Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2006
Open to Public Inspection

A	For th	1e 2	DOG calendar year, or tax year beginning and	ending			
В	Check	ıf	Please C Name of organization		D Emp	loyer	identification number
	applic	able	use IRS THEODORE ROOSEVELT CONSERVATION				
	Add	dress inge	print or PARTNERSHIP		0	4 – 3	706385
	Nar cha	ne Inge	type See Number and street (or P.O. box if mail is not delivered to street address)	phone	number		
	Init reti		Specific 555 ELEVENTH STREET, NW - 6TH FLOOR	2	02-	508-3449	
	F.n.		Instruc- tions City or town, state or country, and ZIP + 4			unting m	
		ende	WASHINGTON, DC 20004			Other (specify) >
	App	olicat iding	occion oc italia de indicata de la compania del la compania de la compania del la compania de la compania del la compania de l	H and I are not app	olicable	to se	ction 527 organizations
			must attach a completed Schedule A (Form 990 or 990-EZ)	H(a) Is this a group	return fo	or affili	ates? Yes X No
			▶WWW.TRCP.ORG	H(b) If "Yes," enter n	umber o	of affilia	ates N/A
J	Orgai	niza	tion type (check only one) \blacktriangleright \mathbf{X} 501(c) (3) \blacktriangleleft (insert no) $\boxed{}$ 4947(a)(1) or $\boxed{}$ 52			d۶	N/A Yes No
K	Checl	k he	re In the organization is not a 509(a)(3) supporting organization and its gross	(If "No," attach : H(d) Is this a separa		n filed i	by an or
	-		re normally not more than \$25,000. A return is not required, but if the organization	ganization cove			pruling? Yes X No
_	choo	ses t	o file a return, be sure to file a complete return.	I Group Exempti	on Num	ber ►	N/A
							ation is not required to attach
_			eipts: Add lines 6b, 8b, 9b, and 10b to line 12 1,761,126.		90, 990	-EZ, or	990-PF).
Р	art	<u> </u>	Revenue, Expenses, and Changes in Net Assets or Fund Bal	lances			r
]	1		Contributions, gifts, grants, and similar amounts received:	1			
200		а	Contributions to donor advised funds 1a				
- 61		b	Direct public support (not included on line 1a)	1,689,2	230.		
8		C	Indirect public support (not included on line 1a)				
>		d	Government contributions (grants) (not included on line 1a)	l [4 600 000
>	1	е	Total (add lines 1a through 1d) (cash \$1, 689, 230. noncash \$		_)	1e_	1,689,230.
	2		Program service revenue including government fees and contracts (from Part VII, line 93))		2	
	3	3	Membership dues and assessments			3	56 153
2	4	}	Interest on savings and temporary cash investments			4	56,153.
	5	i	Dividends and interest from securities	1		5	<u> </u>
3	6	a	Gross rents 6a	TOTAL TOTAL	n ik	00	
0		b	Less: rental expenses 6b	ins -	D III	ČÜ	KRES
ě		C	Net rental income or (loss). Subtract line 6b from line 6a		030	- 568	
Revenue	7		Other investment income (describe	- COLOCT	0 0	2007	y
Вè	8	a	Gross amount from sales of assets other (A) Securities	(B) Other	00	2001	
			than inventory 8a	A CDE			
		b	Less: cost or other basis and sales expenses 8b		₩,_ ₩	ITA	H
		C	Gain or (loss) (attach schedule) Net and or (loss) (Cambridge loss (A) and (B)	 			Pap
	١,		Net gain or (loss) Combine line 8c, columns (A) and (B) Special events and activities (attach schedule). If any amount is from gaming, check here			8d	
	*)					
		a b	Gross revenue (not including \$ of contributions reported on line 1b) Less: direct expenses other than fundraising expenses 9b	i			
		C	Net income or (loss) from special events. Subtract line 9b from line 9a	<u>' </u>		9c	
	11)a	Gross sales of inventory, less returns and allowances	1			
	'`	b	Less: cost of goods sold	1			
		C	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from lin			10c	
	11		Other revenue (from Part VII, line 103)			11	15,743.
	12		Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	1,761,126.
_	13		Program services (from line 44, column (B))		-	13	2,456,817.
Ses	14		Management and general (from line 44, column (C))			14	511,922.
Expenses	15		Fundraising (from line 44, column (D))			15	177,022.
X X	16		Payments to affiliates (attach schedule)			16	
_	17		Total expenses Add lines 16 and 44, column (A)			17	3,145,761.
_	18		Excess or (deficit) for the year. Subtract line 17 from line 12			18	-1,384,635.
Net	2 19 19	9	Net assets or fund balances at beginning of year (from line 73, column (A))			19	2,608,250.
ž	20		Other changes in net assets or fund balances (attach explanation) SEE	STATEMENT	1	20	-1,494.
	2	1	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	1,222,121.
623 01-	001 18-07		LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructi	ons.			C 7 Form 990 (2006)

PARTNERSHIP Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Do not include amounts reported on line (B) Program (C) Management (D) Fundraising (A) Total services and general 6b, 8b, 9b, 10b, or 16 of Part I. 22a Grants paid from donor advised funds (attach schedule) 0 . noncash \$ If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule) 0 • noncash \$ If this amount includes foreign grants, check here 23 Specific assistance to individuals (attach 23 schedule) 24 Benefits paid to or for members (attach schedule) 24 25a Compensation of current officers, directors, key 77,539. 38,769. 12,923. 129,231 employees, etc. listed in Part V-A **b** Compensation of former officers, directors, key 0. 0 0 0. employees, etc. listed in Part V-B 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not 663,807. 218,859. 103,594. 986,260. included on lines 25a, b, and c 27 Pension plan contributions not included on 31,784 21,170 6,812 3,802. lines 25a, b, and c 27 28 Employee benefits not included on lines 69,216 22,272. 12,429. 103,917 25a - 27 28 17,777. 9,920. 82,941 55,244 29 29 Payroll taxes 30 Professional fundraising fees 30 57,412 57,412 Accounting fees 31 61,250. 13,850 47,400 32 Legal fees 32 43,611 11,751 30,470 1,390. Supplies 33 26,521. 12.431. 14,040 50. Telephone 34 27,992. 16.109 11,421 462. Postage and shipping 35 35 36 114,362. 48,956 65,406 Occupancy 36 4,442. 4,442 37 Equipment rental and maintenance 37 99,769. 76,573. 19,816 3,380. Printing and publications 38 38 282,787 9,959. 126,258 146,570 39 39 47,795 14,047. 95,050 33,208 Conferences, conventions, and meetings 40 40 41 41 8,061 8,061 Depreciation, depletion, etc. (attach schedule) Other expenses not covered above (itemize) 43a 43b 43c 43d 43e 43f 1,226,263. -240.9585.066. SEE STATEMENT 2 990,371. 44 Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), 177,022. 2,456,817. 511,922. carry these totals to lines 13-15) 3,145,761. Joint Costs. Check ▶ ☐ If you are following SOP 98-2 ► Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? N/A N/A If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$

