### Form **990**

OMB No. 1545-0047

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 private foundations)

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Α	For the	he 2014 calen	dar year, or tax year beginning , 2014, and ending			,	
В	Check	if applicable:	C	D E	mployer ident	ification number	
	A	ddress change	XERCES SOCIETY, INC.	5	1-0175	253	
	HN	ame change	628 NE BROADWAY, SUITE 200		elephone num		
		itial return	PORTLAND, OR 97232		503) 2	32-6639	
	$\vdash$	nal return/terminated	1	ļ <u>'</u>	303) 2	32 0037	
	H	mended return		0.0		\$ 2.140	270
	H		F Name and address of principal officer: SCOTT HOFFMAN BLACK H	(a) Is this a group	return for sul		
	□A	pplication pending				163	X No
_	-		SAME AS C ABOVE	(b) Are all subordi If 'No,' attach	a list. (see ins	structions)	No
<u></u>		exempt status	X 501(c)(3) 501(c) ( ) ◄ (insert no.) 4947(a)(1) or 527				
J				(c) Group exempt			
K	************	n of organization:	X Corporation Trust Association Other L Year of formation	1975	M State of I	egal domicile: DE	
Pa	irt I	Summar	у .				
	1		be the organization's mission or most significant activities: XERCES SO				
ø			TION THAT PROTECTS WILDLIFE THROUGH THE CONSERV				ND
Activities & Governance		THEIR HA					
티	_		E, HARNESSING THE KNOWLEDGE OF SCIENTISTS AND I				IS
ò	2		ox Lifthe organization discontinued its operations or disposed of more			sets.	-
. ox	3		oting members of the governing body (Part VI, line 1a)				6
8	5		dependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2014 (Part V, line 2a)				6
Ĕ	5		of volunteers (estimate if necessary)				36
ਚ	72		ed business revenue from Part VIII, column (C), line 12				50
A			business taxable income from Form 990-T, line 34.				0.
		1401 Uni Clated	business taxable medite from 1 offin 350-1, fine 54.	Prior Y		Current Yo	0.
	8	Contributions	and grants (Part VIII, line 1h)		4,945.	2,739	
ne			rice revenue (Part VIII, line 2g)		3,025.		,669.
F			scome (Part VIII, column (A), lines 3, 4, and 7d)		6,061.		
Revenue			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,565.		842.
	1		e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,596.	3,112	094.
			milar amounts paid (Part IX, column (A), lines 1-3)		7,500.		
			to or for members (Part IX, column (A), line 4)		1,500.		500.
			er compensation, employee benefits (Part IX, column (A), lines 5-10)	1 20	1 000	1 500	7.4.6
S				1,30	1,282.	1,598	746.
nse			fundraising fees (Part IX, column (A), line 11e)			70 TO THE PART OF	
Expenses	b	Total fundrais	sing expenses (Part IX, column (D), line 25) > 301,852.				
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	70	7,478.	843	821.
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,010	6,260.	2,450	
	19	Revenue less	expenses. Subtract line 18 from line 12		5,336.		058.
0 0		101		Beginning of Cu		End of Ye	
alar	20	Total assets	(Part X, line 16)		3,875.	2,361	984.
Net Assets or Fund Balance	21	Total liabilitie	s (Part X, line 26)		3,338.		104.
ž	22	Net assets or	fund balances. Subtract line 21 from line 20		0,537.	2,012	
Pa	ırt II	Signatur		1,350	3,337.	2,012	000.
_				hest of my knowl	edge and heli	ef it is true correct	and
com	plete. D	eclaration of prepa	clare that I have examined this return, including accompanying schedules and statements, and to the rer (other than officer) is based on all information of which preparer has any knowledge.	best of my mom	/ Ind being	ci, it is true, correct	anu
			2/10	6	123/	15	
Sic	n	Signatu	re of officer	Date /	1		
Sig	re	SCO'	TT HOFFMAN BLACK	EXEC. DI	RECTOR		
			print name and title.		10101		
		Print/Type p	reparer's name Preparer's signature Date	Check	X if	PTIN	
Pa	id	CHERYI	L. MORGAN, CPA Cheryl Nove 6.23 1		-	P00168869	
Pro	_ 00100009						
	e On		Table & Trong bott, 250	Firm's	FIN ► Q2.	-1157146	
		7 mms addre		Phone		-1157146	0
Mar	y the l	IRS discuss th	PORTLAND, OR 97201 is return with the preparer shown above? (see instructions)	Trione	no. (503		
ivid	y uit l	11 660061N	is return with the preparer shown abover (see instructions)			. X Yes	No

