-	organizations (W- 2/1099-	from the organization and related
	See add'l data										
											-
	,										

Forr	n 990 (2009)					Page
1b	Total	🕨	1,154,754	0		160,02
2	Total number of individuals (including but not limited to \$100,000 in reportable compensation from the organiza	•	eceived more than			
					Yes	No
3	Did the organization list any <b>former</b> officer, director or to	rustee, key employee, or	highest compensated er	mployee		
	on line 1a? If "Yes," complete Schedule J for such individu	ual		•	3	No
4	For any individual listed on line 1a, is the sum of reporta organization and related organizations greater than \$15	•	•	:he		
	ındıvıdual			• • _	4 Yes	
5	Did any person listed on line 1a receive or accrue comp		_	ıces		
	rendered to the organization? If "Yes," complete Schedule	e I for such person			5	Νο
	ection B. Independent Contractors  Complete this table for your five highest compensated in \$100,000 of compensation from the organization	ndependent contractors t	hat received more than			
	(A)		(B)			(C)
CDA	Name and business address TTHORNTON LLP		Description of	services	Comp	ensation
226	CAUSEWAY STREET ON, MA 02114					183,139
222	us Corporation WEST STREET 50 NE, NH 034312459					159,871
2	Total number of independent contractors (including but no \$100,000 in compensation from the organization ►2	ot limited to those listed a	above) who received mo	re than		

Form **990** (2009)

Form 990 (2009)									
Part V	<u> </u>	Statement o	of Revenue		(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 ots	1a	Federated camp	paigns 1a	55,575					
g G	ь	Membership du							
lfs,	с	Fundraising eve							
<u>2</u>	d e	Government grants	ations 1d s (contributions) 1e						
Sin Sin	f	_	ons, gifts, grants, and <b>1f</b>	8,865,288					
Contributions, gifts, grants and other similar amounts	g g	similar amounts not included above							
9 10 10 10 10 10 10 10 10 10 10 10 10 10	h	Total. Add lines	s 1a-1f	▶	8,920,863				
				Business Code					
ne ur	2a	CONTRACT AND AC	GENCY REVENUE	900,099	27,911,145	27,911,145			
æ	b	APPLICATION FEES		900,099	127,780	127,780			
Program Serwce Revenue	c								
Š	d								
Ta E	e f	ΔII other progra	ım service revenue						
) }	'								
	g 3		s 2a-2f		28,038,925				
	3		ome (including dividend ar amounts)	. ⊢	186,745			186,745	
	4		tment of tax-exempt bond p	-	0			·	
	5	Royalties		• [	0				
			(ı) Real	(II) Personal					
	6a	Gross Rents							
	Ь	Less rental expenses							
	С	Rental income or (loss)							
	d	Net rental incor	me or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities 748,525	(II) O ther					
	ь	Less cost or other basis and sales expenses	759,818						
	C	Gain or (loss)	-11,293		-11,293			-11,293	
	d 8a	Gross income fi	s)		11,233			11,233	
Other Revenue	ь	events (not incl \$ of contributions See Part IV, lin	luding  reported on line 1c)						
ᅙ	С		' [loss] from fundraising (	events 🛌	0				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a						
	b c		penses <b>b</b> loss) from gaming activ	vities	0				
	10a	Gross sales of returns and allo							
	ь		oods sold <b>b</b>						
	С		loss) from sales of inve		0				
	112	Miscellaneous		Business Code 900,099	9,586		9,586		
	11a b	ONLINE STOR		900,099	9,060		2,300	9,060	
	c	CREDIT CARD	REDATE		2,556				
	d	All other revenu	ue						
	e	Total. Add lines	ı		40.00-				
	12	Total revenue.	See Instructions	. *	18,646 37,153,886	28,038,925	9,586	184,512	