623011 01-23-07

Form 990 (2006)

Part III Statement of Program Service Accomplishments (See the instructions)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

Wh	at is the organization's prima	nary exempt purpose? ► <u>SE</u>	E STATEMENT 3	Program Service Expenses
clie	nts served, publications issu	sued, etc. Discuss achievements	ments in a clear and concise manner. State the number of sthat are not measurable. (Section 501(c)(3) and (4) t also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
а	COMMUNITY WITH THAT ARE CONSE	H AN AMPLIFIED A ENSUALLY AGREED THE NATION'S FI	VIDE THE HUNTING AND ANGLING ND COORDINATED VOICE ON ISSUES UPON, AND ARE OF UTMOST SH AND WILDLIFE RESOURCE AND TO	
b	(Grants and allocations	\$)	If this amount includes foreign grants, check here	2,456,817.
c	(Grants and allocations	\$)	If this amount includes foreign grants, check here	
d	(Grants and allocations	\$)	If this amount includes foreign grants, check here	
е	(Grants and allocations Other program services (att	\$) ttach schedule) \$)	If this amount includes foreign grants, check here	
f	<u> </u>	Expenses (should equal line 44		2,456,817.
				Form 990 (2006)

	n 990 (04-	3706385 Page 4
Pa	rt IV	Balance Sheets (See the instructions)					
Note		ere required, attached schedules and amounts wit ald be for end-of-year amounts only	hin the	e description column	(A) Beginning of year		(B) End of year
	45 46	Cash - non-interest-bearing Savings and temporary cash investments			178,687. 844,542.	45	1,036,443. 356,861.
	47 a	Accounts receivable Less allowance for doubtful accounts	47a 47b		129,718.	47c	
	48 a	Pledges receivable Less allowance for doubtful accounts	48a 48b			48c	
	49	Grants receivable			1,545,000.	49	275,385.
		Receivables from current and former officers, di key employees Receivables from other disqualified persons (as				50a	
Assets		4958(f)(1)) and persons described in section 498 Other notes and loans receivable				50b	
⋖	b	Less; allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use		_		52	
	53	Prepaid expenses and deferred charges				53	20,213.
	54 a	Investments - publicly-traded securities		Cost FMV		54a	
	b	Investments - other securities STMT	' 5	Cost X FMV	<u>5,468.</u>	54b	47,444.
	55 a	Investments - land, buildings, and				1 [
	}	equipment. basis	55a			1	
	1]	
	b	Less accumulated depreciation	55b			55c	
	56	Investments - other	,	,		56	
	57 a	Land, buildings, and equipment basis	57a	48,093.		!	
	b	Less accumulated depreciation STMT 4	57b	22,964.	23,735.	57c	25,129.
	58	Other assets, including program-related investments				<u> </u>	
		(describe ► DEPOSITS)	884.	58	884.
	59	Total assets (must equal line 74) Add lines 45 to	hroug	h 58	2,728,034.	59	1,762,359.
	60	Accounts payable and accrued expenses		_	119,784.	60	540,238.
	61	Grants payable				61	
	62	Deferred revenue			·	62	
ties	63	Loans from officers, directors, trustees, and key	emple	oyees		63	
Liabilitie	64 a	Tax-exempt bond liabilities				64a	
Ľ	b	Mortgages and other notes payable				64b	
	65	Other liabilities (describe)		65	
	66	Total liabilities. Add lines 60 through 65	_		119,784.	66	540,238.
	Orga	nizations that follow SFAS 117, check here	LX	and complete lines			
S	İ	67 through 69 and lines 73 and 74					100 015
၁၄	67	Unrestricted			643,250.		490,846.
alar	68	Temporarily restricted			1,965,000.		731,275.
Ď.	69	Permanently restricted	_	<u></u> }		69	
Š	Orga	anizations that do not follow SFAS 117, check I	nere l	▶ ∐ and			
F		complete lines 70 through 74					
Net Assets or Fund Balances	70	Capital stock, trust principal, or current funds				70	
sse	71	Paid-in or capital surplus, or land, building, and				71	
Ť.	72	Retained earnings, endowment, accumulated in				72	
Š	73	Total net assets or fund balances Add lines 67 throu		· ·	0 600 050		1 000 101
		(Column (A) must equal line 19 and column (B) must			<u>2,608,250</u> .		1,222,121.
	74_	Total liabilities and net assets/fund balances	Add II	nes ob and 73	2,728,034.	74	1,762,359.

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Form 990 (2006) PARTNERSHIP 04-3706385