Par	t III	Statement of Program Service Accomplishments	v
	Duinfl	Check if Schedule O contains a response or note to any line in this Part III	X
1		ly describe the organization's mission:	
	SEE_	SCHEDULE O	
	D:-I II-		
2		he organization undertake any significant program services during the year which were not listed on the prior	
		n 990 or 990-EZ?	No
_		es,' describe these new services on Schedule O.	
3		he organization cease conducting, or make significant changes in how it conducts, any program services? Yes	No
_		es,' describe these changes on Schedule O.	
4	Section	cribe the organization's program service accomplishments for each of its three largest program services, as measured by experion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experies revenue, if any, for each program service reported.	nses. Ises,
4 a	(Code	e: ) (Expenses \$ 1,325,824. including grants of \$ ) (Revenue \$	)
- u		LLINATOR CONSERVATION	
	<u> 1 0 11</u>	ILLINATOR CONSERVATION	
	THE	SOCIETY'S POLLINATOR CONSERVATION PROGRAM WORKS ACROSS THE UNITED STATES TO	
		JCATE FARMERS, LAND MANAGERS, AND THE PUBLIC ABOUT THE IMPORTANCE OF POLLINATIN	
		SECTS AND TO ESTABLISH HABITAT PROTECTION AND MANAGEMENT AS KEYS TO THEIR	<u> </u>
		SERVATION. IT DIRECTLY REACHES AGRICULTURAL PROFESSIONALS AND FARMERS THROUGH	
		AININGS, WORKSHOPS, AND OTHER OUTREACH EVENTS ACROSS THE UNITED STATES. AS A	
		SULT OF THE SOCIETY'S WORK, NATIVE POLLINATORS ARE NOW A KEY PRIORITY FOR	
		RICULTURAL CONSERVATION PROGRAMS ACROSS THE UNITED STATES, AND ITS EFFORTS HAVE	TED
			_ <u>ren</u> _
	10	THOUSANDS OF ACRES OF HABITAT IMPROVEMENTS FOR THESE VITAL INSECTS.	
	<i>(</i> 0 1	) /F	
4 b		e:) (Expenses \$401,281. including grants of \$) (Revenue \$)	)
	<u>END</u>	DANGERED SPECIES	
		A COCTUME OF THE ADMINISTRAL ADMINISTRAL ADMINISTRAL OF THE ADMINISTRA	
		SOCIETY'S ENDANGERED SPECIES PROGRAM ADVOCATES ON BEHALF OF THREATENED,	
		DANGERED, AND AT-RISK INVERTEBRATES AND THEIR HABITATS AND WORKS WITH AGENCY ST	
		PROVIDE RESOURCES AND TRAINING FOR THEIR CONSERVATION. ITS CURRENT WORK INCLUD	<u> </u>
	111	CORTS TO PROTECT ENDANGERED BUMBLE BEES, BUTTERFLIES, FRESHWATER MUSSELS, TIGER	
		TILES AND OTHER INVERTEBRATES. THE SOCIETY PROTECTS HABITAT ON PRIVATE AND PUBL	
		NDS FOR THE MOST IMPERILED SPECIES AND REGULARLY PROVIDES RESOURCES THAT HELP L	
	MAN	NAGERS CONSERVE ENDANGERED INSECTS AND OTHER WILDLIFE.	
	(0		
4 c		e:) (Expenses \$	)
	<u>AQ</u> U	JATIC CONSERVATION	
		SOCIETY'S AQUATIC CONSERVATION PROGRAM CONDUCTS APPLIED RESEARCH AND PROVIDES	
	ADV	VICE AND RESOURCES TO SCIENTISTS, LAND MANAGERS, AND WATERSHED STEWARDS FOR	
		NITORING THE HEALTH OF STREAMS, RIVERS, AND WETLANDS. IT ALSO WORKS WITH WATERS	HED
		INCILS TO ASSESS THE HEALTH OF LOCAL WATERSHEDS AND TO ANALYZE THE SUCCESS OF	
		STORATION PROJECTS.THE SOCIETY'S CURRENT WORK INCLUDES EFFORTS TO PROTECT	
	DRA	AGONFLIES, DAMSELFLIES, FRESHWATER MUSSELS, AND OTHER AQUATIC INVERTEBRATES, AN	<u>דס ע TO</u>
	PRO	DMOTE ECOLOGICALLY SOUND MOSQUITO MANAGEMENT.	
	O11.	y nyanyan aaniaaa (Daasiika in Cahadula O.)	
4 d		r program services. (Describe in Schedule O.)  SEE SCHEDULE O	
A .		enses \$ 72,399. including grants of \$ ) (Revenue \$ )	
4 e	rotal	I program service expenses ► 2.059.048.	

## Form 990 (2014) XERCES SOCIETY, INC. Part IV Checklist of Required Schedules

			res	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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i>	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	<b>a</b> Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	<b>b</b> Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>	11 b		Х
	c 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	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	-
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a	Х	
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
	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 (see instructions)	17		Х
	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		Х
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	<b>b</b> If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

# Form 990 (2014) XERCES SOCIETY, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
c	1 Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
k	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		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		X
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):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
k	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	X	

BAA Form **990** (2014)

# Form 990 (2014) XERCES SOCIETY, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V....

	Check if Schedule O contains a response or note to any line in this Part V						
				Yes	No		
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 14					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming		37			
	(gambling) winnings to prize winners?	 	1 c	Х			
2 a	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	<b>2a</b> 36					
h	If at least one is reported on line 2a, did the organization file all required federal employmen	I	2 b	Х			
~	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see in:						
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	•	3 a		Х		
b	If 'Yes' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation in Schedule O</i>		3 b				
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, securities account, securities account, securities account in a foreign country (such as a bank account).	er authority over, a	4 a		Х		
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If 'Yes,' enter the name of the foreign country: ▶							
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts. (FBAR)							
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	· ·	5 a		Χ		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	•	5 b		X		
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?							
6 =	Does the organization have annual gross receipts that are normally greater than \$100,000 a	and did the organization					
	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?		6 a		Х		
b	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made payment in excess	partly for goods and	7 a		X		
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file							
	Form 8282?		7с		X		
	If 'Yes,' indicate the number of Forms 8282 filed during the year						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal		7 e		X		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben		7 f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file las required?	Form 8899	7 g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	organization file a	7 h				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	· · · · ·					
	organization have excess business holdings at any time during the year?		8				
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any tayable distributions under section 49662		0 -				
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related per		9 a 9 b				
	Section 501(c)(7) organizations. Enter:	3011:	30				
	Initiation fees and capital contributions included on Part VIII, line 12	10 a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
	Section 501(c)(12) organizations. Enter:	<u> </u>					
	Gross income from members or shareholders.	11 a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.).	11 b					
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu or		12a				
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b					
	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>					
	Is the organization licensed to issue qualified health plans in more than one state?		13a				
	Note. See the instructions for additional information the organization must report on Schedul						
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	126					
	Enter the amount of reserves on hand	13b 13c					
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х		
	If I'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in		14 a		21		
<u>ΛΛ</u>	TEE ADJOEL OF 1991 A	Genedale O	_	000	(2014)		

Form 990 (2014) XERCES SOCIETY, INC. 51-0175253 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Yes Nο 1 a Enter the number of voting members of the governing body at the end of the tax year. . . . . 6 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ 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 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b Χ to conflicts?..... Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... Χ 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. SEE . SCHEDULE..Q...... 15 a Χ **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed \rightarrow SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records:

PORTLAND OR 97232 (503) 232-6639

SCOTT HOFFMAN BLACK 628 NE BROADWAY, SUITE 200

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

Check if Schedule O contains a response or note to any line in this Part VII.....

