# 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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2013

Open to Public Inspection

| A F                                | or the 2                   | 013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31   | -2013                        |                           |                                     |
|------------------------------------|----------------------------|--|------------------------------|---------------------------|-------------------------------------|
|                                    | heck if ap                 | I HEODOKE KOOSEVELI CONSEKVATION PAKTNEKSHIP   |                              |                           | identification number               |
| _                                  | ame chan                   | Doing Business As  |                              | 04-3706                   | 385                                 |
|                                    | nitial returi<br>erminated | Number and street (of FO box it mail is not delivered to street address) Room/suite  | e                            | E Telephone               | number                              |
| _                                  |                            |  |                              | (202)63                   | 9-8727                              |
|                                    | mended re                  | WASHINGTON, DC 20036   |                              |                           |                                     |
| J A                                | pplication                 |  |                              | <b>G</b> Gross recei      | ipts \$ 3,957,771                   |
|                                    |                            | F Name and address of principal officer PIETER FOSBURGH  | <b>H(a)</b> Is thus subor    | s a group ret<br>dınates? | turn for<br>Ves V No                |
|                                    |                            | 1660 L STREET NW NO 208<br>WASHINGTON,DC 20036   | 11/1-2                       |                           | F., F.,                             |
|                                    |                            |  | <b>H(b)</b> Are all includes |                           | tes                                 |
| I 7                                | ax-exem <sub>l</sub>       | pt status  |                              |                           | ist (see instructions)              |
|                                    |                            | :► WWWTRCPCOM  | H(c) Grou                    | p exemption               | number 🕨                            |
|                                    |                            | anization Corporation Trust Association Other F  | <b>L</b> Year of for         | mation 2002               | <b>M</b> State of legal domicile DE |
| Р                                  | art I                      | Summary  |                              |                           |                                     |
|                                    |                            | riefly describe the organization's mission or most significant activities<br>EE PART III, LINE 1   |                              |                           |                                     |
| e e                                | -                          |  |                              |                           |                                     |
| e<br>E                             | -                          |  |                              |                           |                                     |
| Governance                         | ]                          | heck this box 📭 if the organization discontinued its operations or disposed of   | mara than 2                  | F0/ of the me             | + nanata                            |
| Š                                  | * '                        | Theck this box in the organization discontinued its operations of disposed of  | more than 2                  | 5 % OF ILS HE             | t assets                            |
|                                    | 3 N                        | lumber of voting members of the governing body (Part VI, line 1a)  |                              | .                         | 3   24                              |
| 88                                 |                            | lumber of independent voting members of the governing body (Part VI, line 1b)  |                              |                           | 4 24                                |
| Activities &                       |                            | otal number of individuals employed in calendar year 2013 (Part V, line 2a) .  |                              | _                         | <b>5</b> 27                         |
| ਰੂ                                 |                            | otal number of volunteers (estimate if necessary)  |                              | _                         | 6 10                                |
| q,                                 |                            | otal unrelated business revenue from Part VIII, column (C), line 12  |                              |                           | <b>7a</b> 0                         |
|                                    | 1                          | let unrelated business taxable income from Form 990-T, line 34   |                              | .                         | <b>7b</b> 0                         |
|                                    |                            |  | Prio                         | Year                      | Current Year                        |
|                                    | 8                          | Contributions and grants (Part VIII, line 1h)  |                              | 3,085,248                 | 3,769,884                           |
| 볼                                  | 9                          | Program service revenue (Part VIII, line 2g)   |                              | (                         | 0                                   |
| Rayenue                            | 10                         | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |                              | 1,610                     | 3,240                               |
| 芒                                  | 11                         | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |                              | 68,039                    | 81,338                              |
|                                    | 12                         | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line   |                              |                           |                                     |
|                                    |                            | 12)  |                              | 3,154,897                 |                                     |
|                                    | 13                         | Grants and similar amounts paid (Part IX, column (A), lines 1-3)   |                              | C                         | -                                   |
|                                    | 14                         | Benefits paid to or for members (Part IX, column (A), line 4)  |                              | (                         | 0                                   |
| 8                                  | 15                         | Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$ )   |                              | 1,653,644                 | 1,881,822                           |
| Expenses                           | 16a                        | Professional fundraising fees (Part IX, column (A), line 11e)  |                              | 1,159                     | 9 0                                 |
| ੜੇ                                 | ь                          | Total fundraising expenses (Part IX, column (D), line 25) 1-35,552   |                              |                           |                                     |
| ш                                  | 17                         | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                              | 1,593,808                 | 1,844,736                           |
|                                    | 18                         | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   |                              | 3,248,611                 | 3,726,558                           |
|                                    | 19                         | Revenue less expenses Subtract line 18 from line 12  |                              | -93,714                   | 127,904                             |
| Net Assets or  <br>Fend References |                            |  |                              | of Current<br>ear         | End of Year                         |
| 300                                | 20                         | Total assets (Part X, line 16)   |                              | 2,479,995                 | 2,837,013                           |
| 4.2                                | !   21                     | Total liabilities (Part X, line 26)  |                              | 159,270                   |                                     |
| 200                                | 22                         | Net assets or fund balances Subtract line 21 from line 20  |                              | 2,320,725                 |                                     |
| Pa                                 | art II                     | Signature Block  |                              |                           | •                                   |
| U no<br>my                         | ler penal<br>knowled       | Ities of perjury, I declare that I have examined this return, including accompany ge and belief, it is true, correct, and complete Declaration of preparer (other that any knowledge |                              |                           |                                     |