Form 990 (2009) Page <b>10</b>									
Pari	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).									
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)				
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	скрепзез	денега ехрепосо	скрепосо				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	6,188,388	6,188,388	-					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	2,222,222						
4	Benefits paid to or for members	0		]					
5	Compensation of current officers, directors, trustees, and key employees	795,176	504,721	278,240	12,215				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0							
7	Other salaries and wages	12,497,117	10,620,849	1,037,309	838,959				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	463,291	381,118	47,321	34,852				
9	Other employee benefits	935,835	760,735	101,370	73,730				
10	Payroll taxes	921,167	743,735	<del>                                     </del>	68,459				
11	Fees for services (non-employees)	,	,	·					
а	Management	0							
ь	Legal	139,740	91,065	48,675					
С	Accounting	127,215	,	127,215					
d	Lobbying	0							
e	Professional fundraising See Part IV, line 17	0							
f	Investment management fees	16,527		16,527					
g	Other	538,192	159,513	<del>                                     </del>	231,769				
12	Advertising and promotion	0							
13	Office expenses	1,509,427	1,130,597	96,107	282,723				
14	Information technology	187,762	150,210	<del>                                     </del>	18,776				
15	Royalties	0							
16	Occupancy	475,211	442,043	22,112	11,056				
17	Travel	4,356,835	4,260,600	†	76,979				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,,,	30,200					
19	Conferences, conventions, and meetings	128,922	29,134	95,204	4,584				
20	Interest	385,650		385,650	.,				
21	Payments to affiliates	0							
22	Depreciation, depletion, and amortization	762,621	510,727	145,968	105,926				
23	Insurance	876,540		· · · · · ·	8,765				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )	,			· · ·				
а	SUBSISTANCE, HOUSING, HEALTH	2,988,221	2,988,221						
ь	TRAINING, ORIENT & CAREER SVC	696,245	688,188	7,352	705				
С	RISK MANAGEMENT	232,808	232,808						
d	CONTRACT SERVICES	267,340	182,051	36,391	48,898				
e	UNIFORMS	407,785	•	· ·					
f	All other expenses	551,232	244,104	278,932	28,196				
25	Total functional expenses. Add lines 1 through 24f	36,449,247	31,435,355	3,167,300	1,846,592				
26	Joint costs. Check here ► ☐ If following SOP 98-2  Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	, , =		,	, ,				

Pa	rt X	Balance Sheet							
					(A) Beginning of year		<b>(B)</b> End of year		
	1	Cash—non-interest-bearing			74,646	1	39,226		
	2	Savings and temporary cash investments	•		115,473	2	101,063		
	3	Pledges and grants receivable, net			443,071	3	445,333		
	4	Accounts receivable, net			9,397,922	4	11,197,070		
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	ervables from current and former officers, directors, trustees, key employees, and est compensated employees Complete Part II of						
		Schedule L				5			
ssets	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and					
		Schedule L			6				
	7	Notes and loans receivable, net				7			
	8	Inventories for sale or use			8				
⋖	9	Prepaid expenses and deferred charges			706,086	9	932,872		
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	10,090,586					
	ь	Less accumulated depreciation	10b	4,876,388	5,639,424	10c	5,214,198		
	11	Investments—publicly traded securities			6,768,163	11	7,220,034		
	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			288,866	15	292,230		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			23,433,651	16	25,442,026		
	17	Accounts payable and accrued expenses .	2,211,832	17	2,487,043				
	18	Grants payable		18					
	19	Deferred revenue			338,150	19	77,000		
	20	Tax-exempt bond liabilities			2,500,000	20	2,900,000		
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
ä		persons 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			6,945,324	24	7,514,736		
	25	Other liabilities Complete Part X of Schedule D			1,526,932	25	1,590,849		
	26	Total liabilities. Add lines 17 through 25			13,522,238	26	14,569,628		
ري دان		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	ines 27					
ž		through 29, and lines 33 and 34.			5 000 747		5 704 440		
<u>ಣ</u> ಪ	27	Unrestricted net assets			5,236,717		5,784,416		
<u> </u>	28	Temporarily restricted net assets			900,358		1,299,349		
Fund Balance	29	Permanently restricted net assets			3,774,338	29	3,788,633		
Ţ		Organizations that do not follow SFAS 117, check here ► ar lines 30 through 34.	id com	iplet e					
ō	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
Š	32	Retained earnings, endowment, accumulated income, or other fu		· · ·		32			
	33	Total net assets or fund balances			9,911,413		10,872,398		
Net	34	Total liabilities and net assets/fund balances			23,433,651		25,442,026		
		i otal habilities and het assets/lullu balances			25,455,651	34	23,442,020		

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	▼ Separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

Employer identification number

### OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

## **Public Charity Status and Public Support**

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

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

Inspection

THE STUDENT CONSERVATION ASSOCIATION INC Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) /iii)

(i) Name of supported organization	(ii) EIN	Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

## Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

-	ection A. Public Support	ou checked the	box on line 5, .	, or 8 or Part 1	.)			
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 20	009	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	5,333,28	5 7,529,860	9,151,672	7,777,819	8	,920,863	38,713,499
2	grants ") 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							
4	the organization without charge	5,333,28	5 7,529,860	9,151,672	7,777,819	8	,920,863	38,713,499
4 5	<b>Total.</b> Add lines 1 through 3 The portion of total contributions by each person (other than a	3,333,20	7,323,000	3,131,072	7,777,013		, , , , , , , , , , , , , , , , , , , ,	30,713,499
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column							3,423,483
6	(f) <b>Public Support.</b> Subtract line 5 from line 4							35,290,016
S	ection B. Total Support							
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
7	A mounts from line 4	5,333,285	210,167	9,151,672	7,777,819	8	,920,863	38,713,499
8	Gross income from interest,	. ,	,	, ,	, ,			
	dividends, payments received on securities loans, rents, royalties and income from similar sources	183,992	210,167	305,672	486,206	186,745		1,372,782
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
LO	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	72,291	15,235	10,817			9,060	107,403
11	Total support (Add lines 7 through 10)							40,193,684
12	Gross receipts from related activiti	es, etc (See ins	tructions )			12		108,238,942
13	First Five Years If the Form 990 is check this box and stop here		·	, thırd, fourth, or fı	fth tax year as a !	501(c)(3	3) organız	eation, ▶┌
<u>5</u>	ection C. Computation of Pub Public Support Percentage for 2009			11 column (fi)		44		97.000.00
	-	-		II COIGIIII (I))		14		87 800 %
L5 .c-	Public Support Percentage for 2008				1 4 := 22 4:00°	15		88 091 %
	33 1/3% support test—2009. If the and stop here. The organization qua	alıfıes as a public	ly supported orga	nızatıon				<b>►</b> ▼
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee	n qualifies as a p — <b>2009.</b> If the org tion meets the "f	ublicly supported anization did not c acts and circums!	organization check a box on lin tances" test, chec	e 13, 16a, or 16b ck this box and <b>st</b> o	and line	14 Explain	<b>▶</b>
L	organization 10%-facts-and-circumstances test-		anization did not	shock a how on lin	0 13 160 16h 0	r 1 7 ~ ~ ~	d line	<b>►</b>
	15 is 10% or more, and if the organization Explain in Part IV how the organization	nization meets th	e "facts and cırcu	mstances" test, c	heck this box and	stop he	ere.	<b>▶</b> ┌
18	<b>Private Foundation</b> If the organizat instructions	ion did not check	a box on line 13,	16a, 16b, 17a or	17b, check this b	oox and	see	<b>▶</b> □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	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				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493227033951

OMB No 1545-0047

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

Department of the Treasury Internal Revenue Service

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Open to Public Inspection

If the organization answered "Yes,"	" to Form 990, Part IV, Li	ine 3, or Form 990-EZ, P	Part VI, line 46 (Political 0	≎ampaign Activities),
then				

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B

<ul><li>Se</li></ul>	ction 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h))  Completi	e Part II-B Do	not complete Part II-A
If th	e organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, lir	ne 35a (rega	rding proxy tax), then
♣ Se	ction 501(c)(4), (5), or (6) organizations Complete Part III		
		Employer ıde	ntıfıcatıon number
THE	E STUDENT CONSERVATION ASSOCIATION INC		
D = -		91-0880684	
Par	t I-A Complete if the organization is exempt under section 501(c) or is a s	section 52.	organization.
1	Provide a description of the organization's direct and indirect political campaign activities in Par	t IV	
2	Political expenditures	<b>&gt;</b>	\$
3	V olunteer hours		
Par	t I-B Complete if the organization is exempt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organization under section 4955	<b>▶</b>	\$
2	Enter the amount of any excise tax incurred by organization managers under section 4955		\$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?		┌ Yes ┌ No
4a	Was a correction made?		┌ Yes ┌ No
ь	If "Yes," describe in Part IV		
Par	t I-C Complete if the organization is exempt under section 501(c) except	section 50	1(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function ac	tivities 🕨	\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section	527	
	exempt funtion activities	<b>F</b>	\$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line	17b 🕨	\$
4	Did the filing organization file <b>Form 1120-POL</b> for this year?		☐ Yes ☐ No
5	State the names, addresses and employer identification number (EIN) of all section 527 political were made. For each organization listed, enter the amount paid from the filing organization's fund contributions received that were promptly and directly delivered to a separate political organization or a political action committee (PAC). If additional space is needed, provide information in I	s Also enter non, such as a	the amount of political

(a) Name	<b>(b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	)(3) and file	d Form 5768	(election
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	(a) Filing Organization's Totals	(b) Affiliated Group Totals			
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	ıbyıng)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a	1)	(b)	
		Yes	No	A mount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
е	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		7,356	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			7,356	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

## Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

# Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

- answered "Yes".

  1 Dues, assessments and similar amounts from members

  1
- 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).
- a Current year
- **b** Carryover from last year
- c Total
- 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
- 5 Taxable amount of lobbying and political expenditures (see instructions)

### Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Ident if ier	Return Reference	Explanation
lobbying acitivites	, i	lobbying activities are primarily limited to one staff person located in the Washington, D C office who spends time, generally 10% or less of total hours, on meetings or calls with government officials