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (B) (F) Name and Title Reportable Reportable Estimated Average hours director/trustee) compensation from compensation from amount of other compensation from the organization the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) Officer ndividual nstitutional trustee lighest compensated ormer (list any employee hours for and related related organizations organiza tions helow dotted (1) MAY R BERENBAUM 1 PRES UNTIL AUG 0 Χ Χ 0 0 0. (2) DAVID FRAZEE-JOHNSON 1 0 PRESIDENT Χ Χ 0 0 0. (3) LINDA CRAIG 1 0. TREASURER 0 Χ Χ 0 0 SACHA SPECTOR 1 **SECRETARY** 0 Χ Χ 0 0 0. 1 (5) MARLA SPIVAK BOARD MEMBER 0 Χ 0 0 0. (6) LOGAN LAUVRAY 1 BOARD MEMBER 0 Χ 0. 0 0. SCOTT HOFFMAN BLACK 40 EXECUTIVE DIR. 0. 9,263. 0 Χ 113,990 (8) (10) (11)(12)(13)(14)

Part VII   Section A. Officers, Directors, 1rt	istees, i	ney		pic	bye	es, a	anc	i nignest con	ipensated Emp	oyees (	continuea)
(A) Name and title	Average hours per week	(do box,	not cl , unles cer an	Pos heck ss pe	sition more erson directo	than o	one i an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F Estin amount	nated of other nation the zation elated
(15) (16) (17) (18)	line)		**			ited					
(19) (20) (21)											
(22) (23) (24) (25)											
1 b Sub-total  c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited from the organization   1	on A					<sup>1</sup>	► ► ved	113,990. 0. 113,990. more than \$100,00	0. 0. 0. 0 of reportable comp	ensation	9,263. 0. 9,263.
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors											
Complete this table for your five highest compensation from the organization. Report compensation from the organization from the organization. Report compensation from the organization.	ress							(B) Description of	of services	. <b>(C)</b> Compens	ation
2 Total number of independent contractors (including b \$100,000 of compensation from the organization		ited to	tho	se I	isted	abov	/e) \	who received more	than		

### Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to a	any line in this Part V	III		
			Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	b d e f	Federated campaigns	<u>.</u>			
	h	Total. Add lines 1a-1f	<b>2</b> ,739,520.			
Program Service Revenue		OTHER 900099 WORKSHOP REGISTRATIONS 611430	280,567. 29,752.	280,567. 29,752.		
ım Servic	d e	<u>SPEAKING FEES</u> 611710	20,350.	20,350.		
Progra		All other program service revenue	330,669.			
	3 4	Investment income (including dividends, interest and other similar amounts)	7,842.			7,842.
	b	Royalties	<b>-</b>			
	d	Net rental income or (loss)	<b>&gt;</b>			
		Gross amount from sales of assets other than inventory  Less: cost or other basis  (i) Securities (ii) Other	_			
	d	and sales expenses	<b>-</b>			
Other Revenue	8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
Other F		See Part IV, line 18	<u> </u>			
	9 a	Gross income from gaming activities. See Part IV, line 19				
		Less: direct expenses	<b>-</b>			
	b	Gross sales of inventory, less returns and allowances				
	С	Net income or (loss) from sales of inventory  Miscellaneous Revenue Business Code	34,094.	34,094.		
	11 a					
	b					
	С					
	-	All other revenue				
		Total. Add lines 11a-11d	> 2 110 10F	264 762	^	7 040
	-4	TOTAL TEVELINE. OCC INSURCHOUS	<b>3</b> ,112,125.	364,763.	0.	7,842.

### Part IX Statement of Functional Expenses

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

Do i	Theck it Schedule O contains a reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		·		·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	7,500.	7,500.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	123,253.	102,907.	14,162.	6,184.
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.	0.	0.	0.
7	Other salaries and wages	1,138,057.	953,591.	46,601.	137,865.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,009.	63,586.	3,287.	8,136.
9	Other employee benefits	143,817.	121,713.	7,426.	14,678.
10	Payroll taxes	118,610.	98,728.	5,636.	14,246.
11	Fees for services (non-employees):	, -		,	,
a	Management				
Ł	Legal				
c	Accounting				
c	<b>I</b> Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amt exceeds 10% of line 25, column  (A) amount, list line 11g expenses on Schedule 0)SCH. 0  Advertising and promotion	279,902.	267,534.	1,658.	10,710.
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	55,265.	46,438.	2,661.	6,166.
17	Travel	138,578.	136,699.	1,348.	531.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,	·	,	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	10,157.	8,510.	493.	1,154.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	PRINTING AND PUBLICATIONS	120,328.	87,585.	453.	32,290.
	POSTAGE AND SHIPPING	57,610.	18,614.	62.	38,934.
C	EQUIPMENT AND MAINTENANCE	50,934.	45,123.	2,429.	3,382.
	SUPPLIES	46,875.	43,225.	1,250.	2,400.
	All other expenses	84,172.	57,295.	1,701.	25,176.
25	<b>Total functional expenses.</b> Add lines 1 through 24e	2,450,067.	2,059,048.	89,167.	301,852.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

#### Part X Balance Sheet

		Check if Schedule O contains a response or note to	any line	in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash – non-interest-bearing			307,522.	1	898,488.
	2	Savings and temporary cash investments			673,126.	2	595,368.
	3	Pledges and grants receivable, net			561,966.	3	662,494.
	4	Accounts receivable, net	,	4	,		
	5	Loans and other receivables from current and former of trustees, key employees, and highest compensated er Part II of Schedule L					
	•			L		5	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958(c)(3 employers and sponsoring organizations of section 501(c)(6) beneficiary organizations (see instructions). Complete	contributing ary employees' f Schedule L		6		
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			46,399.	8	77,391.
Ä	9	Prepaid expenses and deferred charges			14,689.	9	16,626.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	102,624.			
		Less: accumulated depreciation		84,134.	20,315.	10 c	18,490.
	11	Investments — publicly traded securities			109,858.	11	93,127.
	12	Investments – other securities. See Part IV, line 11			,	12	,
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)		1,733,875.	16	2,361,984.
	17	Accounts payable and accrued expenses	125,738.	17	136,250.		
	18	Grants payable				18	•
	19	Deferred revenue			42,370.	19	16,873.
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete Part IV	V of Sche	edule D		21	
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	l disqualif	ied persons.		22	
	23	Secured mortgages and notes payable to unrelated thi		<u> </u>		23	
	24	Unsecured notes and loans payable to unrelated third		<u> </u>		24	
	25		•			24	
	26	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Comp <b>Total liabilities.</b> Add lines 17 through 25			175,230. 343,338.	25 26	195,981. 349,104.
		Organizations that follow SFAS 117 (ASC 958), check her			343,330.		347,104.
ces		lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets		_	958,011.	27	1,362,232.
Ba	28	Temporarily restricted net assets		<u> </u>	432,526.	28	650,648.
þ	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	<b>'</b>				
9	30	Capital stock or trust principal, or current funds			30		
8	31	Paid-in or capital surplus, or land, building, or equipm	ent fund.			31	
As	32	Retained earnings, endowment, accumulated income,	or other	funds		32	
et	33	Total net assets or fund balances			1,390,537.	33	2,012,880.
_	34	Total liabilities and net assets/fund balances			1,733,875.	34	2,361,984.