|                 | K | *****                                      |                         |      | 2014-04-08 |                   |
|-----------------|---|--|-------------------------|------|------------|-------------------|
| Sign            |   | Signature of officer                       |                         |      | Date       |                   |
| Paid<br>Prepare | _ | PIETER FOSBURGH PRESIDENT & CEO            |                         |      |            |                   |
|                 | 7 | Type or print name and title               |                         |      |            |                   |
| Daid            |   | Print/Type preparer's name<br>BERT L SWAIN | Preparer's signature    | Date |            | PTIN<br>P00238304 |
| repare          | r | Firm's name ► DIXON HUGHES GOOD!           | Fırm's EIN ► 56-0747981 |      |            |                   |
| Jse Only        |   | Firm's address ► 111 ROCKVILLE PIKE 6      | TH FLOOR                |      | ) 403-3700 |                   |
|                 |   | ROCKVILLE, MD 20850                        | l                       |      |            |                   |
| 4 T.D.C         | ٠ |  |                         | \    |            |                   |

4e Total program service expenses ► 3,214,400

(Expenses \$

including grants of \$

Form **990** (2013

) (Revenue \$

| Part IV | Checklist of | Required | Schedules |
|---------|--------------|----------|-----------|
|         |              |          |           |

|     |   |     | Yes | No  |
|-----|---|-----|-----|-----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1   | Yes | 140 |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏   | 2   | Yes |     |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I^{\bullet}$  | 3   |     | No  |
| 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   | Yes |     |
| 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   |     | No  |
| 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   |     | No  |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  | 7   |     | No  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8   |     | No  |
| 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? If "Yes," complete Schedule D, Part IV.            | 9   |     | No  |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>   | 10  |     | No  |
| 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  |     |     |     |
| а   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI  | 11a | Yes |     |
| 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? If "Yes," complete Schedule D, Part VII   | 11b |     | No  |
| 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   | 11c |     | No  |
| 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  | 11d |     | No  |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | 11e |     | No  |
| 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.   | 11f | Yes |     |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII   | 12a | Yes |     |
| 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 |     | No  |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13  |     | No  |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a |     | No  |
| 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 |     | No  |
| 15  | 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? If "Yes," complete Schedule F, Parts II and IV  | 15  |     | No  |
| 16  | 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? <i>If</i> " <i>Yes," complete Schedule F, Parts III and IV</i>   | 16  |     | No  |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   | 17  |     | No  |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18  | Yes |     |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  | 19  |     | No  |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a |     | No  |
| b   | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b |     |     |