2a

2b

2c 3

4

5

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DLN: 93493227033951

OMB No 1545-0047

Department of the Treasury

**SCHEDULE D** (Form 990)

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

ental Nevertue Service F Attach to	roilli 330. F See separate ilistructions.		III060	
Name of the organization		Emplo	yer identification numb	er
THE STUDENT CONSERVATION ASSOCIATION INC		91-08	380684	
Part I Organizations Maintaining Donor A organization answered "Yes" to Form 9				ete if the
organization answered Tes to Form 5	(a) Donor advised funds	(b	) Funds and other acco	unts
Total number at end of year				
Aggregate contributions to (during year)				
Aggregate grants from (during year)				
Aggregate value at end of year				
Did the organization inform all donors and donor ad- funds are the organization's property, subject to the		onor advis	ed <b>Yes</b>	┌ No
Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit		•	purpose <b>Yes</b>	┌ No
Part II Conservation Easements. Complete	e if the organization answered "Yes"	to Form	990, Part IV, line 7.	
Preservation of land for public use (e g , recreation Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qualeasement on the last day of the tax year	Preservation of a	a certified		
			Held at the End of the	e Year
a Total number of conservation easements		2a		
<b>b</b> Total acreage restricted by conservation easement		2b		
c Number of conservation easements on a certified h	• •	2c		
<b>d</b> Number of conservation easements included in (c)	acquired after 8/17/06	2d		
Number of conservation easements modified, trans the taxable year -			organization during	
Number of states where property subject to conser				
Does the organization have a written policy regarding enforcement of the conservation easements it holds		ndling of v	iolations, and <b>Yes</b>	┌ No
Staff and volunteer hours devoted to monitoring, ins				
A mount of expenses incurred in monitoring, inspect		_	tne year 🕶 \$	
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			·	☐ No
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financi	•	•	
art III Organizations Maintaining Collecti Complete if the organization answered		, or Othe	er Similar Assets.	
a If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its f	d for public exhibition, education or resea	arch in furt		e,
b If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research		•	
(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$	
(ii) Assets included in Form 990, Part X			<b>►</b> \$	
If the organization received or held works of art, his following amounts required to be reported under SF		for financi		
a Revenues included in Form 990. Part VIII. line 1			<b>b</b> - <b>¢</b>	

**b** Assets included in Form 990, Part X

ar	<b>Til</b> Organizations Maintaining Co	llections of Art	, Hist	toric	<u>al Tre</u>	<u>asu</u>	res, or (	Othe	<u>er Simila</u>	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follo	wing th	at are	e a signific	ant ı	use of its co	ollectio	n	
а	Public exhibition		d	Г	Loan or	rexch	nange prog	gra ms	3			
b	Scholarly research		e	$\Gamma$	Other							
С	Preservation for future generations											
1	Provide a description of the organization's co	ollections and expla	ın how	they	further	the o	rganızatıo	n's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,					nılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answer	ed "\	es" to Fo	rm 990	),	
	Part IV, line 9, or reported an an		•									
.a	Is the organization an agent, trustee, custod included on Form 990, Part X?					ons o	r other as	sets	not	Γ	Yes	∏ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	followi	ıng tab	ole							
_								_		A mo	ınt	
с 	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV											
a	rt V Endowment Funds. Complete	f the organization (a)Current Year		wered Prior Yo			Form 990 vo Years Bad		rt IV, line Three Years		NEQUE V	ears Back
,	Beginning of year balance	8,127,554	(0)		835,362	(0)10	VO TEATS DAG	.x (u	Tillee reals	Dack (e	<b>=)</b>   Ou	cais back
a b	Contributions	850,413			410,849							
c	Investment earnings or losses	475,592			127,726							
d	Grants or scholarships	,			,			+				
e	Other expenditures for facilities	539,718			230,086							
	and programs											
f	Administrative expenses	16,527			16,297							
g	End of year balance	8,897,314		8,:	127,554							
	Provide the estimated percentage of the yea	r end balance held a	ıs									
а	Board designated or quasi-endowment 🕨	<b>51.100</b> %										
ь	Permanent endowment + 42.580 %											
c	Term endowment ► 6.320 %											
а	Are there endowment funds not in the posse	ssion of the organiza	ation t	hat ar	e held a	and a	dminister	ed for	the			
	organization by									2-7:3	Yes	No
	(i) unrelated organizations			•						3a(i) 3a(ii)	Yes	N o
h	(ii) related organizations							•		3b		110
	Describe in Part XIV the intended uses of th	•				•	•	•				
aı	t VI Investments—Land, Buildings					0, Pa	art X, line	10.				
	Description of investment			(a) (	Cost or o (investm	ther	(b)Cost or basis (otl	other			( <b>d</b> ) Bo	ok value
.a	Land		•	<u> </u>			3	34,500				34,500
ь	Buildings						5,39	0,243	1,1	194,215	4	1,196,028
c	Leasehold improvements											-
d	Equipment						4,66	5,843	3,6	82,173		983,670
e	Other											