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Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,1	12,1	25.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	2,4	50,0	67.	
3	Revenue less expenses. Subtract line 2 from line 1	3			62,0		
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	5 Net unrealized gains (losses) on investments. 5						
6	Donated services and use of facilities	6					
7	modulion depended	7					
8		8		- 4	49,0	25.	
9	Other changes in net assets or fund balances (explain in Schedule O).	9				0.	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
Da	column (B))	10		2 <b>,</b> 0.	12,8	80.	
Га	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				,		
			_		Yes	No	
1	Accounting method used to prepare the Form 990:		— 1				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	ed on a	а				
	<b>b</b> Were the organization's financial statements audited by an independent accountant?			2 b	Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate			20	71		
	basis, consolidated basis, or both:	ato					
	X Separate basis Consolidated basis Both consolidated and separate basis						
(	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	, 		2 c	Χ		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3	<b>a</b> 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?			3 a	Х		
	<b>b</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			3 b	Χ		

TEEA0112L 05/28/14

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

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

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2014

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-internal Revenue Service at www.irs.gov/form990.

Name of the organization

XERCES SOCIETY. INC 51-0175253 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) 6 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 7 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 9 June 30, 1975. See **section 509(a)(2).** (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations . . . . . . . . . g Provide the following information about the supported organization(s). (ii) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (v) Amount of monetary (vi) Amount of other (i) Name of supported (iv) Is the organization listed in your governing organization support (see instructions) support (see instructions) (see instructions)) document? Yes No (A) (B) (C) (D) (E) Total

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

#### Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support	I		I	I	I I				
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,222,430.	1,608,880.	1,912,893.	2,414,945.	2,739,520.	9,898,668.			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.			
4	<b>Total.</b> Add lines 1 through 3	1,222,430.	1,608,880.	1,912,893.	2,414,945.	2,739,520.	9,898,668.			
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)						684,598.			
6	<b>Public support.</b> Subtract line 5 from line 4						9,214,070.			
Sec	tion B. Total Support	T		ı	I	ı				
Cale begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	<b>(f)</b> Total			
7	Amounts from line 4	1,222,430.	1,608,880.	1,912,893.	2,414,945.	2,739,520.	9,898,668.			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,898.	9,113.	7,612.	6,061.	7,842.	40,526.			
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.			
11	Total support. Add lines 7 through 10						9,939,194.			
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	527,620.			
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, th	ird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	▶			
Sec	tion C. Computation of Pu	blic Support P	ercentage							
	Public support percentage for 20						92.70%			
	Public support percentage from						93.12 %			
16 a	33-1/3% support test $-$ 2014. If and stop here. The organization	the organization qualifies as a pul	did not check the olicly supported o	box on line 13, a rganization	nd the line 14 is 3	33-1/3% or more, (	check this box			
b	<b>33-1/3% support test</b> — <b>2013.</b> If and <b>stop here.</b> The organization									
17 a	17 a 10%-facts-and-circumstances test — 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
	<b>b 10%-facts-and-circumstances test</b> — <b>2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions >			

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

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

Sec	tion A. Public Support						
	dar year (or fiscal yr beginning in) >	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or 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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
	<b>Public support</b> (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
	dar year (or fiscal yr beginning in) >	<b>(a)</b> 2010	<b>(b)</b> 2011	<b>(c)</b> 2012	<b>(d)</b> 2013	<b>(e)</b> 2014	(f) Total
10 a	Amounts from line 6						
11	Add lines 10a and 10b						
12	whether or not the business is regularly carried on						
13	<b>Total support.</b> (Add lines 9, 10c, 11 and 12.)						
	First five years. If the Form 990 organization, check this box and	stop here					
	tion C. Computation of Pul					r	
	Public support percentage for 20	•	• • •		•		
	Public support percentage from :					10	8
	tion D. Computation of Inv					ı	
	Investment income percentage f	-		-			
	Investment income percentage f						
	a 33-1/3% support tests — 2014. If is not more than 33-1/3%, check b 33-1/3% support tests — 2013. If	orted organizat	ion ▶				
Ľ	line 18 is not more than 33-1/3%						
20	Private foundation. If the organiz		-				

#### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
	<b>b</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 <b>Part VI</b> when and how the organization made the determination.	3b		
	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 <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
	<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
	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 <b>Part VI</b> 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	4c		
5	a 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 <b>Part VI</b> , 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).	5a		
	<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
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)	8		
9	<b>a</b> 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 <b>Part VI</b>	9a		
	<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI</i>	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
10	<b>a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If 'Yes,' answer (b) below</i>	10a		
	<b>b</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.).	10b		