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the Page 5

•	instructions)						
a	Total revenue, gains, and other support per audited financial staten	ents				a 1	,762,032.
b	Amounts included on line a but not on Part I, line 12						
1	Net unrealized gains on investments		<u>b1</u>	-1,4	94.]	
2	Donated services and use of facilities		b2	2,4	00.]	
3	Recoveries of prior year grants		b3]	
4	Other (specify)		b4	<u> </u>]	
	Add lines b1 through b4					ь	906.
C	Subtract line b from line a					c 1	<u>,761,126.</u>
d	Amounts included on Part I, line 12, but not on line a:			ı			
1	Investment expenses not included on Part I, line 6b		<u>d1</u>				
2	Other (specify)		d2				
	Add lines d1 and d2					d	0.
	Total revenue (Part I, line 12) Add lines c and d		- VA/:	Ah Funanaa	<u> </u>	e 1	,761,126.
Pa	rt IV-B Reconciliation of Expenses per Audited Fi	ianciai Statements	S VVI	in Expenses	per		
a	Total expenses and losses per audited financial statements					a 3	<u>,148,161.</u>
b	Amounts included on line a but not on Part I, line 17		د ا	1 2 4	00		
	Donated services and use of facilities		<u>b1</u>		00.		
	Prior year adjustments reported on Part I, line 20		b2				
	Losses reported on Part I, line 20		b3			 	
4	Other (specify)		b4				2,400.
	Add lines b1 through b4					<u>ь</u>	$\frac{2,400.}{,145,761.}$
C	Subtract line b from line a					ا ا	,143,701.
d •	Amounts included on Part I, line 17, but not on line a: Investment expenses not included on Part I, line 6b		d1	1			
	Other (specify):		d2			1	
2	Add lines d1 and d2		uz	I		d	0.
۵	Total expenses (Part I, line 17) Add lines c and d				•		,145,761.
	ert V-A Current Officers, Directors, Trustees, and I	Key Employees (List	each	person who was	s an of		
	or key employee at any time during the year even if they	vere not compensated) (<u> </u>	
	(A) Name and address	(B) Title and average hou per week devoted to		(C) Compensation (If not paid, enter :	(D) Cor emple	ntributions i oyee benefit s & deferred	(E) Expense account and
		position		-0-)	compe	s & deferred nsation plar	
						_	
SE	E STATEMENT 6		_	129,231.		0	. 0.
		<u> </u>	_			 	
	<u> </u>	 	-		_		
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Par	V-A Current Officers, Directors, Trustees, and K	ey Employees (continu	ied)			Yes	No
	Enter the total number of officers, directors, and trustees permitted meetings	to vote on organization bu	siness at board	23			
	Are any officers, directors, trustees, or key employees listed in Forr listed in Schedule A, Part I, or highest compensated professional a Part II-A or II-B, related to each other through family or business rel the individuals and explains the relationship(s)	nd other independent conti	ractors listed in Sc	hedule A,	75b		х
	Do any officers, directors, trustees, or key employees listed in Formisted in Schedule A, Part I, or highest compensated professional a Part II-A or II-B, receive compensation from any other organizations organization? See the instructions for the definition of "related organization".	nd other independent confi , whether tax exempt or tax	ractors listed in Sci	hedule A,	75c		x
	If "Yes," attach a statement that includes the information described					v	
	Does the organization have a written conflict of interest policy?	ou Employage That F	Danaiwad Cam		75d	X	<u> </u>
Par	Former Officers, Directors, Trustees, and Kong Benefits (If any former officer, director, trustee, or key enter the year, list that person below and enter the amount of cong the second	employee received compens	sation or other ben	efits (describe	d belo	ow) dur	
	(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)		to (I	E) Expe ccount er allow	nse and
			<u> </u>	- Start Star	1		
		1					
			-		_		
					\perp		
					İ		
	VII Other Information (2)	<u> </u>	<u></u>			V	NI-
Par						Yes	No
	Did the organization make a change in its activities or methods of c statement of each change	onducting activities? If "Ye	s," attach a detaile	d	76		x
	Were any changes made in the organizing or governing documents If "Yes," attach a conformed copy of the changes.	but not reported to the IRS	37		77		Х
78 a	Did the organization have unrelated business gross income of \$1,0	00 or more during the year	covered by this ret		78a		x
	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	78b	 	
	Was there a liquidation, dissolution, termination, or substantial con-				79	├	X
	ls the organization related (other than by association with a statewi membership, governing bodies, trustees, officers, etc , to any other	_	. •	OI I	80a		х
b	If "Yes," enter the name of the organization N/A			7			
		_ and check whether it is [lexemptor L	_i nonexempt			
	Enter direct or indirect political expenditures (See line 81 instruction	ns)	81a	0.	81b		х
D	Did the organization file Form 1120-POL for this year?	<u> </u>				990	
						,	

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Pa	rt VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially			
	less than fair rental value?	82a	Х	
b	If "Yes, "you may indicate the value of these items here. Do not include this			
-	amount as revenue in Part I or as an expense in Part II			
	(See instructions in Part III.) 82b 2, 400			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	х	
b	Did the organization comply with the disclosure requirements relating to guid pro guo contributions?	83b	X	
84 a	Did the organization comply with the disclosure requirements relating to quid pro quo contributions. N/A	84a	1	
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not	1042		
b	tax deductible?	84b	İ	
85		85a		
		85b	 	
b		650	 	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year	ł		
C	Dues, assessments, and similar amounts from members 85c N/A		l	
đ	Section 162(e) lobbying and political expenditures 85d N/A	-{		
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	-		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		—
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		—
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on			
	line 12 86a N/A	4		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A	_		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A	_		
b	,	1		
	against amounts due or received from them) 87b N/A	_		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?			
	If "Yes," complete Part IX	88a		<u>X</u>
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	1		
	section 512(b)(13)? If "Yes," complete Part XI	► 88b		X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under	j		
	section 4911▶	i		
b	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit	-		
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	895		X
C	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<u>L</u>	<u>X</u>
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization,			
•	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90 a	List the states with which a copy of this return is filed ▶DC			
b				15
	The books are in care of ► THE ORGANIZATION Telephone no. ► 202-5	08-3	449	
v. u	Located at ► 555 11TH STREET, NW 6TH FLOOR, WASHINGTON, DC ZIP+4 ►			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
U	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	 	X
	If "Yes," enter the name of the foreign country N/A	310		4.
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts	Form	990	(2006)

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Part '	VI Other Information (co.	ntinued)					Yes No
c A	t any time during the calendar yea	r, did the organiz	ation mail	ntain an office outside o	of the U	nited States?	91c X
	"Yes," enter the name of the foreign			N/A			<u> </u>
	ection•4947(a)(1) nonexempt chari			in lieu of Form 1041- C	heck h	ere	<u> </u>
	nd enter the amount of tax-exempt	•				▶ 92	N/A
	VII Analysis of Income-F						
	Enter gross amounts unless otherv			ted business income	Exclud	ded by section 512, 513, or 514	(5)
indicat	•		(A)	(B)	_(C)	(D)	(E) Related or exempt
	ogram service revenue.		Business code	Amount	Exclu- sion	Amount	function income
	•			-	code		
			-		 		
В _							
	- -				-		
a	-				-		
e							
	edicare/Medicaid payments	-					
_	es and contracts from governmen	· –					
	embership dues and assessments				1 .	56.450	
95 Inte	erest on savings and temporary cash ir	nvestments			14	56,153.	
96 Div	vidends and interest from securitie	s _		<u></u>	-		
97 Ne	t rental income or (loss) from real e	estate					
a de	bt-financed property	<u>_</u>			<u> </u>		
b no	t debt-financed property	_					
98 Ne	t rental income or (loss) from perso	onal property 📙					
99 Ot	her investment income	_					
100 Ga	un or (loss) from sales of assets						
oth	ner than inventory						
101 Ne	t income or (loss) from special eve	ents					
102 Gr	oss profit or (loss) from sales of inv	ventory					
103 Ot	her revenue						
	ISCELLANEOUS				1		15,743.
b							
c _					i i		
d _							
е —							
_	btotal (add columns (B), (D), and (I	E))		0.	1	56,153.	15,743.
	tal (add line 104, columns (B), (D),				•!1	30,133	71,896.
	ine 105 plus line 1e, Part I, should		it on line 1	2 Part I			71,050.
Part '					nt Pur	noses (See the instructi	one l
Line No	 Explain how each activity for which exempt purposes (other than by p 	•			u impori	antily to the accomplishment	or the organization's
1027					3 (0.12)	D MO MILE ODGA	NIT Z A MIT ON ! C
<u>103A</u>			OM AC	TIVITIES REI	JA.I.E	D TO THE ORGA	NIZATION 5
	EXEMPT PURPOSES.	<u> </u>					· · · · · · · · · · · · · · · · · · ·
							
