| Form | 990-EZ | |
|------|---------------|--|

Short Form

OMB No. 1545-1150

2016

Open to Public Inspection

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

| | Department of the Treasury Internal Revenue Service Information about Form 990-EZ and its instructions is at www.irs.gov/form99 | | | |). | Inspection |
|------------|--|---------------|--|------------|------------|-----------------------------------|
| A F | or the | 2016 calenda | ar year, or tax year beginning , 2016, and endin | g | | , 20 |
| В с | heck if ap | pplicable: | C Name of organization | D Er | nployer id | lentification number |
| A | Address c | change | North American Grouse Partnership | | 8 | 32-0518171 |
| 1 | Name cha | ange | Number and street (or P.O. box, if mail is not delivered to street address) Room/suit | e ETe | elephone n | |
| | nitial retu | | 1670 N 1/2 Rd | | 97 | 70-858-9659 |
| | | rn/terminated | City or town, state or province, country, and ZIP or foreign postal code | FG | roup Exe | |
| | Amended Applicatio | n pending | Fruita, CO 81521 | | lumber l | • |
| | | ting Method: | | H Chec | k 🕨 🗌 | if the organization is not |
| | /ebsite | | grousepartners.org | | | tach Schedule B |
| JТа | ax-exen | | sck only one) – ✓ 501(c)(3) □ 501(c) () ◄ (insert no.) □ 4947(a)(1) or □527 | | | 0-EZ, or 990-PF). |
| | | | ✓ Corporation □ Trust □ Association □ Other | | | · · · · · |
| | | | 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if | total asse | ts | |
| | | | v) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | ► 9 | 36398 |
| Pa | art I | Revenu | e, Expenses, and Changes in Net Assets or Fund Balances (see | the insti | ructions | |
| | | | the organization used Schedule O to respond to any question in this Pa | | | - |
| | 1 | | ns, gifts, grants, and similar amounts received | | 1 | 36,398 |
| | 2 | | ervice revenue including government fees and contracts | | 2 | 0 |
| | 3 | • | ip dues and assessments | | 3 | 0 |
| | 4 | Investment | • | | 4 | 0 |
| | 5a | Gross amo | unt from sale of assets other than inventory 5a | | 0 | |
| | b | | or other basis and sales expenses | | 0 | |
| | с | | ss) from sale of assets other than inventory (Subtract line 5b from line 5a) | | 5c | 0 |
| | 6 | | d fundraising events | | | |
| | а | Gross inc | ome from gaming (attach Schedule G if greater than | | | |
| ne | | \$15,000) . | | | 0 | |
| Revenue | b | Gross inco | me from fundraising events (not including \$ 0 of contribu | tions | | |
| Be | | from fundr | aising events reported on line 1) (attach Schedule G if the | | | |
| | | sum of suc | th gross income and contributions exceeds \$15,000) 6b | | 0 | |
| | с | Less: direc | t expenses from gaming and fundraising events 6c | | 0 | |
| | d | | e or (loss) from gaming and fundraising events (add lines 6a and 6b and | subtrac | t | |
| | | line 6c) . | · · · · · · · · · · · · · · · · · · · | | 6d | 0 |
| | 7a | Gross sale | s of inventory, less returns and allowances | | 0 | |
| | b | | of goods sold | | 0 | |
| | С | Gross prof | it or (loss) from sales of inventory (Subtract line 7b from line 7a) | | 7c | 0 |
| | 8 | | nue (describe in Schedule O) | | 8 | 0 |
| | 9 | | nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 🕨 | 9 | 36,398 |
| | 10 | | I similar amounts paid (list in Schedule O) | | | 0 |
| | 11 | | aid to or for members | | | 0 |
| ses | 12 | | ther compensation, and employee benefits | | | 0 |
| ens | 13 | | al fees and other payments to independent contractors | | | 32,715 |
| Expenses | 14 | | y, rent, utilities, and maintenance | | | 0 |
| ш | 15 | | ublications, postage, and shipping | | | 982 |
| | 16 | | enses (describe in Schedule O) | | | 8,908 |
| | 17 | | enses. Add lines 10 through 16 | | | 42,605 |
| ts | 18 | | (deficit) for the year (Subtract line 17 from line 9) | | | -6,208 |
| sse | 19 | | or fund balances at beginning of year (from line 27, column (A)) (must ag r figure reported on prior year's return) | | | |
| ťΑ | 00 | - | | | | 74,702 |
| Net Assets | 20 | | nges in net assets or fund balances (explain in Schedule O) | | | 0 |
| | 21 | | or fund balances at end of year. Combine lines 18 through 20 | | 21 | 68,494 |
| ⊢or | raper | work Reduct | ion Act Notice, see the separate instructions. Cat. No. 106421 | | | Form 990-EZ (2016) |