Par	t IV	Supporting Organizations (continued)			
11	∐ac ti	he organization accepted a gift or contribution from any of the following persons?		Yes	No
		son who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gover	ning body of a supported organization?	11a		
b	A fam	nily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sect	tion E	B. Type I Supporting Organizations			
1	Did th	a directors, tructoos, or mambarchin of one or more supported organizations have the power to regularly appoint		Yes	No
'	or election of the direct	e directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ct at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. organization had more than one supported organization, describe how the powers to appoint and/or remove tors or trustees were allocated among the supported organizations and what conditions or restrictions, if any,			
		ed to such powers during the tax year	1		
2	that o	ne organization operate for the benefit of any supported organization other than the supported organization(s) operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such fit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization	2		
Sect		C. Type II Supporting Organizations	<u>!</u>		1
		Mr. salka a 2 2 and a		Yes	No
1	of eac	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees ch of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the orting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Sect	tion [	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organ	nization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, organ	(2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the hization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	organ	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported sization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in <b>Part VI</b> how			
	the or	rganization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By re	ason of the relationship described in (2), did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at			
	all tin	nes during the tax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played			
C1		s regard	3		
Seci	lion E	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):			
а	П	he organization satisfied the Activities Test. Complete line 2 below.			
b	Т	he organization is the parent of each of its supported organizations. Complete line 3 below.			
С	П	he organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction	s).		
2	Λ otivi	ties Test. Answer (a) and (b) below.	1	V	NI.
				Yes	No
а	suppo organ respo	substantially all of the organization's activities during the tax year directly further the exempt purposes of the organization(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported nizations and explain</b> how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted that these activities of the organization of the organiz	2a		
		antially all of its activities	Za		
b	the or	ne activities described in (a) constitute activities that, but for the organization's involvement, one or more of organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the	24		
_		ization's involvement	2b		
		nt of Supported Organizations. Answer (a) and (b) below.			
а	Did theach	ne organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of of the supported organizations? <i>Provide details in Part VI</i>	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each of its orted organizations? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe Section	r 20, 1970. <b>See instruct</b> ons A through E.	ions. All
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions.	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions).	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	·		
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c).	1d		
•	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		
Sec	tion 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	<b>Distributable Amount.</b> 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-inte (see instructions).	grated	Type III supporting or	ganization

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

Par	t v   Type III Non-Functionally integrated 509(a)(3) Su	ipporting Organiza	ations (continuea)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	ns,	
3	Administrative expenses paid to accomplish exempt purposes of su	ipported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions			
7	<b>Total annual distributions.</b> Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required – see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7:			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
	Excess from 2014			

BAA

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

51-0175253 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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

Department of the Treasury Internal Revenue Service Name of the organization

PUBLIC DISCLOSURE COPY

#### **Schedule of Contributors**

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

OMB No. 1545-0047

2014

Employer identification number

XERCES SOCIETY, INC.		51-0175253	
Organization type (check one):			
Filers of:	Section:		
Form 990 or 990-EZ	X 501(c)( 3 ) (enter i	number) organization	
	4947(a)(1) nonexempt	charitable trust <b>not</b> treated as a private foundation	
	527 political organizati	on	
Form 990-PF	501(c)(3) exempt priva	ate foundation	
	4947(a)(1) nonexempt	charitable trust treated as a private foundation	
	501(c)(3) taxable priva	'	
Check if your organization is covered	by the <b>General Rule</b> or a <b>Special Ru</b>	le	
<b>Note.</b> Only a section 501(c)(7), (8), o	r (10) organization can check boxes f	or both the General Rule and a Special Rule. See instructions.	
General Rule			
For an organization filing Form 99 property) from any one contribute	30, 990-EZ, or 990-PF that received, or. Complete Parts I and II. See instru	during the year, contributions totaling \$5,000 or more (in money or actions for determining a contributor's total contributions.	
Special Rules			
under sections 509(a)(1) and 170(b) received from any one contributor	)(1)(A)(vi), that checked Schedule A (For	90-EZ that met the 33-1/3% support test of the regulations rm 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that of the greater of (1) \$5,000 or (2) 2% of the amount on (i) is I and II.	
during the year, total contribution	section 501(c)(7), (8), or (10) filing Force soft more than \$1,000 exclusively for foruelty to children or animals. Comp	orm 990 or 990-EZ that received from any one contributor, religious, charitable, scientific, literary, or educational lete Parts I, II, and III.	
during the year, contributions exc \$1,000. If this box is checked, en charitable, etc., purpose. Do not	clusively for religious, charitable, etc., ter here the total contributions that we complete any of the parts unless the	porm 990 or 990-EZ that received from any one contributor, purposes, but no such contributions totaled more than ere received during the year for an <i>exclusively</i> religious, <b>General Rule</b> applies to this organization because ng \$5,000 or more during the year	
990-PF), but it <b>must</b> answer 'No' on F	Part IV, line 2, of its Form 990; or che	ne Special Rules does not file Schedule B (Form 990, 990-EZ, or eck the box on line H of its Form 990-EZ or on its Form 990-PF, ledule B (Form 990, 990-EZ, or 990-PF).	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF.

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2014)

Page

1 of

1 of **Part 1** 

Name of organization XERCES SOCIETY, INC. Employer identification number

51-0175253

Part I	Contributors	(see instructions).	Use duplicate copie	s of Part I if addition	al space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$80,000.	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>80,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$175,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	Complete Part II for noncash contributions.
	(b) Name, address, and ZIP + 4  (b) Name, address, and ZIP + 4	contributions	Person X Payroll Noncash  (Complete Part II for
4	(b)	\$425,636.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
4	(b)	\$ 425,636.	Person X Payroll
4 (a) Number	(b) Name, address, and ZIP + 4	\$425,636.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)  (d) Type of contribution  Person Payroll Noncash  (Complete Part II for noncash contributions.)

Page

1 to

1 of Part II

Name of organization

Employer identification number

XERCES SOCIETY, INC. 51-0175253

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I	Description of noncasti property given	(see instructions)	Date received
	N/A	_	
		-	
		\$ 	
(a) No	(h)	(6)	(4)
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		1.	
		-   	-
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		]	
		\$	
(-) N -	4.5	(-)	(-1)
(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) N.s	45	(-)	\*\
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		4	
		]	
		\$	

1 to

of Part III

Name of organization
XERCES SOCIETY, INC.