<u> </u>			.1 : -1: -	: I D:	1. d F.	A:A:	
Part	IX Information Regardin		ubsidiai		iea Er		
Name	address, and EIN of corporation.	(B) Percentage of		(C) Nature of activities		(D) Total income	(E) End-of-year
pa	, address, and EIN of corporation, rtnership, or disregarded entity	ownership interest				Total moorns	assets
		%					
	N/A						
		%					
-		%					
Part	X Information Regardin	ng Transfers	Associa	ated with Persona	l Bene	efit Contracts (See the	e instructions)
Ļ	id the organization, during the year, rec	eive any funds, dir	ectly or ind	irectly, to pay premiums or	n a perso	onal benefit contract?	Yes X No
	id the organization, during the year, pay						Yes X No
	If "Yes" to (b), file Form 8870 and						
				7			Form 990 (2006)
							. 5 5 - (2000)

PARTNERSHIP

	controlling organization as defined in section 512(b)(13)	N/A		
106	Did the reporting organization make any transfers to a controlled entity a	as defined in section 5	512(b)(13) of the Code? If "Yes	Yes No
	complete the schedule below for each controlled entity		- (-/(-/	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
а				
b				
С				
	Totals			
				Yes No
107	Did the reporting organization receive any transfers from a controlled en	ntity as defined in sec	tion 512(b)(13) of the Code? If	"Yes,"
	complete the schedule below for each controlled entity (A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
		102.11.207		
a 				
b				
С				
	Totals	1		
108	Did the organization have a binding written contract in effect on August annuities described in question 107 above?			Yes No
Plea Sign Here	Signature of offiger	ring schedules and statemen ch preparer has any knowled	its, and to the best of my knowledge and dige	belief, it is true, correct,
Paid Prep	signature V VIVVA / LIMINA LIT	9-6-07	self- employed >	N or PTIN (See Gen Inst X)
Use	Transmance GELMAN ROSENHERG & FREED	TE 650 NOR	TH Phone no. ► (301) 951-9090
				Form 990 (2006)

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization THEODORE ROOSEVELT CONSER	VATION		Employer identi	fication number
PARTNERSHIP			04 3706	385
Part I Compensation of the Five Highest Paid Emp	oloyees Other Than	Officers, Dire	ctors, and T	rustees
(See page 2 of the instructions. List each one. If there are none, er				
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions t employee benefit plans & deferred compensation	 (e) Expense account and other allowances
FRED N. MYERS	VP OF PARTNER	& AFF.		
ALL IN C/O ORGANIZATION	40.00	105,496	17,569	. 0.
GEORGE COOPER	SR VP			
	40.00	98,797	17,424	. 0.
THOMAS ST. HILAIRE	VP CAMPAIGN N	4GMT		
	40.00	72,460	10,950	. 0.
MAUREEN BATES	VP ADMINSTRAT			
	40.00	61,407	27,544	. 0.
TERRY RILEY	VP OF POLICY		-	
	40.00	68,730	21,019	. 0.
Total number of other employees paid				
over \$50,000	5			
Part II-A Compensation of the Five Highest Paid Inde	pendent Contracto	rs for Profess	ional Servic	es
(See page 2 of the instructions. List each one (whether individuals	or firms). If there are none, e	enter "None.")		
(a) Name and address of each independent contractor paid more that	an \$50,000	(b) Type of	service	(c) Compensation
HOGAN AND HARTSON				
555 13TH STREET, N.W., WASHINGTON, DC	20004	LEGAL		61,000.
WILDLIFE MANAGEMENT INSTITUTE	C	CONSERVATI	ON	
1146 19TH ST, NW, STE 700, WASHINGTON	, DC 20006 F	ADVICE		55,000.
GETACTIVE				
2855 TELEGRAPH AVE., STE. 200, BERKEL	Y, CA 94705 1	T SERVICE	ES	51,640.
			1	
Total number of others receiving over				
\$50,000 for professional services	0			
Part II-B Compensation of the Five Highest Paid Inde	pendent Contracto	rs for Other S	ervices	
(List each contractor who performed services other than profession	onal services, whether individ	uals or		
firms. If there are none, enter "None." See page 2 of the instruction	s)			
(a) Name and address of each independent contractor paid more that	on \$50,000	(b) Type of	005,400	(a) Companyation
(a) Name and address of each independent contractor paid more that	an \$50,000	(b) Type of	SEIVICE	(c) Compensation
NONE				
		-		
		-		
		_	-	-
Total number of other contractors receiving over				
\$50,000 for other services	0			
				

P	art III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence	Γ		
	public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
	lobbying activities > \$\$ (Must equal amounts on line 38, Part VI-A, or			
	line + of Part VI-B.) VI-A, LINE 38B	1	X	<u> </u>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations	1]	
	checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creaturs, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
a	Sale, exchange, or leasing of property? SEE STATEMENT 7	2a	X	
t	Lending of money or other extension of credit?	2b		X
C	Furnishing of goods, services, or facilities?	2c		<u>X</u>
0	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X	
6	Transfer of any part of its income or assets?	2e		X_
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
	the organization determines that recipients qualify to receive payments.)	3a	<u> </u>	<u>X</u>
ł	Dd the organization have a section 403(b) annuity plan for its employees?	3b		X
C	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
	the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
•	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f		İ	
	and 4g	4a		X
t	Did the organization make any taxable distributions under section 4966?	4b		X
0	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		_X_
c	Enter the total number of donor advised funds owned at the end of the tax year			0
6	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on			
	line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
Ç	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Part IV							
ertify that	at the organization is not a private for						
5	→A church, convention of church Output			1)(A)(ı).			
6	A school Section 170(b)(1)(A)	(II). (Also complete Pa	urt V.)				
7 🖳	A hospital or a cooperative hos			•			
₃	A federal, state, or local govern	ment or governmental	l unit. Section 170(b)(1)(A	۱)(v)			
9	A medical research organization	n operated in conjunct	tion with a hospital. Sectio	n 170(b)(1)(A)(III). Enter t	he hospital's	s name, city,	
	and state $lacktriangle$	·					
0	An organization operated for th	e benefit of a college o	or university owned or ope	erated by a governmental (unit. Section	170(b)(1)(A)(ıv).
	(Also complete the Support Sci	nedule in Part IV-A.)					
ta 🗶	An organization that normally i	eceives a substantial (part of its support from a	governmental unit or from	the general (public	
	Section 170(b)(1)(A)(vi). (Also	complete the Suppor	t Schedule in Part IV-A.)				
1b 🛄	A community trust. Section 170)(b)(1)(A)(vi). (Also co	omplete the Support Sche	dule in Part IV-A.)			
2	An organization that normally re						
	receipts from activities related t						
	its support from gross investm					sses acquired	
	by the organization after June 3	o, 1975. See Section	509(a)(z). (Also complet	e me support schedule n	i Pait IV-A.)		
з 🗀	An organization that is not cont	rolled by any disqualif	fied persons (other than fo	oundation managers) and	otherwise me	ets the require	ments of section
	509(a)(3) Check the box that d	escribes the type of si	upporting organization:				
	Type I	Type II	Type III-Fı	inctionally Integrated		Type III-C)ther
	Provide the fo	llowing information	about the supported orga	nizations (See page 7 of	the instruction	ons.)	<u>,</u>
	(a)		(b)	(c)	(d))	(e)
	Name(s) of supported organization	ation(s)	Employer	Type of organization		pported	Amount of
			identification number (EIN)	(described in lines 5 through 12 above	organization the sup	on listed in	support
			indinibol (Elle)	or IRC section)		zation's	
					governing	documents?	
					Yes	No	
					1	l l	
otal							