| Form S | 990-EZ (2016) t II Balance Sheets (see the instructions f | or Part II) | | | | Page 2 |
|--|---|--|--|---|---|---|
| | Check if the organization used Schedule | , | nv question in this l | Part II.... | | 🗆 |
| | | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | [| 74,702 | 22 | 68,494 |
| 23 | Land and buildings | | [| 0 | | 0 |
| 24 | Other assets (describe in Schedule O) | | [| 0 | 24 | 0 |
| 25 | Total assets | | [| 74,702 | 25 | 68,494 |
| 26 | Total liabilities (describe in Schedule O) | | | 0 | 26 | 0 |
| 27 | Net assets or fund balances (line 27 of column | () | , | 74,702 | 27 | 68,494 |
| Par | | • | | / | | - |
| | Check if the organization used Schedule | | | | (Ro | Expenses quired for section |
| What | is the organization's primary exempt purpose? | Conservation of N A | merica's native grous | se populations | | (c)(3) and 501(c)(4) |
| as m | ribe the organization's program service accompli- leasured by expenses. In a clear and concise mons benefited, and other relevant information for ea | anner, describe the | | | · · | anizations; optional for ers.) |
| 28 | NAGP Policy Review and Coordination Program - wo | rk with federal and st | tate agencies to imple | ement | | |
| | polices to protect and improve native grouse habitat. | | | | | |
| | Lesser Prairie Chicken Habitat Mitigation Program ar | | | | | |
| | | includes foreign gra | | | 28a | a 26,727 |
| 29 | Outreach and Educational Program - In 2016, NAGP of | | | | | |
| | brochures for both its membership and the general p | | | | | |
| | X | | | | | |
| | (Grants \$) If this amount | includes foreign gra | ints, check here . | 🕨 🗌 | 29 a | a 7,435 |
| 30 | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign gra | ints, check here . | 🕨 🗌 | 30a | a |
| 31 | Other program services (describe in Schedule O) | | | | | |
| | (Grants \$) If this amount | includes foreign gra | nts, check here . | 🕨 🗌 🗌 | 31a | a |
| 32 | | | | _ | | |
| | Total program service expenses (add lines 28a t | | | 🕨 | 32 | 01,102 |
| Par | List of Officers, Directors, Trustees, and Key | r Employees (list each | n one even if not comp | · · · · ► | | 01,102 |
| | | r Employees (list each | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) | Densated – see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and | stru | ictions for Part IV) |
| Par | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title | A Employees (list each O to respond to an (b) Average hours per week | n one even if not comp ny question in this l (c) Reportable compensation | Densated—see the ins Part IV (d) Health benefits, contributions to employe | stru | ictions for Part IV) |
| Jona | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title | 7 Employees (list each O to respond to an (b) Average hours per week devoted to position | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | Densated—see the ins Part IV | stru e (e) | Estimated amount of other compensation |
| Part Jonat Presi | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title | A Employees (list each O to respond to an (b) Average hours per week | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) | Densated – see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and | stru e (e) | ictions for Part IV) |
| Par Jona Presi Tim k | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent (izer | A Employees (list each O to respond to an (b) Average hours per week devoted to position | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 | Coensated—see the insection Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation (0) | stru |) Estimated amount of other compensation |
| Pari Jona Presi Tlm k Vice- | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent (izer President | 7 Employees (list each O to respond to an (b) Average hours per week devoted to position | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | Densated—see the ins Part IV | stru | Estimated amount of other compensation |
| Pari Jona Presi TIm k Vice- Clee | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent Cizer President Sealing | (b) Average hours per week devoted to position | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 | Constant of the set of the | stru |) Estimated amount of other compensation |
| Jona Presi TIm k Vice- Clee Treas | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent Cizer President Sealing surer | A Employees (list each O to respond to an (b) Average hours per week devoted to position | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 | Coensated—see the insection Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation (0) | stru |) Estimated amount of other compensation |
| Pari Jona Presi Tim k Vice- Clee Treas Dan (| List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent Lizer President Sealing surer Cecchini Jr. | (b) Average hours per week devoted to position | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 | Constant of the set of the | |) Estimated amount of other compensation |
| Jona Jona Presi TIm k Vice- Clee Treas Dan (Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent Lizer President Sealing surer Cecchini Jr. | Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 2 | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 | ▶ Deensated—see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | |) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 |
| Jona Jona Presi TIm k Vice- Clee Treas Dan (Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent (izer President Sealing surer Cecchini Jr. tor ew Bogan | Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 2 | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 | ▶ Deensated—see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | |) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 |
| Jonat Presi TIM k Vice- Clee Treas Dan (Direc Andro Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent (izer President Sealing surer Cecchini Jr. tor ew Bogan | temployees (list each O to respond to an (b) Average hours per week devoted to position | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 | ▶ Deensated—see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation () () () () () () () () () () () () () | | (ctions for Part IV) (ctions for Part |
| Jonat Presi TIM k Vice- Clee Treas Dan (Direc Andro Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent (izer President Sealing surer Cecchini Jr. tor ew Bogan tor rd Heck | temployees (list each O to respond to an (b) Average hours per week devoted to position | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 | ▶ Deensated—see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation () () () () () () () () () () () () () | | (ctions for Part IV) (ctions for Part |
| Jona Jona Presi Tim k Vice- Clee Treas Dan (Direc Millar | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent Gizer President Sealing surer Cecchini Jr. tor ew Bogan tor rd Heck tor | r Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 2 1 1 | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 | ► Deensated—see the ins Part IV | | Inctions for Part IV) Inctions for Part IV Inction |
| Pari Jona Presi Tim k Vice- Clee Treas Dan (Direc Andre Direc Willan Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent Lizer President Sealing surer Cecchini Jr. tor ew Bogan tor rd Heck tor Hoch | r Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 2 1 1 | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 | ► Deensated—see the ins Part IV | | Inctions for Part IV) Inctions for Part IV Inction |
| Pari Jona Presi Tim k Vice- Clee Treas Dan C Direc Andri Direc Greg Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent Lizer President Sealing surer Cecchini Jr. tor ew Bogan tor rd Heck tor Hoch | r Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 2 1 1 1 1 | n one even if not comp ny question in this l compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 | ▶ Deensated—see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | | Inctions for Part IV) Inctions for Part IV Inctins for Part IV Inction |
| Pari Jona Presi Tim k Vice- Clee Treas Dan C Direc Andri Direc Greg Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent (izer President Sealing surer Cecchini Jr. tor ew Bogan tor rd Heck tor Hoch tor Manes | r Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 2 1 1 1 1 | n one even if not comp ny question in this l compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 | ▶ Deensated—see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation | stru e (e) 0 0 0 0 0 0 0 0 0 0 0 0 0 | Inctions for Part IV) Inctions for Part IV Inctins for Part IV Inction |
| Pari Jona Presi Tim k Vice- Clee Treas Dan (Direc Andr Direc Greg Direc Rob I Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent (izer President Sealing surer Cecchini Jr. tor ew Bogan tor rd Heck tor Hoch tor Manes | r Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 2 1 1 1 1 1 1 | n one even if not comp ny question in this l compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 | ▶ Deensated—see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation () () () () () () () () () () () () () | stru e (e) 0 0 0 0 0 0 0 0 0 0 0 0 0 | Inctions for Part IV) Inctions for Part IV Inctins for Part IV Inction |
| Pari Jona Presi Tim k Vice- Clee Treas Dan (Direc Andr Direc Greg Direc Rob I Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title than Haufler dent (izer President Sealing surer Cecchini Jr. tor ew Bogan tor rd Heck tor Hoch tor Manes tor Moretti | r Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 2 1 1 1 1 1 1 | n one even if not comp ny question in this l compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 | ▶ Deensated—see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation () () () () () () () () () () () () () | stru e (e) 0 0 0 0 0 0 0 0 0 0 0 0 0 | Inctions for Part IV) Inctions for Part IV Inctins for Part IV Inction |
| Pari Jona Presi Tim k Vice- Clee Treas Dan (Direc Milla Direc Greg Direc Rob I Direc Rob I Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title than Haufler dent (izer President Sealing surer Cecchini Jr. tor ew Bogan tor rd Heck tor Hoch tor Manes tor Moretti | r Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 2 1 1 1 1 1 1 1 | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 | ▶ Deensated—see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation ((((((((((((((((((| stru e (e) 0 0 0 0 0 0 0 0 0 0 0 0 0 | Inctions for Part IV) Inctions for Part IV Inction |
| Pari Jona Presi Tim k Vice- Clee Treas Dan (Direc Milla Direc Greg Direc Rob I Direc Rob I Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title than Haufler dent Lizer President Sealing surer Cecchini Jr. tor ew Bogan tor rd Heck tor Hoch tor Manes tor Moretti tor Pineo | r Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 2 1 1 1 1 1 1 1 | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 | ▶ Deensated—see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation ((((((((((((((((((| stru e (e) 0 0 0 0 0 0 0 0 0 0 0 0 0 | Inctions for Part IV) Inctions for Part IV Inction |
| Pari Jona Presi Tim k Vice- Clee Treas Dan C Direc Andre Direc Greg Direc Greg Direc Millas Direc Direc Direc Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title (a) Name and title than Haufler dent Lizer President Sealing surer Cecchini Jr. tor ew Bogan tor rd Heck tor Hoch tor Manes tor Moretti tor Pineo | r Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 2 1 1 1 1 1 1 1 1 | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ▶ Deensated—see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation ((((((((((((((((((| stru e (e) 0 0 0 0 0 0 0 0 0 0 0 0 0 | Inctions for Part IV) Inctions for Part IV Inctins for Part IV Inction |
| Pari Jona Presi Tim k Vice- Clee Treas Dan C Direc Andre Direc Greg Direc Greg Direc Millas Direc Direc Direc Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent (izer President Sealing surer Cecchini Jr. tor ew Bogan tor rd Heck tor Hoch tor Manes tor Manes tor Pineo tor Pineo | r Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 2 1 1 1 1 1 1 1 1 | n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ▶ Deensated—see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation ((((((((((((((((((| stru stru pe (e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Inctions for Part IV) Inctions for Part IV Inctins for Part IV Inction |
| Pari Jona Presi Tim k Vice- Clee Treas Dan (Direc Direc Andr Direc Greg Direc Greg Direc Miles Direc Steve Direc | List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title than Haufler dent (izer President Sealing surer Cecchini Jr. tor ew Bogan tor rd Heck tor Hoch tor Manes tor Manes tor Pineo tor Pineo | r Employees (list each O to respond to an (b) Average hours per week devoted to position 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 | n one even if not comp ny question in this l compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | ▶ Deensated—see the ins Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation ((((((((((((((((((| stru stru pe (e) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | Inctions for Part IV) Inctions for Part IV Inctins for Part IV Inction |