| Par | t IV Checklist of Required Schedules (continued)   |     |     |    |
|-----|--|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21  |     | No |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22  |     | No |
| 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  | Yes |    |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a                                   | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |    |
| С   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |    |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$  | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b |     | No |
| 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 so, complete Schedule L, Part II   | 26  |     | No |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |     |     |    |
| а   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  |     |     | 1  |
|     |  | 28a |     | No |
| D   | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28b |     | Νo |
| 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 |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ $\footnote{5}$  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M   | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>  | 33  |     | Νo |
| 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  |     | No |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | No |
| b   | If '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  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2   | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?   | 20  | Yes |    |

| CI I | Check if Schedule O contains a response or note to any line in this Part V   |          |     | г   |
|------|--|----------|-----|-----|
|      | Check in Schedule O contains a response of note to any fine in this part v   | <u> </u> | Yes | No  |
| a    | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   30   |          |     |     |
| )    | Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0   |          |     |     |
| :    | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable  | 1        |     |     |
|      | gaming (gambling) winnings to prize winners?   | 1c       | Yes |     |
| 1    | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |          |     |     |
|      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  | 2b       | Yes |     |
|      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a       |     | N   |
|      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b       |     | - ' |
|      | At any time during the calendar year, did the organization have an interest in, or a signature or other authority  | <u> </u> |     |     |
|      | over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a       |     | N   |
|      | If "Yes," enter the name of the foreign country 🕨  |          |     |     |
|      | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  |          |     |     |
|      | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a       |     | N   |
|      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b       |     | N   |
|      | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?   |          |     |     |
|      |  | 5c       |     |     |
|      | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a       |     | N   |
|      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b       |     |     |
|      | Organizations that may receive deductible contributions under section 170(c).  |          |     |     |
|      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a       | Yes |     |
|      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b       | Yes |     |
|      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to   |          |     |     |
|      | file Form 8282?  | 7c       |     | N   |
|      | 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 benefit  |          |     |     |
|      | contract?  | 7e       |     | N   |
|      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f       |     | N   |
|      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g       |     |     |
|      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h       |     |     |
|      | <b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |          |     |     |
|      | Sponsoring organizations maintaining donor advised funds.  | 8        |     |     |
|      | Did the organization make any taxable distributions under section 4966?  | 9a       |     |     |
|      | Did the organization make any taxable distributions under section 49667  | 9a<br>9b |     |     |
|      | Section 501(c)(7) organizations. Enter   | 90       |     |     |
|      | Initiation fees and capital contributions included on Part VIII, line 12   10a   |          |     |     |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | -        |     |     |
|      | Section 501(c)(12) organizations. Enter  |          |     |     |
|      | Gross income from members or shareholders  |          |     |     |
|      | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )   | 1        |     |     |
|      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a      |     |     |
|      | If "Yes," enter the amount of tax-exempt interest received or accrued during the   |          |     |     |
|      | year   |          |     |     |
|      | Section 501(c)(29) qualified nonprofit health insurance issuers.   |          |     |     |
|      | Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O   | 13a      |     |     |
|      | 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  |          |     |     |
|      | Enter the amount of reserves on hand   | [        |     |     |
|      | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a      |     | N   |
|      | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O  | 14h      |     |     |

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 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 |  |  |  |  |  |  | .[▽ |
|---|--|--|--|--|--|--|-----|