	lule A (Form 990 or 990-EZ) 2006 P						3706385 Page 4
Pai	T IV-A Support Schedule (C Note: You may use the	omplete only if you che e worksheet in the inst	ecked a box on line 10 ructions for converting), 11, or 12) Use cash from the accrual to the	method of acc e cash method o	ountin of acco	g. unting
Calen	dar year (or fiscal year ning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)		2,119,772.		255,0	50.	5,804,599.
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business						
20	activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	7,397.	4,149.	SEE STATEME 29,134.		18.	40,798.
23	Total of lines 15 through 22	3,236,734.	2,123,921.	229,574.	255,1		5,845,397.
24	Line 23 minus line 17	3,236,734.	2,123,921.	229,574.	255,1	68.	5,845,397.
25	Enter 1% of line 23	32,367.	21,239.	2,296.	2,5	52.	
26	Organizations described on lines 1	0 or 11: a Enter 2% of	amount in column (e), lin	ie 24	>	26a	116,908.
b	Prepare a list for your records to sho			,			
	unit or publicly supported organizati	· -	=	ded the amount shown in	line 26a.	001	2 102 020
_	Do not file this list with your return					26b 26c	3,103,828. 5,845,397.
	Total support for section 509(a)(1) t Add: Amounts from column (e) for la		(8)			200	3,043,397.
u	Add. Amounts from column (e) for i		40,798. 26b	3,103,82	8.	26d	3,144,626.
۵	Public support (line 26c minus line 2		<u> 40,750.</u> 200	3,103,02	<u> </u>	26e	2,700,771.
f	Public support percentage (line 26	•	line 26c (denominator)	1	•	26f	46.2034%
27	Organizations described on line 12				lisqualified persor	," prepa	
	records to show the name of, and to	ital amounts received in ea	ach year from, each "disq	ualified person." Do not fil	le this list with yo	ur retur	n Enter the sum of
	such amounts for each year:	N/A					
	(2005)	(2004)	•	003)	(200	-,	
þ	For any amount included in line 17 to						
	and amount received for each year, to described in lines 5 through 11b, as	well as individuals) Do n	ot file this list with your	return. After computing th	ne difference betw		
	the larger amount described in (1) o						
	(2005)	(2004)	· ·	(003)	(200	12)	
C	Add: Amounts from column (e) for l			16 21		27c	N/A
ď	Add; Line 27a total		id line 27b total		— ;	27d	N/A
e	Public support (line 27c total minus		id iiilo 27 o totai			27e	N/A
f	Total support for section 509(a)(2) t		23, column (e)	► 27f	N/A		
g	Public support percentage (lin				>	27g	N/A %
<u>h</u>	Investment income percentag	e (line 18, column (e)	(numerator) divided b	oy line 27f (denominat	or)) >	27h	N/A %
28 L	Jnusual Grants: For an organization thow, for each year, the name of the ceturn. Do not include these grants in	n described in line 10, 11, ontributor, the date and a line 15.	or 12 that received any t mount of the grant, and a	unusual grants during 200)2 through 2005, i	prepare Do not	a list for your records to file this list with your
	1 01-18-07	<u>N</u>	ONE			Schedu	le A (Form 990 or 990-EZ) 2006

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known		ļ	<u> </u>
	to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)			
		_		
32	Does the organization maintain the following:	_		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		ļ <u>.</u>
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	_		
33	Does the organization discriminate by race in any way with respect to.			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		
đ	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
9	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)	_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	 34a		!
34 a b	Has the organization's right to such aid ever been revoked or suspended?	34b		
U	If you answered "Yes" to either 34a or b, please explain using an attached statement.	1 0 7 0		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No." attach an explanation	25		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

	(10 DE COMPIETED ONLY D	y an eligible organization that like cromi 5766)				
Ch	neck a If the organization belor	igs to an affiliated group Check b	<u> </u>	you che	cked "a" and "limited contr	ol" provisions apply.
		n Lobbying Expenditures			(a) Affiliated group totals	(b) To be completed for all electing organizations
					N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lobbying)		36		0.
37	Total lobbying expenditures to influence	a legislative body (direct lobbying)		37		25,000.
38	Total lobbying expenditures (add lines 3	36 and 37)		38		25,000.
39	Other exempt purpose expenditures			39		3,108,761.
40	Total exempt purpose expenditures (add	d lines 38 and 39)		40		3,133,761.
41	Lobbying nontaxable amount. Enter the	amount from the following table -				
	If the amount on line 40 is -	The lobbying nontaxable amount is -				
	Not over \$500,000	20% of the amount on line 40	٦			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	}	41		306,688.
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000	J			
42	Grassroots nontaxable amount (enter 2	5% of line 41)		42		76,672.
43	Subtract line 42 from line 36. Enter -0- i	f line 42 is more than line 36		43		0.
44	Subtract line 41 from line 38. Enter -0- i	f line 41 is more than line 38		44		0.
	Caution: If there is an amount on ei	ther line 43 or line 44, you must file Form 4720)			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total		
45 Lobbying nontaxable amount	306,688.	284,443.	249,822.	112,216.	953,169.		
46 Lobbying ceiling amount (150% of line 45(e))					1,429,754.		
47 Total lobbying expenditures	25,000.	83,589.	70,400.	13,500.	192,489.		
48 Grassroots nontaxable amount	76,672.	71,111.	62,456.	28,054.	238,293.		
49 Grassroots ceiling amount (150% of line 48(e))					357,440.		
50 Grassroots lobbying expenditures		32,500.	40,400.	10,500.	83,400.		