| Form 99 | 90-EZ (2016) | | Р | age 3 |
|-------------------|---|-------------|--------|----------|
| Part | V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this | | V | |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | Yes | No V |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | |
| b c | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35b 35c | | |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | ✓ ✓ |
| 37a b | Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 Did the organization file Form 1120-POL for this year? | 37b | | , , |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | √ |
| b 39 a b | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0 Section 501(c)(7) organizations. Enter: 39a 39a Initiation fees and capital contributions included on line 9 39a 39a Gross receipts, included on line 9, for public use of club facilities 39b 39b | | | |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ►0 ; section 4912 ►0 ; section 4955 ►0 | | | |
| b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | √ |
| c d | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | | | |
| e | 40c reimbursed by the organization | | | |
| 41 | transaction? If "Yes," complete Form 8886-T | 40e | | ✓ |
| 42a | The organization's books are in care of ► Fill this in Telephone no. ► | | nis in | |
| b | Located at ► Fill this in ZIP + 4 ► 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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and | Fill 42b | | No ✓ |
| с | Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? | 42c | | √ |
| 43 | If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | . 1 | |
| 44a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | Yes | No √ |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | |
| c d | Did the organization receive any payments for indoor tanning services during the year? | 44c 44d | | ↓ |
| 45a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45a 45b | | √ √ |

Form 990-EZ (2016)