5,214,198

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12		
(a) Description of security or category	(b)Book value		d of valuation
(including name of security)	ļ , ,	Cost or end-of	-year market value
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990. Part X. line	13.	
			d of valuation
(a) Description of investment type	( <b>b)</b> Book value		-year market value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(h) Parkuralur
	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		<b>(b)</b> Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description	ne 15. otion		(b) Book value
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) Should equal Form 990, Part X, col.(B) line in the second sequence of the	ne 15. ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X	ne 15. ption		(b) Book value
Part IX Other Assets. See Form 990, Part X, III  (a) Description  (b) Should equal Form 990, Part X, col.(B) line in the second sequence of the	ne 15. ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ne 15. ption  (5.)  (7.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes	75.) (7. line 25.  (8. line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  LIABILITY UNDER SPLIT-INTEREST	15. otion (5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  LIABILITY UNDER SPLIT-INTEREST  CAPITAL LEASE OBLIGATION	(, line 25.  (b) A mount  0  1,059,870  73,613		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  LIABILITY UNDER SPLIT-INTEREST  CAPITAL LEASE OBLIGATION	15. otion (5.)		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  LIABILITY UNDER SPLIT-INTEREST  CAPITAL LEASE OBLIGATION	(, line 25.  (b) A mount  0  1,059,870  73,613		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  LIABILITY UNDER SPLIT-INTEREST  CAPITAL LEASE OBLIGATION	(, line 25.  (b) A mount  0  1,059,870  73,613		(b) Book value
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  LIABILITY UNDER SPLIT-INTEREST  CAPITAL LEASE OBLIGATION	(, line 25.  (b) A mount  0  1,059,870  73,613		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  LIABILITY UNDER SPLIT-INTEREST  CAPITAL LEASE OBLIGATION	(, line 25.  (b) A mount  0  1,059,870  73,613		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  LIABILITY UNDER SPLIT-INTEREST  CAPITAL LEASE OBLIGATION	(, line 25.  (b) A mount  0  1,059,870  73,613		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability  Federal Income Taxes  LIABILITY UNDER SPLIT-INTEREST  CAPITAL LEASE OBLIGATION	(, line 25.  (b) A mount  0  1,059,870  73,613		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X	(, line 25.  (b) A mount  0  1,059,870  73,613		(b) Book value

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	37,153,886
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	36,449,247
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	704,639
4	Net unrealized gains (losses) on investments	4	439,583
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-183,236
9	Total adjustments (net) Add lines 4 - 8	9	256,347
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	960,986
Part	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements	1	37,393,706
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	256,347
3	Subtract line <b>2e</b> from line <b>1</b>	3	37,137,359
4	A mounts 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 . 4a 16,527		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	16,527
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	37,153,886
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial	1	36,432,720
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	36,432,720
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 16,527		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	16,527
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	36,449,247

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
intended use of endowment funds	sch d, part v, line 4	endowment funds are invested for the long term benefit OF THE ORGANIZATION INCOME DERIVED FROM THOSE FUNDS ARE TRANSFERRED TO OPERATIONS ON AN ANNUAL BASIS ACCORDING TO THE BOARD APPROVED SPENDING POLICY TO SUPPORT OPERATIONS AND/OR SPECIFIC PROGRAM OBJECTIVES
Other Revenue	SCH D, Part XII, Line 2d AND SCH D, PART XI, LINE 8	Change in Value of Interest Rate Swap (113,269) Change in Actuarial Value of Split-Interest Agreements (69,967)(183,236)

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DLN: 93493227033951

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule I

(Form 990)

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

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

Open to Public **Inspection** 

THE CTUDENT CONCEDIVATI	ON ACCOCTATIO	N INC				Employer Identifica	ition numba
THE STUDENT CONSERVATI	ON ASSUCIATIO	IN TINC				91-0880684	
Part I General Infor	mation on Grai	nts and Assistance					
the selection criteria use	ed to award the gran	ubstantiate the amount of t nts or assistance? edures for monitoring the us					Г Yes
Form 990, Part	IV, line 21 for an	to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if r	no one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		l government organizations					
							JL. T (F 000) 0000
For Privacy Act and Paperwork Re	eauction Act Notice,	see the Instructions for Forn	1990.	Cat No 50055P		Sched	dule I (Form 990) 2009

	•	•											
art III	Grants	s and Othe	r Assistar	nce to Individ	luals in the	United States.	Complete if th	ne organization	answered	"Yes" to	Form 990,	Part IV,	line 22.
	Use Sc	hedule I-1	(Form 990)	if additional sp	pace is need	ed.	-	_					

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
STUDENT GRANTS AND AWARDS	3395	6,188,388			
See Additional Data Table					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanation
records to substantiate grants		Participants go through an application and selection process where eligibility to participate is determined based on SCA and partner criteria. All application and eligibility documents are maintained in a participant file. Grant and award amounts are paid out and tracked through a third party pay system according to the agreement between SCA and the partner