Part VI-B | Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- Volunteers
- Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Yes No		Amount
-		
-	<u> </u>	<u>_</u>

623151 01-18-07

		ELT CONSERVA	TION		
Schedule A (Form 990 or 990-EZ) 2006	PARTNERSHIP			04-3706385 Pag	je 7
Part VII Information Reg	garding Transfers To and	I Transactions and	I Relationships With No	oncharitable	
				 	
			-		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,, , = ,		litical organizations?	[]	
	janization to a noncharitable exempt	organization of:			lo
• •					X_
				a(ii)	X_
- ·					
• • •	· · ·	iization			Χ_
• •					K_
• •					<u>K</u>
• •	nts				X_
• •					<u>X</u>
					<u>X</u>
	- · · · · · · · · · · · · · · · · · · ·	• •	have a place the four montrest votes a		<u>K</u>
				n me	
				NT / 7	
	T · · · · · · · · · · · · · · · · · · ·	the goods, other assets, or			_
Line no. Amount involved		empt organization			ts
Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (see page 13 of the instructions) 51			_		
		· · · · · · · · · · · · · · · · · · ·			
					_
	-				_
					_
		- <u></u>			
			<u></u>		
_	· · · · · · · · · · · · · · · · · · ·	ne or more tax-exempt orga	anizations described in section 50		
				Yes X	10
(a) Name of or) nanization	(b) Type of organization			
Hame of org	Janization	Type of organization	Description	7 Totalionomp	
			-	-	
				.	
					
			-		
		-	· · · · · · · · · · · · · · · · · · ·	· ·	

623152 01-18-07

Current Year Deduction	698. 7,363. 8,061.
Current Sec 179	0 0
Accumulated Depreciation	942. 13,961. 14,903.
Basis For Depreciation	6,048. 42,045. 48,093.
Reduction In Basis	0 0
Bus % Excl	
Unadjusted Cost Or Basis	6,048. 42,045. 48,093.
S S	1 1 9 1 1 P
Lıfe	7.00
Method	
Date Acquired	VARIESSL
Description	MANAGEMENT AND GENERAL 1 COMPUTER & FIXTURE 2 COMPUTER EQUIPMENT * 990 PAGE 2 TOTAL * GRAND TOTAL 990 PAGE 2 DEPR
Asset	1 7

(D) - Asset disposed

628 102 07-28-06

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990 OTHER C	HANGES IN NET A	ASSETS OR FUND	BALANCES	STATEMENT	1
DESCRIPTION				AMOUNT	
UNREALIZED LOSS FROM IN	VESTMENT		•	-1,49	4.
TOTAL TO FORM 990, PART	I, LINE 20			-1,49	4.
FORM 990	ОТНЕ	EXPENSES		STATEMENT	2
	(A)	(B) PROGRAM	(C) MANAGEMENT	(D)	
DESCRIPTION	TOTAL	SERVICES	AND GENERAL	FUNDRAISIN	G
CONSULTANT WEBSITE & IT	400,771.	356,133.	43,063.	1,57	5.
SERVICES ADVERTISING &	78,439.	9,819.	68,570.	5	0.
PUBLICITY DUES & SUBSCRIPTIONS ADMINISTRATIVE FEES	36,944. 12,498. 11,250.	31,692. 2,626. 11,250.	2,845. 8,838.	2,40 1,03	
INSURANCE POLLING AND TV	8,466.	3,724.	4,742.		
PRODUCTION INDIRECT COSTS	442,003.	400,016. 411,003.	41,987. -411,003.		
TOTAL TO FM 990, LN 43	990,371.	1,226,263.	-240,958.	5,06	6.
FORM 990 STATEMENT OF		S PRIMARY EXE		5,06 STATEMENT	6

EXPLANATION

TO ENSURE THAT AMERICA'S LANDS, BOTH PUBLIC AND PRIVATE, WILL ALWAYS PROVIDE CLEAN WATER, HEALTHY HABITAT, BOUNTIFUL FISH AND WILDLIFE POPULATIONS, AND OPPORTUNITIES TO FISH, HUNT AND ENJOY THE OUTDOORS.

FORM 990	DEPRECIATION	OF ASSI	ETS NOT	HELD FOR	INVESTMENT	STATEMENT	
DESCRIPTION				T OR BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	E
FURNITURE & FIXTURE COMPUTER EQUIPMENT TOTAL TO FORM 990, PART IV, LN 57			6,048. 42,045. 48,093.		1,640. 21,324.	20,721.	
					22.064		
TOTAL TO FOR	RM 990, PART IV,	, ши э/		48,093.	22,964.		
TOTAL TO FOR	RM 990, PART IV,		SECURI		22,904.	STATEMENT	5
			SECURI		COST/FMV		5
FORM 990			SECURI			STATEMENT	5

FORM 990 PART V-A - LIST OF CO. TRUSTEES	URRENT OFFICERS, AND KEY EMPLOYEE	STATEMENT 6		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
MATT CONNOLLY ALL BOARD MEMBERS CAN BE REACHED IN C/O ORGANIZATION'S ADDRESS	PRESIDENT 40.00	129,231.	0.	0.
JAMES D. RANGE	CHAIRMAN 0.50	0.	0.	0.
R. THOMAS BUFFENBARGER	DIRECTOR 0.50	0.	0.	0.
CHARLES H. COLLINS	DIRECTOR 0.50	0.	0.	0.
TOM M. FRANKLIN	DIRECTOR 0.50	0.	0.	0.
CHARLES GAUVIN	DIRECTOR 0.50	0.	0.	0.
MATT HOGAN	DIRECTOR 0.50	0.	0.	0.
BILL LAWARRE	DIRECTOR 0.50	0.	0.	0.
CHRISTOPHER MERRITT	DIRECTOR 0.50	0.	0.	0.
JIM MARTIN	DIRECTOR 0.50	0.	0.	0.
ROBERT MODEL	DIRECTOR 0.50	0.	0.	0.

THEODORE ROOSEVELT CONSERVATION	N PARTNERS		04-3	706385
J. MICHAEL NUSSMAN	DIRECTOR 0.50	0.	0.	0.
JILL R. OLSEN	DIRECTOR 0.50	0.	0.	0.
DAVID D. PERKINS	DIRECTOR 0.50	0.	0.	0.
MARC A. PIERCE	DIRECTOR 0.50	0.	0.	0.
CHARLES S. POTTER, JR.	DIRECTOR 0.50	0.	0.	0.
DONALD L. ROLLINS	DIRECTOR 0.50	0.	0.	0.
C. EDWARD ROWE	DIRECTOR 0.50	0.	0.	0.
JOHN M. "MICK" SEIDL	DIRECTOR 0.50	0.	0.	0.
ROLLIN SPARROWE	DIRECTOR 0.50	0.	0.	0.
EDWARD SULLIVAN	DIRECTOR 0.50	0.	0.	0.
HOWARD VINCENT	DIRECTOR 0.50	0.	0.	0.
ALAN WENTZ	DIRECTOR 0.50	0.	0.	0.
STEVEN A. WILLIAMS	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PAR	r V-A	129,231.	0.	0.