| | | | à: Ý. | 1 | 1 | | |
|----------------------|---|--|---|---|--|-----------------|------------|
| | | | 1 | | | | |
| Form 990-EZ | (2016) | | a la faire de | | A., . | | Page |
| | TO DRIVENDA LOTIV II | ADD II NAME TOPOD | Machael Company and California | VIER CHART UNA | - 4 | Y | es No |
| 46 Did to c | the organization engage, directly or candidates for public office? If "Yes," | Indirectly, in political Complete Schedule (| campaign activities or 2, Part I | behalf of or | in opposi | tion 46 | |
| Part VI | Section 501(c)(3) organization | | el Nerthi, - Spaine | 1.01 | 8 | | |
| | All section 501(c)(3) organizatio 50 and 51. D pix Check If the organization used S | 过048 42 钓鱼 48 | id States t + mar | 170) | mplete th | e tables for | lines |
| | Check if the organization used a | criedule O to respon | and the second se | nis Part Vi | | | es No |
| 47 Did yea | the organization engage in lobbyin r7 if "Yes," complete Schedule C, Pr | g activities or have a | section 501(h) election | n in effect o | turing the | | |
| | he organization a school as described | - | | | | . 48 | 1 |
| | the organization make any transfers | | | zation? | 662 | . 49a | 1 |
| 50 Con | Yes," was the related organization a mplete this table for the organization ployees) who each received more that | 's five highest comper | nsated employees (oth | | | | |
| | a) Name and title of each employee | (b) Average hours per week devoted to position | (o) Reportable compensation (Forma W-2/1099-MISC) | (d) Health i contributions t benefit plans, a compen | benefits. to employee and deferred | | mount of |
| None | | 41 | | Compen | oauun | | |
| | | | | | | | |
| | | ** | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | - | | | - | | |
| 51 Con \$10 | al number of other employees paid o npiete this table for the organization 0,000 of compensation from the org a) Name and business address of each indepen | n's five highest comp anization. If there is n | ensated independent | | | received m | ore tha |
| None | | | (0) () = 0. 201 | | (4) | Companyation | |
| ***** | | | | | | | _ |
| ****** | | | | | | | |
| | •••••• | | _ | | | | |
| | | | - | | | | |
| | | | | | | | |
| | al number of other independent contr the organization complete Sched | | | ► | ist attach | 8 | |
| com | pleted Schedule A | | 44444 | | 122 | ► 🗹 Yes [| |
| | is of perjury, I declare that I have examined this and complete. Declaration of preparer (other the | | | | | owledge and bei | lef, it is |
| Sign Here | Signature of other Jonathan Hary | Ah Jona | than Haufler, | Preside | | 017 | |
| Paid | Print/Type preparer's name | Preparer's signature | Dat | a | Check C | | ÷ |
| Preparer Use Only | Firm's name 🕨 | | | Firm' | s EIN > | | |
| | | | | | | | |
| | J Firm's address ► S discuss this return with the prepare | | | Phon | | Yes | No |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 20

6

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

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.

| | Open to Public |
|-----|----------------|
| 90. | Inspection |
| | |

Na

| Internal | Revenue Service | Information about | t Schedule A (Forr | m 990 or 990-EZ) and its | instructio | Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection | | | | | |
|--|--|---|--------------------------------------|--|-------------------------|---|--|-----------------------|--|--|--|
| Name | of the organization | | | | | | Employer identification | number | | | |
| - | American Grous | | | | | | 82-05 | | | | |
| Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. | | | | | | | | | | | |
| The c | The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). | | | | | | | | | | |
| 1 | | | | | | | | | | | |
| 2 | | | | (Attach Schedule E (F | | | | | | | |
| 4 | 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 | | | | | | | iii) Enter the | | | |
| - | | ame, city, and state | | | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | A federal, st | ate, or local gover | nment or govern | mental unit described | l in sectio | on 170(b) | (1)(A)(v). | | | | |
| 7 | | | | tantial part of its sup | | | | the general public | | | |
| | described in | section 170(b)(1) | (A)(vi). (Complet | te Part II.) | | | | | | | |
| 8 | A communit | y trust described i | n section 170(b) | (1)(A)(vi). (Complete | Part II.) | | | | | | |
| 9 | | | | d in section 170(b)(1) iculture (see instruction | | | | | | | |
| 10 | receipts from support from | n activities related n gross investmen | to its exempt fur income and uni | e than 33 ¹ / ₃ % of its sunctions—subject to c related business taxal 75. See section 509(a | ertain exc ble incom | ceptions, ne (less se | and (2) no more that action 511 tax) from | n 33¹/₃% of its | | | |
| 11 | An organizat | tion organized and | operated exclus | sively to test for public | c safety. | See sect i | ion 509(a)(4). | | | | |
| 12 | | | | sively for the benefit o | | | | | | | |
| | Check the b | ox in lines 12a thro | ugh 12d that des | ns described in secti scribes the type of sup | oporting | organizatio | on and complete line | s 12e, 12f, and 12g. | | | |
| а | the supp | orted organization | (s) the power to | l, supervised, or contr regularly appoint or e ete Part IV, Sections | elect a ma | ajority of t | | | | | |
| b | control c | or management of | the supporting o | ed or controlled in co organization vested in V, Sections A and C | the same | | | | | | |
| c | | | | ting organization oper ns). You must comp | | | | ally integrated with, | | | |
| d | that is no | ot functionally integ | grated. The orga | pporting organization nization generally mu omplete Part IV, Sec | st satisfy | a distribu | ution requirement an | | | | |
| е | Check th functiona | nis box if the organ ally integrated, or ⊺ | ization received ype III non-func | a written determination tionally integrated sup | on from tl | he IRS tha organizati | at it is a Type I, Type ion. | e II, Type III | | | |
| f | | ber of supported of | | | | | | | | | |
| g | Provide the fo | llowing information | about the supp | orted organization(s). | | | | | | | |
| | (i) Name of supported organization (ii) EIN (iii) Type of organization (described on lines 1–10 above (see instructions)) (iv) Is the organization (v) Amount of monetary support (see instructions)) (v) Amount of monetary other support (see instructions)) | | | | | | other support (see | | | | |
| | | | | | Yes | No | | | | | |
| (A) | | | | | | | | | | | |
| (B) | | | | | | | | | | | |
| (C) | | | | | | | | | | | |

(D)

(E) Total

| SCHEDULE O (Form 990 or 990-EZ) | Form 990 or 990-EZ or to provide any additional information. | 1 | 0MB No. 1545-0047 |
|--|---|---------------------|------------------------------|
| Department of the Treasury Internal Revenue Service | Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www | v.irs.gov/form990. | Open to Public Inspection |
| Name of the organization | • | Employer identific | ation number |
| North America Grouse | Partnership | 82- | 0518171 |
| 990ez, Part 1, Line 16 - | other expenses. Travel and meetings-\$7457, Telephone & Communications - \$6 | 692, Supplies - \$6 | 9, |
| Partner Association D | ues - \$527, Credit Card Fees - \$163, | | |
| Part IV, List of Director | rs Continued. Steve Sherrod, Director (col a), 1 (col b), 0 (col c), 0 (col d), 0 (col | e), | |
| Rollin Sparrowe, Direc | tor (col a), 1 (col b), 0 (col c), 0 (col d), 0 (col e), | | |
| John Toepfer, Director | (col a), 1 (col b), 0 (col c), 0 (col d), 0 (col e), | | |
| James Weaver, Directo | pr (col a), 1 (col b), 0 (col c), 0 (col d), 0 (col e) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Employer identification number

| |
|------|
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule O (Form 990 or 990-EZ), such as legislation enacted after the schedule and its instructions were published, go to www.irs.gov/form990.