| Se  | ection A. Governing Body and Management  |  |                             |           |
|---|--|--|-----------------------------|-----------|
|   |  |  | Yes                         | No        |
| 1a  | Enter the number of voting members of the governing body at the end of the tax year  |  |                             |           |
|   | 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   |  |                             |           |
| 2   | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | 2  |                             | No        |
| 3   | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  | 3  |                             | No        |
| 4   | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   | 4  |                             | No        |
| 5   | Did the organization become aware during the year of a significant diversion of the organization's assets? .   | 5  |                             | No        |
| 6   | Did the organization have members or stockholders?   | 6  |                             | No        |
| 7a  | 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?   | 7a   |                             | No        |
| b   | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  | 7b   |                             | No        |
| 8   | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following   |  |                             |           |
| а   | The governing body?  | 8a   | Yes                         |           |
| b   | Each committee with authority to act on behalf of the governing body?  | 8b   | Yes                         |           |
| 9   | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O   | 9  |                             | No        |
|   |  |  |                             |           |
| Se  | ection B. Policies (This Section B requests information about policies not required by the Internal R  | eveni  | ue Cod                      | e.)       |
| Se  | ection B. Policies (This Section B requests information about policies not required by the Internal R  | eveni  | ue Cod<br>Yes               | e.)<br>No |
|   | Did the organization have local chapters, branches, or affiliates?   | evenu<br>10a                                       |                             |           |
| 10a   |  |  |                             | No        |
| 10a<br>b  | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b   |                             | No        |
| 10a<br>b<br>11a   | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b   | Yes                         | No        |
| 10a<br>b<br>11a<br>b  | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b   | Yes                         | No        |
| 10a<br>b<br>11a<br>b<br>12a                                       | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a                                  | Yes                         | No        |
| 10a<br>b<br>11a<br>b<br>12a<br>b                                  | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a                                  | Yes<br>Yes                  | No        |
| 10a<br>b<br>11a<br>b<br>12a<br>b                                  | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a<br>12a<br>12b                    | Yes<br>Yes<br>Yes           | No        |
| 10a<br>b<br>11a<br>b<br>12a<br>b                                  | Did the organization have local chapters, branches, or affiliates?  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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.  | 10a<br>10b<br>11a<br>12a<br>12b                    | Yes Yes Yes Yes             | No        |
| 10a<br>b<br>11a<br>b<br>12a<br>b                                  | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a<br>12a<br>12b<br>12c<br>13       | Yes Yes Yes Yes Yes         | No        |
| 10a<br>b<br>11a<br>b<br>12a<br>b<br>c<br>13<br>14                 | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a<br>12a<br>12b<br>12c<br>13       | Yes Yes Yes Yes Yes         | No        |
| 10a<br>b<br>11a<br>b<br>12a<br>b<br>c                             | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a<br>12a<br>12b<br>12c<br>13       | Yes Yes Yes Yes Yes Yes Yes | No        |
| 10a<br>b<br>11a<br>b<br>12a<br>b<br>c                             | Did the organization have local chapters, branches, or affiliates?   | 10a 10b 11a 12a 12b 12c 13 14                      | Yes Yes Yes Yes Yes Yes Yes | No<br>No  |
| 10a<br>b<br>11a<br>b<br>12a<br>b<br>c<br>13<br>14<br>15           | Did the organization have local chapters, branches, or affiliates?  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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?  The organization's CEO, Executive Director, or top management official | 10a 10b 11a 12a 12b 12c 13 14                      | Yes Yes Yes Yes Yes Yes Yes | No<br>No  |
| 10a<br>b<br>11a<br>b<br>12a<br>b<br>c<br>13<br>14<br>15<br>a<br>b | Did the organization have local chapters, branches, or affiliates?   | 10a<br>10b<br>11a<br>12a<br>12b<br>12c<br>13<br>14 | Yes Yes Yes Yes Yes Yes Yes | No<br>No  |

- 17 List the States with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, FL, GA, IL, KS, KY, ME,  $\mathsf{MD}\,,\mathsf{MA}\,,\mathsf{MI}\,,\mathsf{MN}\,,\mathsf{MO}\,,\mathsf{NH}\,,\mathsf{NJ}\,,\mathsf{NM}\,,\mathsf{NY}\,,\mathsf{NC}\,,\mathsf{ND}\,,\mathsf{OH}\,,$ OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply ▼ Own website ▼ Another's website ▼ Upon request ▼ Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►PIETER FOSBURGH 1660 L STREET NW NO 208 WASHINGTON, DC 20036 (202) 639-8727