SCHEDULE A

EXPLANATION OF TRANSACTIONS PART III, LINE 2A

STATEMENT 7

ONE OF THE DIRECTORS OF THE PARTNERSHIP IS AN EMPLOYEE OF TROUT UNLIMITED. THE CHAIRMAN OF THE BOARD OF DIRECTORS IS AN EMPLOYEE OF THE LAW FIRM BAKER, DONELSON, BEARMAN, CALDWELL & BERKOWITZ. THE PARTNERSHIP HAS A SUBTENANT RENTAL ARRANGEMENT WITH THE LAW FIRM. THE PARTNERSHIP PAID ONE OF ITS BOARD MEMBERS FOR PROVIDING LODGING FOR A BOARD MEETING. THE AMOUNT OF THE PAYMENT WAS APPROXIMATELY \$4,450. THIS TRANSACTION WAS AT ARMS LENGTH AND FAIR MARKET VALUE.

SCHEDULE A	OTHER INC		STATEMENT		
DESCRIPTION	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	
OTHER INCOME	7,397.	4,149.	29,134	. 11	18.
TOTAL TO SCHEDULE A, LINE 22	7,397.	4,149.	29,134	. 11	L8.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

990

OMB No 1545-0172

► See separate instructions.

► Attach to your tax return.

Name(s) shown on return			Business o	racti	ivity to w	nich this form relate	s	identifying number
THEODORE ROOSEVELT CO PARTNERSHIP	NSERVATIO	N	FORM	9	90 E	AGE 2		04-3706385
Part I Election To Expense Certain Prope	eth Under Section 1	79 Note If you					V hefore	
Maximum amount See the instruction				<i>p,</i> 0	perty,	complete i art	1	108,000.
	2	100,000.						
2 Total cost of section 179 property place.	3	430,000.						
3 Threshold cost of section 179 property before reduction in limitation								430,000.
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions							5	***************************************
		-0- it married ming	(b) Cost (business i			(c) Elected		
6 (a) Description of p			(b) cost (basiliess t		,,	(0) 2.00100		
	··· ··-							
								+
								\dashv
				Т				-
7 Listed property Enter the amount from				L	7			
8 Total elected cost of section 179 prop	•	in column (c),	lines 6 and 7				8	
9 Tentative deduction Enter the smaller							9	
10 Carryover of disallowed deduction from	•						10	
	11 Business income limitation Enter the smaller of business income (not less than zero) or line 5							
12 Section 179 expense deduction Add I				1 . r			12	
13 Carryover of disallowed deduction to 2					13			
Note: Do not use Part II or Part III below fo	· · · · ·							
Part II Special Depreciation Allows								
14 Special allowance for qualified New York Lit	erty or Gulf Opportu	nity Zone prope	rty (other than lis	ted p	property	')		
placed in service during the tax year							14	ļ
15 Property subject to section 168(f)(1) el	ection						15	
16 Other depreciation (including ACRS)							16	8,061.
Part III MACRS Depreciation (Do no	ot include listed pr	operty) (See ı	nstructions)					
		Sec	tion A					
17 MACRS deductions for assets placed	ın service in tax ye	ars beginning	before 2006				_ 17	
18 If you are electing to group any assets placed in ser	vice during the tax year	into one or more ge	neral asset accounts	s, ch	eck here	<u> </u>		
Section B - Assets	Placed in Servic	e During 2006	Tax Year Usin	ng t	the Ge	neral Deprecia	tion Sys	item
(a) Classification of property	(b) Month and year placed in service	(c) Basis for d (business/inve only - see in	estment use	(d) R p	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3 year property								
b 5-year property	İ							
c 7-year property								
d 10-year property								
e 15-year property	7							
f 20 year property	7							
g 25-year property	7			25	5 yrs		S/L	
	/			27	5 yrs	MM	S/L	
h Residential rental property	/			27	5 yrs	MM	S/L	
	/			39	9 yrs	ММ	S/L	
 Nonresidential real property 	,					ММ	S/L	
Section C - Assets	Placed in Service	During 2006	Tax Year Using	g th	e Alter	native Deprec	iation S	ystem
20a Class life							S/L	
b 12-year	7			12 yrs			S/L	
c 40-year	,			40 yrs.		-		
Part IV Summary (see instructions)			· · · · · · · · · · · · · · · · · · ·		-	1	S/L	
21 Listed property Enter amount from lin	e 28						21	T
22 Total. Add amounts from line 12, lines		es 19 and 20 i	n column (a) a	nd l	ine 21	•	-	
Enter here and on the appropriate line						tr	22	8,061.
23 For assets shown above and placed in	-			 	500 1113	••	22	3,001.
portion of the basis attributable to sec	_	s current year,	enter the	-	23			
616251 LUA For Panamuerk Participa		congrate in	ruotiona		23			Form 4562 (2006)
10-17-08 LHA For Paperwork Reductio	II ACLINOTICE, SEE	separate mst	i uçuons.					1 01111 4302 (2000)