Purpose of Schedule

An organization should use Schedule O (Form 990 or 990-EZ), rather than separate attachments, to provide the IRS with narrative information required for responses to specific questions on Form 990 or 990-EZ, and to explain the organization's operations or responses to various questions. It allows organizations to supplement information reported on Form 990 or 990-EZ.

Don't use Schedule O to supplement responses to questions in other schedules of the Form 990 or 990-EZ. Each of the other schedules includes a separate part for supplemental information.

Who Must File

All organizations that file Form 990 and certain organizations that file Form 990-EZ must file Schedule O (Form 990 or 990-EZ). At a minimum, the schedule must be used to answer Form 990, Part VI, lines 11b and 19. If an organization isn't required to file Form 990 or 990-EZ but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Specific Instructions

Use as many continuation sheets of Schedule O (Form 990 or 990-EZ) as needed.

Complete the required information on the appropriate line of Form 990 or 990-EZ prior to using Schedule O (Form 990 or 990-EZ).

Identify clearly the specific part and line(s) of Form 990 or 990-EZ to which each response relates. Follow the part and line sequence of Form 990 or 990-EZ.

Late return. If the return is not filed by the due date (including any extension granted), attach a separate statement giving the reasons for not filing on time. Don't use this schedule to provide the late-filing statement.

Amended return. If the organization checked the Amended return box on Form 990, Heading, item B, or Form 990-EZ, Heading, item B, use Schedule O (Form 990 or 990-EZ) to list each part or schedule and line item of the Form 990 or 990-EZ that was amended.

Group return. If the organization answered "Yes" to Form 990, line H(a), but "No" to line H(b), use a separate

attachment to list the name, address, and EIN of each affiliated organization included in the aroup return. Don't use this schedule. See the Instructions for Form 990, I. Group Return.

Form 990, Parts III, V, VI, VII, IX, XI, and XII. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions in the Form 990.

1. Part III, Statement of Program Service Accomplishments.

a. "Yes" response to line 2.

b. "Yes" response to line 3.

c. Other program services on line 4d. 2. Part V, Statements Regarding Other IRS Filings and Tax Compliance.

a. "No" response to line 3b.

b. "Yes" or "No" response to line 13a.

c. "No" response to line 14b.

3. Part VI, Governance, Management, and Disclosure.

a. Material differences in voting rights among members of the governing body in line 1a

b. Delegation of governing board's authority to executive committee in line 1a.

c. "Yes" responses to lines 2 through 7b.

d. "No" responses to lines 8a, 8b, and 10b

e. "Yes" response to line 9.

f. Description of process for review of Form 990, if any, in response to line 11b.

g. "Yes" response to line 12c.

h. Description of process for determining compensation in response to lines 15a and 15b.

i. If applicable, in response to line 18, an explanation as to why the organization checked the "Other" box or didn't make any of Forms 1023, 1024, 990, or 990-T publicly available.

j. Description of public disclosure of documents in response to line 19.

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

a. Explain if reporting of compensation paid by a related organization is provided only for the period during which the related organization was related, not the entire calendar year ending with or within the tax year, and state the period during which the related organization was related.

b. Description of reasonable efforts undertaken to obtain information on compensation paid by related organizations, if the organization is unable to obtain such information to report in column (E).

5. Explanation for Part IX, Statement of Functional Expenses, line 11g (other fees

for services), including the type and amount of each expense included in line 11g, if the amount in Part IX, line 11g, exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

6. Explanation for Part IX, Statement of Functional Expenses, line 24e (all other expenses), including the type and amount of each expense included in line 24e, if the amount on line 24e exceeds 10% of the amount in Part IX, line 25 (total functional expenses).

7. Part XI. Reconciliation of Net Assets. Explain any other changes in net assets or fund balances reported on line 9.

8. Part XII, Financial Statements and Reporting.

a. Change in accounting method or description of other accounting method used on line 1.

b. Change in committee oversight review from prior year on line 2c.

c. "No" response to line 3b.

Form 990-EZ, Parts I, II, III, and V. Use Schedule O (Form 990 or 990-EZ) to provide any narrative information required for the following questions.

1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.

a. Description of other revenue, in response to line 8.

b. List of grants and similar amounts paid, in response to line 10.

c. Description of other expenses, in response to line 16.

d. Explanation of other changes in net assets or fund balances, in response to line 20.

2. Part II, Balance Sheets.

a. Description of other assets, in response to line 24.

b. Description of total liabilities, in response to line 26.

3. Description of other program services in response to Part III, Statement of Program Service Accomplishments, line 31.

4. Part V, Other Information.

a. "Yes" response to line 33.

b. "Yes" response to line 34.

c. Explanation of why organization didn't report unrelated business gross income of \$1,000 or more to the IRS on Form 990-T, in response to line 35b.

d. "No" response to line 44d.

Other. Use Schedule O (Form 990 or 990-EZ) to provide narrative explanations and descriptions in response to other specific questions. The narrative provided should refer and relate to a particular line and response on the form.



Don't include on Schedule O (Form 990 or 990-EZ) any social security number(s), because this schedule will be made available for public inspection.