Employer identification number

51-0175253

Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8) or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.)						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	N/A						
	(e) Transfer of gift Transferee's name, address, and ZIP + 4		Rela	tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee			
			·				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	tionship of transferor to transferee			

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

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

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and it instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign 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.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• 5	Section 501(c)(4), (5), or (6) o	organizations: Complete Part III.			
Name	of organization			Employer identifica	ation number
XEI	RCES SOCIETY, INC.			51-017525	
Par	rt I-A Complete if the o	rganization is exempt under section	on <b>50</b> 1(c) or is a s	section 527 organiz	zation.
1	Provide a description of the	organization's direct and indirect political o	ampaign activities in	Part IV.	
2	Political expenditures			▶\$	
Par	rt I-B Complete if the o	rganization is exempt under section	on <b>501(c)(3)</b> .		
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	<b>►</b> \$	0.
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	▶\$	0.
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4 a	Was a correction made?				Yes No
	If 'Yes,' describe in Part IV.				
Par	rt I-C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
		pended by the filing organization for section			
2		organization's funds contributed to other organ			
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	▶\$	
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses organization made payments	and employer identification number (EIN) s. For each organization listed, enter the ans received that were promptly and directly delal action committee (PAC). If additional spa	of all section 527 pol mount paid from the f	itical organizations to w filing organization's fund	which the filing ds. Also enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2014

Part II-A Complete if	the organization	is exempt under se	ction 501(c)(3) and	filed Form 5768 (e	
section 501	(h)).				
<u> </u>		s to an affiliated group (and		ated group member's nam	e,
_	•	share of excess lobbying			
B Check ► if the fili	ng organization chec	ked box A and 'limited co	ntrol' provisions apply.		
	•	ns amounts paid or incur	•	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1 a Total lobbying expendit	·				
<b>b</b> Total lobbying expendit				2,984.	
, , ,	c Total lobbying expenditures (add lines 1a and 1b)			2,984.	0.
<b>e</b> Total exempt purpose e	•			2,447,083.	
	•	•		2,450,067.	0.
f Lobbying nontaxable ar both columns		ount from the following tai		272,503.	
If the amount on line 1e, col	umn (a) or (b) is:	The lobbying nontaxable	amount is:	2:270001	
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1		\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000 <b>q</b> Grassroots nontaxable		\$1,000,000.		60.106	
<b>h</b> Subtract line 1g from lin	•	•		68,126. 0.	<u> </u>
i Subtract line 1f from lin				0.	0.
j If there is an amount other				• • • • • • • • • • • • • • • • • • • •	<u> </u>
section 4911 tax for this	s year?				Yes No
		I-Year Averaging Period I	Jnder Section 501(h)		
(Som	e organizations that	made a section 501(h) els below. See the instructi	ection do not have to o		
	Lobby	ving Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	<b>(d)</b> 2014	(e) Total
2a Lobbying non-taxable amount	227,703	240,744.	250,980.	272,503.	991,930.
<b>b</b> Lobbying ceiling amount (150% of line				,	,
2a, column (e))					1,487,895.
c Total lobbying expenditures			3,335.	2,984.	6,319.
<b>d</b> Grassroots nontaxable amount	56,926	60,186.	62,745.	68,126.	247,983.
e Grassroots ceiling amount (150% of line 2d, column (e))					371,975.
<b>f</b> Grassroots lobbying expenditures					0. n 990 or 990-EZ) 2014
BAA					

### 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)).

	(election under section 501(n)).						
_					(b)		
	each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description he lobbying activity.	Yes	No		Amo	unt	
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:						
	<ul> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> </ul>						
	<b>d</b> Mailings to members, legislators, or the public?						
	e Publications, or published or broadcast statements?						
	f Grants to other organizations for lobbying purposes?						
	<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?						
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?						
	j Total. Add lines 1c through 1i						
2	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?						
	<b>b</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						
	<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt 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 carry over lobbying and political expenditures from the prior year?			[	3		
	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part I	II-A, I	ectio ine 3	n 50 }, is	1(c)	
1	Dues, assessments and similar amounts from members.		1				
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
	<b>a</b> Current year		2a				
	<b>b</b> Carryover from last year		2b				
	<b>c</b> Total		2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
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?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5				

#### Part IV | Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

## SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

m990. Open to Public Inspection
Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	XERCES SOCIETY, INC.			51-0175253	
Par	t   Organizations Maintaining Dono	r Advised Funds or Other Sin	nilar Funds or Acc	ounts.	
	Complete if the organization answ	wered 'Yes' to Form 990, Part	IV, line 6.		
		(a) Donor advised funds	<b>(b)</b> F	unds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the assets organization's exclusive legal control	held in donor advised?	funds Yes	No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or for	any other purpose cor	nferring	No
Par					
r ai	Complete if the organization answers	wered 'Yes' to Form 990 Part	IV line 7		
1	Purpose(s) of conservation easements held by				
•	Preservation of land for public use (e.g., r	· _ · · · · ·		ly important land area	
	Protection of natural habitat		ervation of a certified	•	
	Preservation of open space	□			
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation contribution	in the form of a conser	vation easement on the	
	last day of the tax year.				
	Total number of concernation accomments			leld at the End of the Tax	Year
-	Total number of conservation easements				
	Total acreage restricted by conservation ease				
	Number of conservation easements on a certification	• •			
(	Number of conservation easements included in structure listed in the National Register		2d		
3	Number of conservation easements modified, trantax year ►	nsferred, released, extinguished, or termi	nated by the organization	n during the	
4	Number of states where property subject to conse	rvation easement is located >			
5	Does the organization have a written policy re				
	and enforcement of the conservation easemer				No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation e	asements during the yea	ır	
7	Amount of expenses incurred in monitoring, insper	ecting, and enforcing conservation easen	nents during the year		
8	Does each conservation easement reported or	n line 2(d) above satisfy the requirement	ents of section 170(h)(	4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	s conservation easements in its revenue to the organization's financial stateme	and expense statement, ents that describes the	and balance sheet, and organization's accounting	j for
Par	Organizations Maintaining Colle Complete if the organization answ	<b>ctions of Art, Historical Treas</b> wered 'Yes' to Form 990, Part	<b>ures, or Other Sin</b> IV, line 8.	ilar Assets.	
1 a	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	eld for public exhibition, education, or res	search in furtherance of	nt and balance sheet work public service, provide,	s of
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	r SFAS 116 (ASC 958), to report in its or public exhibition, education, or research	s revenue statement a ch in furtherance of publ	nd balance sheet works of ic service, provide the	f art,
	(i) Revenue included in Form 990, Part VIII, I	ine 1		▶\$	
	(ii) Assets included in Form 990, Part X				
2	If the organization received or held works of art, hamounts required to be reported under SFAS	nistorical treasures, or other similar asse	ts for financial gain, pro	·	
á	Revenue included in Form 990, Part VIII, line			▶\$	
	Assets included in Form 990, Part X				