Form 4562 (2006) PARTNERSHIP

04-3706385 Page 2

Pa	rt V Listed Proper			certain ot	her vehic	cles, cell	lular tele	phone	s, certain	comput	ers, and	propert	y used fo	or enterta	unment
	recreation, or a Note: For any t through (c) of S	vehicle for ŵl	hich you are					r dedu	cting lease	e expens	se, comp	olete on	ly 24a, 2	4b, colun	nns (a)
Sect	ion A - Depreciation a							ımıts fo	or passenc	er autor	nobiles ')			
	Do you have evidence to s	·					es [No	1				ten?	Yes	No
2.40	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Busines investme use percen	s/ nt	(d) Cost or other basis	Bas	(e) sis for depr siness/inve	eciation estment	(f) Recovery period	Me	(g) thod/ /ention	Depr	(h) eciation uction	Elec sectio	(i) cted on 179 ost
25 9	Special allowance for quality	fied New York	Liberty or Gui	f Opportur	nity Zone (property p	placed in	service	during the	tax year					
	ind used more than 50% ii		-	• •	,	. , ,			ŭ	•	25	Ì		Ī	
26 F	Property used more tha	n 50% ın a q	ualified bus	ness use											
				%											
				%											
		l		%								<u> </u>			
27 F	Property used 50% or le	ess in a quali	fied busines	s use.										,	
				%						S/L -					
				%						S/L -					
		<u> </u>		%						S/L ·		<u> </u>			
	Add amounts in column		-				, page 1				28				
<u> 29 /</u>	Add amounts in column	(ı), line 26 E	nter here ar	d on line	7, page	1							29		
				Section	B - Infor	mation	on Use	of Vet	nicles						
If you	plete this section for ve u provided vehicles to y e vehicles										•		ing this s	section fo	or
					(a)	(b)		(c)	(d)		(e)	(f)
30 T	otal business/investment	miles driven d	uring the	Ve	hicle	Vel	hicle	<u> v</u>	'ehicle	Vel	ncle	Ve	hicle	Veh	icle
у	rear (do not include comr	nuting miles)													
31 T	otal commuting miles of	driven during	the year					<u> </u>							
32 T	otal other personal (no	ncommuting	ı) mıles												
d	Iriven														<u> </u>
33 T	Total miles driven during	the year													
A	Add lines 30 through 32	!			-						т				
34 Was the vehicle available for personal use			Yes	No	Yes	No	Yes	No No	Yes	No	Yes	No	Yes	No	
	during off-duty hours?				 -		ļ	ļ		-		ļ	1		_
35 Was the vehicle used primarily by a more															
than 5% owner or related person?						ļ	-		 	ļ		 			
	s another vehicle availa	ble for perso	onal								1				
	ıse?			 _			L	<u> </u>		<u> </u>	<u> </u>				
			- Questions	•	•					•					
	ver these questions to	determine if y	you meet an	exceptio	n to com	ipleting S	Section	B for v	ehicles us	ed by e	nployee	s who a	re not m	ore than	5%
	ers or related persons			1- 1- 1-			- 6 - 1 1							Τ.,	T
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your								Yes	<u>No</u>						
	employees? Do you maintain a writte	n nolicy stat	tement that	orobibite	nerconal	use of v	(ehicles	evcer	t commut	ına bys	OUT.				
	employees? See the ins				•			-			, Oui			·	
	•			-	•	ilicers, u	mectors	, 01 170	or more	OWINEIS					
	39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about														
	he use of the vehicles,		-			oma		, your	ompioyee.	about					
	Do you meet the require					monstra	ation use	2							 -
	Note: If your answer to								covered v	ehicles					
	rt VI Amortization		,	•				-							
	(a) Description of costs Date 2			(b) ate amortization begins					(d) (e) Code Amortuze section period or pe						-
42 F	Amortization of costs th	at begins du	ring your 20		ar [.]										
<u></u> _		<u>, Jane 22</u>			T										
						-									
43 A	Amortization of costs th	at began bet	fore your 20	06 tax ye	ar			•				43			
44 Total. Add amounts in column (f) See the instructions for where to report								44							

616252/10-17-06

Form 4562 (2006)

Form **8868**

(Rev December 2006)

Department of the Treasury

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return

OMB No 1545-1709

Form 8868 (Rev. 12-2006)

Internal Revenue Service $\triangleright X$ • If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box • If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990.T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www rs gov/efile and click on e-file for Charities & Nonprofits. Name of Exempt Organization Employer identification number Type or THEODORE ROOSEVELT CONSERVATION print 04-3706385 PARTNERSHIP File by the Number, street, and room or suite no. If a P.O. box, see instructions due date for 555 ELEVENTH STREET, NW - 6TH FLOOR filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions WASHINGTON, DC 20004 Check type of return to be filed (file a separate application for each return). Form 4720 X Form 990 Form 990-T (corporation) Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of ► THE ORGANIZATION Telephone No $\triangleright 202-508-3449$ FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box Image and attach a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until AUGUST 15, 2007 , to file the exempt organization return for the organization named above. The extension is for the organization's return for. ► X calendar year 2006 or tax year beginning , and ending Final return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. <u>3a</u> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868	(Rev. 4-2007)		Page 2							
• If you ar	e filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this bo	ЭX	$\triangleright [X]$							
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868										
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)										
Part II	Additional (not automatic) 3-Month Extension of Time. You must file original and	1								
Type or	Name of Exempt Organization THEODORE ROOSEVELT CONSERVATION	Employer identification number								
print File by the	PARTNERSHIP	04-3706385								
extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions 555 ELEVENTH STREET, NW - 6TH FLOOR	For IRS use only								
return See Instructions City, town or post office, state, and ZiP code Ful a foleign address, see instructions WASHINGTON, DC 20004										
Check typ	e of return to be filed (File a separate application for each return)									
X Form	1990	Form 5227 Form 6069	Form 8870							
STOP! Do	not complete Part II if you were not already granted an automatic 3-month extension on a previou	ısly filed Form 886	68.							
The boo	iks are in the care of ▶ THE ORGANIZATION									
Telepho	ne No ▶ <u>202-508-3449</u> FAX No ▶									
	ganization does not have an office or place of business in the United States, check this box		>							
· ·	for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		-							
box ► L	If it is for part of the group, check this box ► and attach a list with the names and EINs of all uest an additional 3-month extension of time until NOVEMBER 15, 2007	members the exte	nsion is for							
•	alendar year 2006, or other tax year beginning, and ending									
	tax year is for less than 12 months, check reason Initial return Final return	Change in a	ccounting period							
	in detail why you need the extension									
ADI	DITIONAL TIME IS REQURIRED TO FILE A COMPLETE AND AC	CURATE RE	TURN.							
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any									
	efundable credits. See instructions	8a \$								
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated									
•	ayments made Include any prior year overpayment allowed as a credit and any amount paid									
previously with Form 8868 8b \$										
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 8c \$										
	Signature and Verification	Ι Ου Ι Ψ	N/A							
Under penalt	ies of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the ect, and complete, and that I am authorized to prepare this form	e best of my knowled	ge and belief,							
Signature >		Date ► 8 6	107							
	Notice to Applicant. (To Be Completed by the IRS)									
We have approved this application Please attach this form to the organization's return										
We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due										
date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections										
otherwise required to be made on a timely return. Please attach this form to the organization's return. We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to										
file We are not granting a 10-day grace period										
We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested Other										
	By									
Director		Date								
	failing Address. Enter the address if you want the copy of this application for an additional 3-month extended In the one entered above	tension returned to	an address							
	Name									
Tune	GELMAN, ROSENBERG & FREEDMAN									
Type or print	Number and street (include suite, room, or apt no.) or a P.O. box number 4550 MONTGOMERY AVE., SUITE 650 NORTH									
623832 05-01-07	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MARYLAND 20814-2930									