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DLN: 93493227033951

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

**Compensation Information** For certain Officers, Directors, Trustees, Key Employees, and Highest

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

•			
Name of the organization THE STUDENT CONSERVATION ASSOCIATION INC	Employer identification num	nber	
	91-0880684		
Part I Questions Regarding Compensation			

		_		Yes	Νo
1a	Check the appropriate box(es) if the organization provided any of 990, Part VII, Section A, line 1a Complete Part III to provide	'			
	_	busing allowance or residence for personal use			
	<u> </u>	yments for business use of personal residence			
	<u> </u>	ealth or social club dues or initiation fees			
	<u> </u>	ersonal services (e.g., maid, chauffeur, chef)			
		, , , , , , , ,			
b	If any of the boxes in line 1a are checked, did the organization reimbursement orprovision of all the expenses described above		1b		
2	Did the organization require substantiation prior to reimbursing officers, directors, trustees, and the CEO/Executive Director, r	- · · · · · · · · · · · · · · · · · · ·	2		
3	Indicate which, if any, of the following the organization uses to organization's CEO/Executive Director Check all that apply				
		ritten employment contract			
		ompensation survey or study			
	Form 990 of other organizations	pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Sor a related organization	ection A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?		4a	Yes	
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
c	Participate in, or receive payment from, an equity-based compe	ensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the a	pplicable amounts for each item in Part III			
	0.1.504/.V0\ 1504/.V4\				
5	Only 501(c)(3) and 501(c)(4) organizations only must complet				
5	For persons listed in form 990, Part VII, Section A, line 1a, did compensation contingent on the revenues of	the organization pay or accrue any			
а	The organization?		5a		Νο
ь	Any related organization?	<u> </u>	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III	<u> </u>			
6	For persons listed in form 990, Part VII, Section A, line 1a, did compensation contingent on the net earnings of	the organization pay or accrue any			
а	The organization?		6a		Νο
b	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did payments not described in lines 5 and 6? If "Yes," describe in		7	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accusubject to the initial contract exception described in Regs sec in Part III		8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable section 53 4958-6(c)?	e presumption procedure described in Regulations	9		

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & Incentive compensation	SC compensation  (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	( <b>F)</b> Compensation reported in prior Form 990 or Form 990-EZ
DALE PENNY (I)	187,732	0		57,429	19,632	284,701	21,073
MARK BODIN (I)	136,628	0	0	0	16,053		0
		J		J J	J		

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
non-fixed compensation	1 3, 1	BONUS COMPENSATION FOR CEO IS DETERMINED ANNUALLY BASED ON EXCEEDING GOALS AGREED TO BETWEEN THE CHAIRMAN OF THE BOARD OF DIRECTORS AND THE CEO within sixty days of the end of each year of the contract BONUS IS APPROVED BY THE BOARD'S EXECUTIVE COMMITTEE
nonqualified retirement plan	sch J, part ı, lıne 4b	Dale Penny earned \$43,000 from a deferred compensation plan for 9/30/10
Mark Bodin - severance payment	Sch J, Part I, Line 4a	Position was eliminated at end of FY2010, severance was accrued in FY2010 and paid out the following month

Schedule J (Form 990) 2009

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DLN: 93493227033951

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ► Attach to Form 990. ► See separate instructions.

Open to Public Inspect ion

Name of the organization Employer identification number THE STUDENT CONSERVATION ASSOCIATION INC 91-0880684 **Bond Issues** (h) O n (a) Defeased Behalf of (a) Issuer Name (b) Issuer EIN (c) CUSIP # (d) Date Issued (e) Issue Price (f) Description of Purpose Issuer Yes Yes No No NH Business Finance Authority 52-1304598 64468kbe5 10-30-2007 2,600,000 building renovation/expansion Х Х **Proceeds** Α В C D Ε Total proceeds of issue 2,647,351 2 Gross proceeds in reserve funds Proceeds in refunding or defeasance escrows 3 Other unspent proceeds Issuance costs from proceeds 5 92,733 Working capital expenditures from proceeds 6 Capital expenditures from proceeds 7 2,554,618 Year of substantial completion 8 2008 Yes No Yes No Yes No Yes No No Yes Were the bonds issued as part of a current refunding issue? Х Were the bonds issued as part of an advance refunding issue? Χ 10 Has the final allocation of proceeds been made? Х 11 Does the organization maintain adequate books and records to support 12 Х the final allocation of proceeds? **Private Business Use** Part III Ε В С D Α Yes No Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, Χ which owned property financed by tax-exempt bonds? Are there any lease arrangements with respect to the financed property Χ which may result in private business use? For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50193E Schedule K (Form 990) 2009

Were gross proceeds invested in a GIC?

Was the regulatory safe harbor for establishing the fair market

Were any gross proceeds invested beyond an available

Did the bond issue qualify for an exception to rebate?