Part III   Organizations Maintain	ning Colle	ctions of Art,	HISTORICE	ii i reasures, or	Otner Similar Asso	ets (contini	леа)
3 Using the organization's acquisition, items (check all that apply):	accession, ar	nd other records, c	heck any of	the following that are	a significant use of its of	collection	
a Public exhibition		d	Loan or ex	change programs			
<b>b</b> Scholarly research		e	Other				
c Preservation for future genera	tions						
<b>4</b> Provide a description of the organiza Part XIII.		·	•	Ü			
5 During the year, did the organization to be sold to raise funds rather that	an to be maii	ntained as part o	f the organ	ization's collection?.		Yes	No
Part IV   Escrow and Custodial line 9, or reported an a	mount on	Form 990, Pa	rt X, line	21.	wered tes to For	m 990, Par	L IV,
1 a Is the organization an agent, trust on Form 990, Part X?	ee, custodia	n, or other interm	nediary for	contributions or othe	r assets not included	Yes	No
<b>b</b> If 'Yes,' explain the arrangement i	n Part XIII a	nd complete the	following ta	ble:			<u> </u>
						Amount	
<b>c</b> Beginning balance							
<b>d</b> Additions during the year							
e Distributions during the year							
<b>f</b> Ending balance							
2a Did the organization include an an						Yes	No
<b>b</b> If 'Yes,' explain the arrangement i	n Part XIII. (	Check here if the	explanatio	n has been provided	in Part XIII		
D IV E I O				107 11 5	000 D 1 1 1 1 1 1	10	
Part V Endowment Funds. Co							
1 - Beginning of year belones	(a) Current	year (b) P	rior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance							
<b>b</b> Contributions							
c Net investment earnings, gains,							
and losses							
d Grants or scholarships							
e Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage		nt year end balar	nce (line 1g	, column (a)) held a	S:		
a Board designated or quasi-endowme							
<b>b</b> Permanent endowment		0					
c Temporarily restricted endowment		%					
The percentages in lines 2a, 2b, a	ind 2c should	l equal 100%.					
3 a Are there endowment funds not in th	e possession	of the organization	n that are he	eld and administered f	or the		
organization by:  (i) unrelated organizations						Yes	No
(ii) related organizations						3a(i)	<del> </del>
<b>b</b> If 'Yes' to 3a(ii), are the related or						3a(ii) 3b	+
4 Describe in Part XIII the intended	-	·				30	
Part VI Land, Buildings, and E		-	downient it	iiius.			
Complete if the organiz			Form 99	0, Part IV, line 1	1a. See Form 990	, Part X, Iii	ne 10.
Description of property		(a) Cost or other (investment)	basis (I	Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
<b>1 a</b> Land							
<b>b</b> Buildings							
c Leasehold improvements							
<b>d</b> Equipment				102,624.	84,134.	18	,490.
<b>e</b> Other					,		-
Total. Add lines 1a through 1e. (Column	n (d) must eq	ual Form 990, Pa	art X, colun	nn (B), line 10c.)		18	,490.
BAA					Schedu	le <b>D</b> (Form 99	

Complete if the organization answered	You' to Form 990	N/A N Part IV line 11h See Form	990 Part Y line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or er	
(1) Financial derivatives	(b) Book value	(c) motion of variation, cost of of	ia or your market value
(2) Closely-held equity interests.			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	-		
Part VIII Investments — Program Related.		N/A	000 Deal V Fee 12
Complete if the organization answered  (a) Description of investment type	(b) Book value		
	(b) Book value	(c) Method of valuation: Cost or e	nu-or-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			
<u>(7)</u> (8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) •	•		
Part IX Other Assets.	N/A	A	
Complete if the organization answered		), Part IV, line 11d. See Form	
	escription		(b) Book value
<u>(1)</u> (2)			
(3)			
(3)			
(3) (4) (5)			
(4)			
(4) (5) (6) (7)			
(4) (5) (6) (7) (8)			
(4) (5) (6) (7) (8) (9)			
(4) (5) (6) (7) (8) (9) (10)			
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (	B), line 15.)		<b>-</b>
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Other Liabilities.			
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' to F	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Other Liabilities.		1e or 11f. See Form 990, Part X, line	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (Part X) Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL AND RELATED EXPEN(3) (4)	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to Facility (1) Federal income taxes (2) ACCRUED PAYROLL AND RELATED EXPEN(3) (4) (5)	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (column (d) part X	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to Facility (1) Federal income taxes (2) ACCRUED PAYROLL AND RELATED EXPENT (3) (4) (5) (6) (7)	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (complete if the organization answered 'Yes' to Facility (1) Federal income taxes (2) ACCRUED PAYROLL AND RELATED EXPENT (3) (4) (5) (6) (7) (8)	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column (part X)  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL AND RELATED EXPEN(3) (4) (5) (6) (7) (8) (9)	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL AND RELATED EXPEN (3) (4) (5) (6) (7) (8) (9) (10)	orm 990, Part IV, line 1 (b) Book value	1e or 11f. See Form 990, Part X, line 2	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL AND RELATED EXPEN (3) (4) (5) (6) (7) (8) (9) (10) (11)	orm 990, Part IV, line 1  (b) Book value  SE 195, 98	1e or 11f. See Form 990, Part X, line 3	
(4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, column ( Part X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability (1) Federal income taxes (2) ACCRUED PAYROLL AND RELATED EXPEN (3) (4) (5) (6) (7) (8) (9) (10)	form 990, Part IV, line 1 (b) Book value SE 195, 98	1e or 11f. See Form 990, Part X, line 3	25