0

0

115471

25000

90471

115471

73

0

0

115544

(f) Total

0

0

12328

(d) 2015

12328

35

0

0

36398

(e) 2016

36398

0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to gualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ► (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Gifts, grants, contributions, 1 and membership fees received. (Do not include any "unusual grants.") . . . 10419 35667 20659 12328 36398 115471

0

0

35667

(b) 2013

35667

0

0

0

20659

(c) 2014

20659

35

0

0

10419

- Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .
- **3** The value of services or facilities furnished by a governmental unit to the organization without charge
- 4 Total. Add lines 1 through 3
- 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)

6 Public support. Subtract line 5 from line 4

Section B. Total Support

Calendar year (or fiscal year beginning in) ►

- **9** Net income from unrelated business activities, whether or not the business is regularly carried on
- 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)
- 11 Total support. Add lines 7 through 10

(a) 2012

10419

3

organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

| 14 | Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) | 14 | 78 % |
|-----|--|--------------------|---------------------|
| 15 | Public support percentage from 2015 Schedule A, Part II, line 14 | 15 | % |
| 16a | 331/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 | 3 ¹ /3% | or more, check this |
| | box and stop here. The organization qualifies as a publicly supported organization | | 🕨 🗸 |
| b | 331/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 | is 331 | 1/3% or more, check |
| | this box and ${\bf stop}\ {\bf here.}$ The organization qualifies as a publicly supported organization $\ . \ . \ .$ | | 🕨 🗌 |
| 172 | 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 1 | 62 01 | 16b and line 1/ is |

Schedule A (Form 990 or 990-EZ) 2016

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Secti | on A. Public Support | | | | | | |
|-----------|--|---------------|------------------|------------------|-----------------|--------------|----------------|
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or 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 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | | | |
| , u | received from disqualified persons . | | | | | | |
| h | Amounts included on lines 2 and 3 | | | | | | |
| b | received from other than disgualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | | | | |
| с | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | | | |
| Ũ | line 6.) | | | | | | |
| Secti | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | (a) 2012 | (6) 2010 | (0) 2014 | (0) 2010 | (6) 2010 | (I) TOtal |
| 10a | Gross income from interest, dividends, | | | | | | |
| IVa | payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources . | | | | | | |
| h | Unrelated business taxable income (less | | | | | | |
| b | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| • | Add lines 10a and 10b | | | | | | |
| | | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 10 | 5, | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 15 | and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | | in's first secon | d third fourth | or fifth tax ye | ar as a soc | tion 501(c)(3) |
| 14 | organization, check this box and stop he | • | | | | | |
| Secti | on C. Computation of Public Suppor | | | | | | |
| 15 | Public support percentage for 2016 (line 8 | | | 3 column (f)) | | 15 | % |
| 16 | Public support percentage for 2010 (intel Public support percentage from 2015 Sch | | | | | 16 | % |
| | on D. Computation of Investment In | | | | | 10 | 70 |
| 17 | Investment income percentage for 2016 (| | | v line 13 colu | mn (f)) | 17 | % |
| 18 | Investment income percentage for 2016 | | | - | | 18 | <u> </u> |
| 10 19a | 33 ¹ / ₃ % support tests – 2016. If the organ | | | | | | |
| 129 | 17 is not more than $33^{1}/_{3}$ %, check this box | | | | | | |
| b | 33 ¹ / ₃ % support tests – 2015. If the organiz | | - | - | | - | |
| U | line 18 is not more than 33 ¹ / ₃ %, check this l | | | | | | |
| 20 | Private foundation. If the organization di | | - | - | | | |
| 20 | rivate ioundation. It the organization di | u not check a | bux on line 14 | , 19a, UI 19D, (| UNCON LINS DOX | and see Insi | ructions |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

| Schedu | ile A (Form 990 or 990-EZ) 2016 | | F | Page 5 |
|--------|--|-----|-----|--------|
| Part | IV Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| с | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| Secti | on B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |

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

Section D. All Type III Supporting Organizations

| | | | Yes | No |
|---|--|---|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | |
| | organization's governing documents in ellect on the date of notification, to the extent not previously provided : | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i> | | | |

- 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's
- significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

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

2a

2b

3a

1

2

3

Yes No

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

Page 6

| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | |
|--|----------------|--------------------------------|--|
| Section A - Adjusted Net Income | (A) Prior Year | (B) Current Year (optional) | |
| | | | |

| | | | (optional) |
|--|----|----------------|-------------------------------|
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Yea (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| a Average monthly value of securities | 1a | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | |
| e Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| 6 Multiply line 5 by .035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C - Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| 2 Enter 85% of line 1. | 2 | | |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| | | | |

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

Schedule A (Form 990 or 990-EZ) 2016

| Part | V Type III Non-Functionally Integrated 509(a)(3 | 3) Supporting Organi | zations (continued) | |
|-------|---|-----------------------------|--|---|
| Secti | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | | | |
| 2 | Amounts paid to perform activity that directly furthers exe | | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions. | h the organization is res | ponsive | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| S | ection E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2016 | (iii) Distributable Amount for 2016 |
| 1 | Distributable amount for 2016 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| а | | | | |
| b | | | | |
| с | From 2013 | | | |
| d | From 2014 | | | |
| е | From 2015 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2016 distributable amount | | | |
| | Carryover from 2011 not applied (see instructions) | | | |
| ÷ | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from | | | |
| - | Section D, line 7: \$ | | | |
| а | Applied to underdistributions of prior years | | | |
| b | Applied to 2016 distributions of phot years | | | |
| c | Remainder. Subtract lines 4a and 4b from 4. | | | |
| - | | | | |
| 5 | Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3j and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| a | | | | |
| b | Excess from 2013 | | | |
| c | Excess from 2014 | | | |
| d | Excess from 2015 | | | |
| ~ | Excess from 2016 | | | |

Schedule A (Form 990 or 990-EZ) 2016

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

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

| | Attach to Form 990, Form 990-EZ, or Form 990-PF. |
|---|--|
| ► | Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. |

Employer identification number 82-0518171

| Name | of the organization |
|-------|---------------------------|
| Month | American Creves Destroyed |

| North American Grou | ise Partnersnip |
|---------------------|-----------------|
| Organization type (| (check one): |

| Filers of: | Section: |
|--------------------|--|
| Form 990 or 990-EZ | ✓ 501(c)(3) (enter number) organization |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | 527 political organization |
| Form 990-PF | 501(c)(3) exempt private foundation |
| | \Box 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | 501(c)(3) taxable private foundation |
| | |

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- □ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- □ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Cat. No. 30613X Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

| Schedule B | (Form | 990, | 990-EZ, | or 990-PF) | (2016) |
|------------|-------|------|---------|------------|--------|
|------------|-------|------|---------|------------|--------|