Name of provider

temporary period?

value of the GIC satisfied?

Term of GIC

4a

b

C

d

5

6

Par	t III Private Business Use (Continued)											
			А		ı	В		С		D		E
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to financed property which may result in private business use?	o the		X								
3b	Are there any research agreements with respect to the finance which may result in private business use?	d property		Х								
3с	Does the organization routinely engage bond counsel or other of counsel to review any management or service contracts or resultage agreements relating to the financed property?			Х								
4	Enter the percentage of financed property used in a private bus by entities other than a section 501(c)(3) organization or a sta government											
5	Enter the percentage of financed property used in a private bus as a result of unrelated trade or business activity carried on by organization, another section 501(c)(3) organization, or a state government	/ your										
6	Total of lines 4 and 5											
7	Has the organization adopted management practices and proceensure the post-issuance compliance of its tax-exempt bond li		х									
Pai	rt IV Arbitrage		•		•	•	•	•	•	1	1	•
			<b>A</b>		В		С		D		E	
		Yes	No	Yes	No	Ye	s N	lo	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	x										
2	Is the bond issue a variable rate issue?	Х										
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	х										
ь	Name of provider	RBS Citizen	S				1				ı	
С	Term of hedge		20 5									

Χ

Χ

Χ

### OMB No 1545-0047

Inspection

### **SCHEDULE M** (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

**NonCash Contributions** 

Internal Revenue Service Name of the organization THE STUDENT CONSERVATION ASSOCIATION INC

**Employer identification number** 

Da	rt I Types of Property				91-0880684			
ra	Types of Property	(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	<b>(d</b> ) Method of de reven	etermi	nıng	
1	Art—Works of art	аррпсавіе		1 g				
	Art—Historical treasures							
4	5 1 11 .							
_	Clothing and household							
,	goods	Х		36,535	Cost or selling Pric			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	11	122,947	cost or selling pric			
10	Securities—Closely held stock $\ .$							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	round trip O ther ► ( <u>airline</u> )	x	300	120,000	Cost or selling Pric			
	Gıft Cards-							
26	Other $\blacktriangleright$ ( Tools/Supplies )	X	5	25,000	Cost or selling Pric			
	Other ►()							
28	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received for which the organization compl				29			0
							Yes	No
30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it			
	must hold for at least three year				d to be used			
	for exempt purposes for the enti	re holding p	eriod?			30a		No
b	If "Yes," describe the arrangeme	ent in Part 1	I					
31	Does the organization have a gif	tacceptano	ce policy that requires the i	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell i	non-cash	22	   <sub>v -</sub>	
					· · · ·	32a	Yes	
	If "Yes," describe in Part II	rovonues	n column (c) for a tune of -	ranarty for which calume (-)	\ ic chacked			
33	If the organization did not report describe in Part II	revenues I	ii columii (c) for a type of p	roperty for which column (a	, із спескеа,			

### Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Ident if ier	Return Reference	Explanation
Sales of noncash investments	,	The Association retains a broker (AG Edwards) to whom it sends all donated stock. The broker sells the stock as of the date received and remits all proceeds (net of any fees) directly to SCA

Schedule M (Form 990) 2009

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DLN: 93493227033951

OMB No 1545-0047

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### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Information to Form 990** Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990.

Name of the organization THE STUDENT CONSERVATION ASSOCIATION INC **Employer identification number** 

91-0880684

ldentifier	Return Reference	Explanation
review of form 990 prior to filing	part ∨ı, line 11	Copies of Form 990 will be provided to all voting members of the Board Review will be conducted by the Executive Committee of the Board prior to filing

ldentifier	Return Reference	Explanation
conflict of interest policy	part vı, line 12c	ALL OFFICERS, DIRECTORS AND MANAGEMENT STAFF ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT ANNUALLY THE CEO REVIEWS ALL EMPLOYEE STATEMENTS, THE BOARD CHAIRMAN REVIEWS THOSE FOR THE DIRECTORS Common or interested directors may be counted in determining the presence of a quorum at a meeting of the Board w hich considers a transaction that is referred to it by the Chairman or President, but such directors may not vote on such transaction

ldentifier	Return Reference	Explanation
compensation determination	part vı, line 15b	FOR CEO, VP OF HUMAN RESOURCES COMPILES DATA AND INFORMATION FROM INDEPENDENT PERSONS AND COMPARABILITY DATA RESULTS ARE FORWARDED TO COUNSEL FOR REVIEW Counsel then presents the Executive Committee with sufficient information which allows it to determine if the compensation meets the IRS safe harbor presumption for avoiding an "excess benefit", and then determines and approves the appropriate compensation amount THIS IS DONE ANNUALLY AND RECORDED IN THE MINUTES ALL OTHER OFFICER OR KEY EMPLOYEE COMPENSATION IS REVIEWED ANNUALLY BY THE VP OF HR AND APPROVED BY THE CEO