Dart VI	Reconciliation of Revenue per Audited Financial Statement	اد ۱۸/:	th Dovonus nor Da	turn	200
i ait Ai				turii.	
<u> </u>	Complete if the organization answered 'Yes' to Form 990, Pa				0.140.000
	al revenue, gains, and other support per audited financial statements			1	3,149,682.
	ounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1			
	unrealized gains (losses) on investments		9,310.		
	ated services and use of facilities				
<b>c</b> Rec	overies of prior year grants	2 c			
	er (Describe in Part XIII.) SEE PART XIII		28,247.		
<b>e</b> Add	lines 2a through 2d.			2 e	37,557.
3 Sub	tract line <b>2e</b> from line <b>1</b>			3	3,112,125.
<b>4</b> Amo	unts included on Form 990, Part VIII, line 12, but not on line 1:				
<b>a</b> Inve	stment expenses not included on Form 990, Part VIII, line 7b	4 a			
<b>b</b> Othe	er (Describe in Part XIII.)	4 b			
<b>c</b> Add	lines 4a and 4b.			4 c	
<b>5</b> Tota	al revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).			5	3,112,125.
	Reconciliation of Expenses per Audited Financial Statemer			Returr	
	Complete if the organization answered 'Yes' to Form 990, Pa				
1 Tota	all expenses and losses per audited financial statements			1	2,478,314.
	ounts included on line 1 but not on Form 990, Part IX, line 25:			-	2,470,314.
	•	ا ما			
	ated services and use of facilities				
	r year adjustments	-			
	er losses CFF DADT YTTT				
	er (Describe in Part XIII.) SEE PART XIII		28,247.		
	lines 2a through 2d.			2 e	28,247.
<b>3</b> Sub	tract line <b>2e</b> from line <b>1</b>			3	2,450,067.
	ounts included on Form 990, Part IX, line 25, but not on line 1:				
	stment expenses not included on Form 990, Part VIII, line 7b				
	er (Describe in Part XIII.)				
	lines 4a and 4b			4 c	
	el expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	2,450,067.
Part XII	Supplemental Information.				
Provide th	ne descriptions required for Part II. lines 3, 5, and 9; Part III, lines 1a and 4;	Part I\	/. lines 1b and 2b: Part	V.	
line 4; Pa	ne descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Irt X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also com	plete t	his part to provide any	additio	nal information.
	HEDULE D, PART XI, LINE 2D	DB4 /	200		
OII	HER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FO	)KIVI S	990		
000	THE OF COORS COIR (NARW VIII 10R)				00 047
COS	T OF GOODS SOLD (PART VIII, 10B)		TOTA	. <u>Ş</u>	<u>28,247.</u> 28,247.
			101A	.ப <u>ү</u>	20,241.
SCI	HEDULE D, PART XII, LINE 2D				
OTI	HER EXPENSES AND LOSSES PER AUDITED F/S				

BAA Schedule **D** (Form 990) 2014

COST OF GOODS SOLD (PART VIII, 10B).....

#### 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.

2014

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

51-0175253 XERCES SOCIETY, INC. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?..... Yes X No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section if applicable (d) Amount of cash grant (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash (a) Description of (h) Purpose of grant (3) 3 Enter total number of other organizations listed in the line 1 table.....

can be duplicated if additional space is needed.	Part III	Grants and Other Assistance to	Domestic Individ	uals. Complete if th	ie organization ar	nswered 'Y	es' to Form 9'	90, Part IV,	line 22.	Part III
•		can be duplicated if additional sp	ace is needed.	·						

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 DEWIND AWARD	2	7,500.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

#### **SCHEDULE 0** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

XERCES SOCIETY, INC

Employer identification number

51-0175253

#### FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

XERCES SOCIETY IS A NONPROFIT ORGANIZATION THAT PROTECTS WILDLIFE THROUGH THE CONSERVATION OF INVERTEBRATES AND THEIR HABITAT. THE SOCIETY IS AT THE FOREFRONT OF INVERTEBRATE PROTECTION WORLDWIDE, HARNESSING THE KNOWLEDGE OF SCIENTISTS AND THE ENTHUSIASM OF CITIZENS TO IMPLEMENT CONSERVATION PROGRAMS.

#### FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

OTHER CONSERVATION

THROUGH THE CONSERVATION AND EDUCATION PROGRAM, THE SOCIETY ALSO UNDERTAKES A VARIETY OF OTHER ACTIVITIES TO RAISE AWARENESS AND APPRECIATION OF THE VALUABLE ROLE OF INVERTEBRATES. THESE INCLUDE PUBLICATION OF ITS MAGAZINE WINGS: ESSAYS ON INVERTEBRATE CONSERVATION, WHICH FEATURES THE WORK OF RENOWNED WILDLIFE PHOTOGRAPHERS, SCIENTISTS, AND CONSERVATIONISTS. THE SOCIETY ALSO PROVIDES DOZENS OF PUBLICATIONS FOR FREE DOWNLOAD THROUGH ITS WEBSITE, INCLUDING GUIDELINES TO HELP FARMERS AND GARDENERS CONSERVE POLLINATORS, GUIDES TO IDENTIFYING ENDANGERED BUMBLE BEES, TOOLS FOR MONITORING STREAM HEALTH USING AQUATIC INSECTS, AND MANY MORE. ANOTHER ASPECT OF THIS PROGRAM IS THE JOAN M. DEWIND AWARD. EACH YEAR, TWO GRADUATE OR UNDERGRADUATE STUDENTS RECEIVE AN AWARD OF \$3,750 EACH FOR LEPIDOPTERA RESEARCH/CONSERVATION PROJECTS

#### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE EXECUTIVE DIRECTOR AND BOARD OF DIRECTORS REVIEW 990 BEFORE IT IS FINALIZED AND A DRAFT IS GIVEN TO THE GOVERNING BOARD

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

BOARD MEMBERS ARE ASKED TO DISCLOSE POTENTIAL CONFLICT OF INTEREST ISSUES PRIOR TO

EVERY BOARD MEETING. THE ORGANIZATION REVIEWS CONFLICT OF INTEREST POLICY ANNUALLY.

Name of the organization	Employer identification number
XERCES SOCIETY, INC.	51-0175253

#### FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

A SALARY REVIEW IS CONDUCTED BY THE BOARD, AFFECTED MEMBERS RECUSE THEMSELVES, AND A MOTION FOR COMPENSATION IS APPROVED.

#### FORM 990, PART VI, LINE 17 - LIST OF STATES WHICH THIS RETURN IS FILED

AL AK AZ CA CT FL GA HI IL KS KY ME MD MS MI MN MS NH NJ NM NY NC ND OK OR PA RI SC TN UT VA WI WV

#### FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

REASONABLE REQUESTS FOR FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE FURNISHED UPON REQUEST AT THE FRONT OFFICE

#### FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

			(A)	(B)	(C)	(D)
				PROGRAM	MANAGEMENT	FUND-
			TOTAL	SERVICES	& GENERAL	RAISING
CONTRACT	AND PROFESSIONAL	SER	279,902.	267,534.	1,658.	10,710.
		TOTAL	\$ 279,902.	\$ 267,534.	\$ 1,658.	\$ 10,710.