Name of organization

Page **2** Employer identification number

North American Grouse Partnership

| Part I | Contributors (See instructions). Use duplicate copies of | of Part I if additional space is | needed. |
|------------|---|----------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$25000 | Person✓Payroll□Noncash□(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | PersonPayrollNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | PersonIPayrollINoncashI(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | PersonPayrollDoncashNoncash(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | PersonPayrollNoncashI(Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | PersonIPayrollINoncashI(Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$\$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | \$ | |

Name of organization

Employer identification number

| Part III | Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), of (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) at the following line entry. For organizations completing Part III, enter the total of <i>exclusively</i> religious, charitable, contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ | | | | | |
|---------------------------|---|-----------------------|----------|--|--|--|
| | Use duplicate copies of Part III if add | itional space is need | led. | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, an | id ZIP + 4 | Relation | nship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how gift is held | | |
| _ | (e) Transferee's name, address, and ZIP + 4 | | - | nship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use c | of gift | (d) Description of how gift is held | | |
| | (e) Transfer of gift | | | | | |
| _ | Transferee's name, address, and ZIP + 4 | | Relatior | Relationship of transferor to transferee | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use c | of gift | (d) Description of how gift is held | | |
| | | | | | | |
| | (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | nship of transferor to transferee | | |
| | | | | | | |

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Schedule B (Form 990, 990-EZ, or 990-PF), such as legislation enacted after the schedule and its instructions were published, go to *www.irs.gov/form990.*

Note: Terms in **bold** are defined in the *Glossary* of the Instructions for Form 990.

Purpose of Schedule

Schedule B (Form 990, 990-EZ, or 990-PF) is used to provide information on contributions the organization reported on:

• Form 990, Return of Organization Exempt from Income Tax, Part VIII, *Statement of Revenue*, line 1;

• Form 990-EZ, Short Form Return of Organization Exempt from Income Tax, Part I, line 1; or

• Form 990-PF, Return of Private Foundation, Part I, line 1.

Who Must File

Every organization must complete and attach Schedule B to its Form 990, 990-EZ, or 990-PF, unless it certifies that it doesn't meet the filing requirements of this schedule by taking the following action:

• Answering "No" on Form 990, Part IV, *Checklist of Required Schedules*, line 2, or

- Checking the box on
 - Form 990-EZ, line H, or
 - Form 990-PF, Part I, Analysis of Revenue and Expenses, line 2.

See the separate instructions for these lines on those forms.

If an organization isn't required to file Form 990, 990-EZ, or 990-PF but chooses to do so, it must file a complete return and provide all of the information requested, including the required schedules.

Accounting Method

When completing Schedule B (Form 990, 990-EZ, or 990-PF), the organization must use the same accounting method it checked on Form 990, Part XII, *Financial Statements and Reporting*, line 1; Form 990-EZ, line G; or Form 990-PF, line J.

Public Inspection

Note: Don't include social security numbers of contributors as this information may be made public.

• Schedule B is open to public inspection for an organization that files Form 990-PF.

• Schedule B is open to public inspection for a section 527 political organization that files Form 990 or 990-EZ.

• For all other organizations that file Form 990 or 990-EZ, the names and addresses of contributors aren't required to be made available for public inspection. All other information, including the amount of contributions, the description of **noncash contributions,** and any other information, is required to be made available for public inspection unless it clearly identifies the contributor.

If an organization files a copy of Form 990 or 990-EZ, and attachments, with any state, it shouldn't include its Schedule B (Form 990, 990-EZ, or 990-PF) in the attachments for the state, unless a schedule of contributors is specifically required by the state. States that don't require the information might inadvertently make the schedule available for public inspection along with the rest of the Form 990 or 990-EZ.

See the Instructions for Form 990, 990-EZ, or 990-PF for information on telephone assistance and the public inspection rules for these forms and their attachments.

Contributors to be Listed on Part I

A *contributor* (person) includes individuals, fiduciaries, partnerships, corporations, associations, trusts, and exempt organizations. In addition, section 509(a)(2), 170(b)(1)(A)(iv), and 170(b)(1)(A)(vi) organizations must also report **governmental units** as contributors.

Contributions

Contributions reportable on Schedule B (Form 990, 990-EZ, or 990-PF) are contributions, grants, bequests, devises, and gifts of money or property, whether or not for charitable purposes. For example, political contributions to section 527 political organizations are included. Contributions don't include fees for the performance of services. See the instructions for Form 990, Part VIII, line 1, for more detailed information on contributions.

General Rule

Unless the organization is covered by one of the *Special Rules* below, it must list in Part I every contributor who, during the year, gave the organization, directly or indirectly, money, **securities**, or any other type of property that total \$5,000 or more for the organization's **tax year**. In determining the total amount, separate and independent gifts of less than \$1,000 can be disregarded.

Include each contribution included on Form 990, Part VIII, line 1, in calculating a contributor's total contributions and determining whether that contributor must be reported on Schedule B under this General Rule (or one of the following Special Rules, if applicable). For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property in Part VIII, line 1, it must include the value of that contribution in calculating whether the contributor meets the General Rule (or one of the Special Rules, if applicable). even if the organization didn't receive the property during the tax year.

Special Rules

Section 501(c)(3) organizations that file Form 990 or 990-EZ. For an organization described in section 501(c)(3) that meets the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and not just the 10% support test (whether or not the organization is otherwise described in section 170(b)(1)(A)), list in Part I only those contributors whose contribution of \$5,000 or more during the tax year is greater than 2% of the amount reported on Form 990, Part VIII, line 1h(A). or Form 990-EZ, line 1. An organization that claims the benefit of this special rule must either (1) establish on Schedule A (Form 990 or 990-EZ), Part II, that it met the 331/3% support test for the current year or prior year, or (2) check the box on Schedule A (Form 990 or 990-EZ). Part I. line 7 or 8, and the box on Schedule A, Part II, line 13, as a section 170(b)(1)(A) (vi) organization in its first five years.

Example. A section 501(c)(3) organization, of the type described above, reported \$700,000 in total contributions, gifts, grants, and similar amounts received on Form 990. Part VIII. line 1h. The organization is only required to list in Parts I and II of its Schedule B each person who contributed more than the greater of \$5,000 or 2% of \$700,000 (\$14,000) during the tax year. Thus, a contributor who gave a total of \$11,000 wouldn't be reported in Parts I and II for this section 501(c)(3) organization. Even though the \$11,000 contribution to the organization was greater than \$5,000, it didn't exceed \$14,000.