ldentifier	Return Reference	Explanation
public disclosure	part vı, line 19	The organization's financial statements, governing documents and conflict of interest policy are available upon request

ldentifier	Return Reference	Explanation
other program services	Part III, line 4d	National High School Crew's 6-8 high school aged students under the leadership of SCA hired and trained leaders performing trail construction and rehabilitation projects on public lands. In fiscal year 2010, approximately 120 crew's with total members of 665 were fielded. Also includes specific multi-year program in Allegheny National Forest. Expenses \$3,758,295 Grants. \$276,220 Revenues. \$3,966,355

ldentifier	Return Reference	Explanation
2005 and 2006 forms 990 not yet amended as reported on 2008 form 990	Schedule J	Forms 990 for fiscal years ending 9/30/06 and 9/30/07 did not report the President's nonqualified deferred compensation amounts earned but not vested, in the amounts of \$17,200 and \$15,288, respectively. The returns were not amended and those tax periods are now closed due to the statute of limitation. These nonqualified deferred compensation payments have been made in 2010, in addition to the President's nonqualified deferred compensation that vested in 2002 and prior. The payments were all reported on the President's 2010 Form W-2 in accordance with the duty of consistency doctrine, as none of them had previously been reported on a Form W-2. Additionally, they will be reported as part of the President's compensation on Form 990 for fiscal year ending 9/30/11.

ldentifier	Return Reference	Explanation
NUMBER OF VOTING BOARD MEMBERS	PART I, LINE 3	The number of voting Board members as listed on Schedule J-2 (34) differs from the number on page 1, line 3 (25) due to the follow ing directors who completed their terms during the tax year. Those members are as follows 1) Melanie Beller 2) Clydia Cuykendall 3) Charles Harvey 4)Peter Hayes 5) Alan Jones 6) James Maddy 7) Charles Potter Jr. 8) Reginald Shiverick 9) Christina Wong

ldentifier	Return Reference	Explanation			
Letter of Credit	Sch K - Part II - Line 5	Letter of Credit \$20,037			

Software ID: Software Version:

**EIN:** 91-0880684

Name: THE STUDENT CONSERVATION ASSOCIATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors									
(B) A verage hours per week	(C) Position (check all that apply)						<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation
	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
1 0	Х						0	0	
1 0	Х						0		
1 0	X						0		
1 0	X						0		
1 0	Х						0		
1 0	Х						0		
1 0	Х						0		
1 0	Х						0		
1 0	Х						0		
1 0	Х						0		
1 0	Х						0		
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1 0	Х						0		
1 0	Х						0		
1 0	Х						0		
1 0	Х								
1 0	Х								
1 0	Х								
1 0	Х								
	(B) Average hours per week  1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	(B)         Average hours per week         Post to the per week           1 0 X         1 0 X           1 0 X         <	(B) A verage hours per week  1 0	(B) A verage hours per week	C	C	C	CD	Company   Comp

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) (C) A verage Position (check all that apply)							(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
THOMAS B SHEPARD DIRECTOR	1 0	Х								
LESLIE TURNER DIRECTOR	1 0	Х								
ROB WALLACE DIRECTOR	1 0	Х								
Lıllıan Bloch Dırector	1 0	Х								
Charles Potter Dıretor	1 0	Х								
John Reynolds Dırector	1 0	Х								
Jane Rogers Dırector	1 0	Х								
George Hatch Dıretor	1 0	Х								
CS Vosmik Diretor	1 0	Х								
DALE PENNY PRESIDENT AND CEO	40 0			х				207,640	0	77,061
MARK BODIN COO	40 0			х				136,628	0	16,053
VALERIE BAILEY EXECUTIVE VP	40 0			х				121,965	0	11,589
RICHARD SEAMAN CFO	40 0			х				125,503	0	15,528
SCOTT WEAVER SENIOR VP Gov't Affairs	40 0			х				116,386	0	15,088
ROBERT HOLLEY VP FOR ADVANCEMENT	40 0					Х		127,016		6,431
REGINALD HAGOOD SENIOR VP STRATEGIC INITIATIVE	40 0					Х		111,457		36
ROBERT COATES SENIOR VP PROGRAM OPERATIONS	40 0					Х		104,021		14,630
LEAH ALLEN DIRECTOR OF GOV RELATIONS	40 0					х		104,138		3,613

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SUBSISTANCE, HOUSING, HEALTH	2,988,221	2,988,221		
TRAINING, ORIENT & CAREER SVC	696,245	688,188	7,352	705
RISK MANAGEMENT	232,808	232,808		
CONTRACT SERVICES	267,340	182,051	36,391	48,898
UNIFORMS	407,785	407,785		