## 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  $\,\cdot\,\,$  .  $\,\cdot\,\,$ 

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's

- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

| (A)<br>Name and Title             | (B) Average hours per week (list any hours            | more<br>pers<br>and               | than<br>on is         | one<br>bot<br>rect | not<br>box<br>h ar<br>or/tr | offic<br>ustee               | ess<br>er<br>e) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation               |
|-----------------------------------|---|-----------------------------------|-----------------------|--------------------|-----------------------------|------------------------------|-----------------|---|--|--|
|                                   | for related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director | Institutional Trustee | Officei            | Key employee                | Highest compensated employee | Former          | (W- 2/1099-<br>MISC)                              | (W- 2/1099-<br>MISC)                                   | from the<br>organization<br>and related<br>organizations |
| (1) F WELDON BAIRD                | 50  | х                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| DIRECTOR                          |   |                                   |                       |                    |                             |                              |                 |   |  |  |
| (2) JAMIE BAKER DIRECTOR          | 50  | x                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| (3) JO ANN BAREFOOT               | 50  | -                                 |                       |                    |                             |                              |                 |   |  |  |
|                                   |   | х                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| DIRECTOR (4) GEORGE COOPER        | 50  | -                                 |                       | $\vdash$           |                             |                              | $\vdash$        |   |  |  |
|                                   |   | х                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| DIRECTOR (5) KATIE DISTLER ECKMAN | 50  |                                   |                       |                    |                             |                              |                 |   |  |  |
|                                   |   | х                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| DIRECTOR (6) SID EVANS            | 50  |                                   |                       |                    |                             |                              |                 |   |  |  |
|                                   | 50  | x                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| DIRECTOR  (7) MIKE FITZGERALD JR  |   |                                   |                       | _                  |                             |                              |                 |   |  |  |
|                                   | 50  | х                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| DIRECTOR  (a) JOHN CRIFFIN        |   |                                   |                       | -                  |                             |                              | -               |   |  |  |
| (8) JOHN GRIFFIN                  | 50  | x                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| DIRECTOR                          |   |                                   |                       |                    |                             |                              |                 |   |  |  |
| (9) FRANK HUGELMEYER              | 50  | l x                               |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| DIRECTOR                          |   |                                   |                       |                    |                             |                              |                 |   |  |  |
| (10) J MICHAEL NUSSMAN            | 50  | ×                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| DIRECTOR                          |   |                                   |                       |                    |                             |                              |                 |   |  |  |
| (11) KIRK OTEY                    | 50  | l x                               |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| DIRECTOR                          |   |                                   |                       |                    |                             |                              |                 | <u> </u>  | Ů  | 0  |
| (12) RON REGAN                    | 50  | ×                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| DIRECTOR                          |   |                                   |                       |                    |                             |                              |                 |   | 0  | 0  |
| (13) ELIZABETH STORER             | 50  |                                   |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| DIRECTOR                          |   | X                                 |                       |                    |                             |                              |                 | <u> </u>  |  | 0  |
| (14) RICH TRUMKA                  | 50  | Ţ,                                |                       |                    |                             |                              |                 |   |  |  |
| DIRECTOR                          |   | X                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| (15) PAUL R VAHLDIEK JR           | 50  | ,,                                |                       |                    |                             |                              |                 | _   | _  | -  |
| DIRECTOR                          |   | X                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| (16) HOWARD VINCENT               | 50  |                                   |                       |                    |                             |                              |                 |   |  |  |
| DIRECTOR                          |   | X                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| (17) ERIC WASHBURN                | 50  |                                   |                       |                    |                             |                              |                 |   |  |  |
| DIRECTOR                          |   | х                                 |                       |                    |                             |                              |                 | 0   | 0  | 0  |
| DIRECTOR                          |   |                                   |                       |                    |                             |                              |                 |   |  | Form <b>990</b> (2013)                                   |