Section 501(c)(7), (8), or (10)

organizations. For contributions to these social and recreational clubs, fraternal beneficiary and domestic fraternal societies, orders, or associations that weren't for an exclusively religious, charitable, etc., purpose, list in Part I each contributor who contributed \$5,000 or more during the tax year, as described under *General Rule,* earlier. For contributions to a section 501(c)(7), (8), or (10) organization received for use exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals (sections 170(c)(4), 2055(a)(3), or 2522(a)(3)), list in Part I each contributor whose aggregate contributions for an exclusively religious, charitable, etc., purpose were more than \$1,000 during the tax year. To determine the more-than-\$1,000 amount, total all of a contributor's gifts for the tax year (regardless of amount). For a noncash contribution, complete Part II.

All section 501(c)(7), (8), or (10) organizations that listed an exclusively religious, charitable, etc., contribution in Part I or II must also complete Part III to provide further information on such contributions of more than \$1,000 during the tax year and show the total amount received from such contributions that were for \$1,000 or less during the tax year.

However, if a section 501(c)(7), (8), or (10) organization didn't receive total contributions of more than \$1,000 from a single contributor during the tax year for exclusively religious, charitable, etc., purposes and consequently wasn't required to complete Parts I through III with respect to these contributions, it need only check the third *Special Rules* box on the front of Schedule B and enter, in the space provided, the total contributions it received during the tax year for an exclusively religious, charitable, etc., purpose.

Specific Instructions



Don't attach substitutes for Schedule B or attachments to Schedule B with information on contributors. Parts I, II,

and III of Schedule B may be duplicated as needed to provide adequate space for listing all contributors. Number each page of each part (for example, Page 2 of 5, Part II).

Part I. In column (a), identify the first contributor listed as No. 1 and the second contributor as No. 2, etc. Number consecutively. In column (b), enter the contributor's name, address, and ZIP code. Identify a donor as "anonymous" only if the organization doesn't know the donor's identity. In column (c), enter the amount of total contributions for the **tax year** for the contributor listed.

In column (d), check the type of contribution. Check all that apply for the contributor listed. If a *cash contribution* came directly from a contributor (other than through payroll deduction), check the "Person" box. A cash contribution includes contributions paid by cash, credit card, check, money order, electronic fund or wire transfer, and other charges against funds on deposit at a financial institution.

If an **employee's** cash contribution was forwarded by an employer (indirect contribution), check the "Payroll" box. If an employer withholds contributions from employees' pay and periodically gives them to the organization, report only the employer's name and address and the total amount given unless you know that a particular employee gave enough to be listed separately.

Check the "Noncash" box in column (d) for any contribution of property other than cash during the tax year, and complete Part II of this schedule. For example, if an organization that uses the accrual method of accounting reports a pledge of noncash property on Form 990, Part VIII, line 1g, it must check the "Noncash" box and complete Part II even if the organization didn't receive the property during the tax year.

For a section 527 organization that files a Form 8871, Political Organization Notice of Section 527 Status, the names and addresses of contributors that aren't reported on Form 8872, Political Organization Report of Contributions and Expenditures, don't need to be reported in Part I if the organization paid the amount specified by section 527(j)(1). In this case, enter "Pd. 527(j)(1)" in column (b) instead of a name, address, and ZIP code; but you must enter the amount of contributions in column (c).

Part II. In column (a), show the number that corresponds to the contributor's number in Part I. In column (b), describe the **noncash contribution** received by the organization during the tax year, regardless of the value of that noncash contribution. Note the public inspection rules discussed earlier.

In columns (c) and (d), report property with readily determinable market value (for example, marked quotations for securities) by listing its fair market value (FMV). If the organization immediately sells securities contributed to the organization (including through a broker or agent), the contribution still must be reported as a gift of property (rather than cash) in the amount of the net proceeds plus the broker's fees and expenses. See the instructions for Form 990, Part VIII, line 1g, which provide an example to illustrate this point. If the property isn't immediately sold, measure market value of marketable securities registered and listed on a recognized securities exchange by the average of the highest and lowest quoted selling prices (or the average between the bona fide bid and

asked prices) on the contribution date. See Regulations section 20.2031-2 to determine the value of contributed stocks and bonds. When FMV can't be readily determined, use an appraised or estimated value. To determine the amount of a noncash contribution subject to an outstanding debt, subtract the debt from the property's FMV. Enter the date the property was received by the organization, but only if the donor has fully given up use and enjoyment of the property at that time.

The organization must report the value of any **qualified conservation contributions** and contributions of **conservation easements** listed in Part II consistently with how it reports revenue from such contributions in its books, records, and financial statements and in Form 990, Part VIII, Statement of Revenue.

For more information on noncash contributions, see the instructions for Schedule M (Form 990), Noncash Contributions.

If the organization received a partially completed Form 8283, Noncash Charitable Contributions, from a donor, complete it and return it so the donor can get a charitable contribution deduction. Keep a copy for your records.

Original (first) and successor donee (recipient) organizations must file Form 8282, Donee Information Return, if they sell, exchange, consume, or otherwise dispose of (with or without consideration) charitable deduction property (property other than money or certain publicly traded securities) within 3 years after the date the original donee received the property.

Part III. Section 501(c)(7), (8), or (10) organizations that received contributions for use exclusively for religious, charitable, etc., purposes during the tax year must complete Parts I through III for each person whose gifts totaled more than \$1,000 during the tax year. Show also, in the heading of Part III, the total of gifts to these organizations that were \$1,000 or less for the tax year and were for exclusively religious, charitable, etc., purposes. Complete this information only on the first Part III page if you use duplicate copies of Part III.

If an amount is set aside for an exclusively religious, charitable, etc., purpose, show in column (d) how the amount is held (for example, whether it is commingled with amounts held for other purposes). If the organization transferred the gift to another organization, show the name and address of the transferee organization in column (e) and explain the relationship between the two organizations.