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

|   | (A)<br>Name and Title                       | (B) A verage hours per week (list any hours           | more<br>pers                      | than<br>on is         | one<br>bot<br>rect | not<br>bo:<br>th ar | chec<br>x, unle<br>n offic<br>rustee | ess<br>er | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations |           | (F<br>Estim<br>amount o<br>compen<br>from | ated<br>of other<br>sation<br>the |
|---|---|---|-----------------------------------|-----------------------|--------------------|---------------------|--------------------------------------|-----------|---|--|-----------|---|-----------------------------------|
|   |   | for related<br>organizations<br>below<br>dotted line) | Individual trustee<br>or director | Institutional Trustee | Officei            | Key employee        | Highest compensated employee         | Former    | (W- 2/1099-<br>MISC)                              | (W- 2/1099-<br>MISC)                                   |           | organiz                                   | lated                             |
| (18) A  | ALAN WENTZ                                  | 50  | х                                 |                       |                    |                     |                                      |           | 0   |  | 0         |   | 0                                 |
| DIREC   | CTOR  |   | _ ^                               |                       |                    |                     |                                      |           | Ů   |  |           |   | U                                 |
| (19) 9  | SCOTT BLACKWELL                             | 50  | l <sub>x</sub>                    |                       |                    |                     |                                      |           | o   |  | 0         |   | 0                                 |
| DIREC   |   |   |                                   |                       |                    |                     |                                      |           | ŭ   |  |           |   |                                   |
| (20) L  | ESLIE KETNER                                | 50  | l x                               |                       |                    |                     |                                      |           | o   |  | 0         |   | 0                                 |
| DIREC   |   |   |                                   |                       |                    |                     |                                      |           | _   |  | 1         |   |                                   |
|   | PIETER FOSBURGH                             | 40 00   |                                   |                       | x                  |                     |                                      |           | 213,048   |  | 0         |   | 20,884                            |
|   | DENT/CEO                                    |   |                                   | <u> </u>              | _                  | 1                   |                                      | _         |   |  | +         |   |                                   |
|   | DAVID D PERKINS                             | 50  |                                   |                       | x                  |                     |                                      |           | О   |  | 0         |   | 0                                 |
|   | O CHAIR<br>AMES T MARTIN                    | 50  |                                   |                       |                    |                     |                                      |           |   |  | +         |   |                                   |
| , ,   |   | 30  |                                   |                       | х                  |                     |                                      |           | О   |  | 0         |   | 0                                 |
| (24) J  | OHN DOERR                                   | 1 00  |                                   |                       |                    |                     |                                      |           |   |  | +         |   |                                   |
| TRFAS   | SURER                                       |   |                                   |                       | X                  |                     |                                      |           | 0   |  | 0         |   | 0                                 |
|   | CONNIE PARKER                               | 1 00  |                                   |                       |                    |                     |                                      |           |   |  | $\top$    |   |                                   |
| SECRI   | ETARY                                       |   |                                   |                       | ×                  |                     |                                      |           | 0   |  | 0         |   | 0                                 |
|   |   |   |                                   |                       |                    |                     |                                      |           |   |  | $\dagger$ |   |                                   |
|   |   |   |                                   |                       |                    | +                   |                                      |           |   |  | +         |   |                                   |
|   |   |   |                                   |                       |                    |                     |                                      |           |   |  | 4         |   |                                   |
|   |   |   |                                   |                       |                    |                     |                                      |           |   |  |           |   |                                   |
|   |   |   |                                   |                       |                    |                     |                                      |           |   |  |           |   |                                   |
|   |   |   |                                   |                       |                    |                     |                                      |           |   |  | $\dagger$ |   |                                   |
| 41-   | Sub-Total                                   |   |                                   |                       |                    |                     | <u> </u><br>▶-                       |           | <u>                                     </u>      |  | $\perp$   |   |                                   |
| 1b<br>c   | Total from continuation sheets to P         |   |                                   | •                     | •                  |                     | $\vdash$                             |           |   |  |           |   |                                   |
| d   | Total (add lines 1b and 1c)                 |   |                                   | •                     | •                  |                     | <b>.</b> ⊢                           |           | 213,048   | 0  |           |   | 20,884                            |
| 2   | Total number of individuals (including      |   | those                             | liste                 | d a                | bove                |                                      | rec       | •   |  |           |   | <u> </u>                          |
|   | \$100,000 of reportable compensati          |   |                                   |                       |                    |                     | -,                                   |           |   |  |           |   |                                   |
|   |   |   |                                   |                       |                    |                     |                                      |           |   |  |           | Yes                                       | No                                |
| 3   | Did the organization list any <b>former</b> | officer director or                                   | tructo                            | a kas                 | v am               | anla                | VAA 0                                | r hic     | sheet compansate                                  | d employee   |           | res                                       | NO                                |
| ,   | on line 1a? If "Yes," complete Schedu       |   |                                   |                       |                    |                     |                                      |           |   |  | 3         |   | No                                |
| 4   | For any individual listed on line 1a, i     | s the sum of report                                   | able c                            | ompe                  | ensa               | ation               | ando                                 | othe      | r compensation fro                                |  |           |   |                                   |
|   | organization and related organization       |   |                                   |                       |                    |                     |                                      |           |   |  |           |   |                                   |
|   | ındıvıdual                                  |   |                                   | •                     | •                  | •                   | •                                    | •         |   |  | 4         | Yes                                       |                                   |
| 5   | Did any person listed on line 1a rece       |   | •                                 |                       |                    | ,                   |                                      |           | -   |  |           |   |                                   |
|   | services rendered to the organizatio        | mr <i>ii re</i> s, comple                             | LE SCNE                           | uule.                 | ז דסו              | suc                 | .ii pers                             | งงก       |   |  | 5         |   | No                                |
| Se  | ction B. Independent Contra                 | ctors   |                                   |                       |                    |                     |                                      |           |   |  |           |   |                                   |
| 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 |   |   |                                   |                       |                    |                     |                                      |           |   | an \$100,000 o   | f         |   |                                   |
|   | compensation from the organization          | Report compensa                                       |                                   |                       |                    |                     |                                      |           | ling with or within                               | the organization                                       |           |   |                                   |
|   | Name a                                      | ( <b>A)</b><br>nd business address                    |                                   |                       |                    |                     |                                      |           |   | (B)<br>on of services                                  |           | (C<br>Comper                              |                                   |
|   |   |   |                                   |                       |                    |                     |                                      |           | ,   |  | 1         |   |                                   |
|   |   |   |                                   |                       |                    |                     |                                      |           |   |  | +         |   |                                   |
|   |   |   |                                   |                       |                    |                     |                                      |           |   |  |           |   |                                   |
|   |   |   |                                   |                       |                    |                     |                                      |           |   |  |           |   |                                   |

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization  $\blacktriangleright$ 0

| Part V  |        | Statement of Check of Sched                   | of Revenue<br>ule O contains a respon                  | ase or note to any lir | ne in this Part VIII |  |   | Г  |
|---|--------|---|--|------------------------|----------------------|--|---|--|
|   |        |   | <u> </u>   |                        | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
|   | 1a     | Federated cam                                 | paigns 1a  |                        |                      |  |   |  |
|   | b      | Membership du                                 | ıes <b>1b</b>  |                        |                      |  |   |  |
| ו<br>פוש<br>פו  | c      | Fundraising ev                                | ents <b>1c</b>   | 36,176                 |                      |  |   |  |
| ž (₹  | d      |   | zations 1d   |                        |                      |  |   |  |
| ons, Gifts, Grants<br>Similar Amounts                     |        |   |  |                        |                      |  |   |  |
| Si ji   | е      | Government grant                              |  |                        |                      |  |   |  |
| ê <u>'</u> '  | f      | All other contribution<br>similar amounts no  | ons, gifts, grants, and <b>1f</b><br>ot included above | 3,733,708              |                      |  |   |  |
| 들 듣   | g      |   | ons included in lines                                  | 45,101                 | į                    |  |   |  |
| Contributions, Giffs, Grants<br>and Other Similar Amounts | h      | 1a-1f \$  Total Add lines                     | s 1 a - 1 f  |                        | 3,769,884            |  |   |  |
| ت<br>ق  |        | Total: Add line.                              | 314 11   |                        | _,,                  |  |   |  |
| Ele   | 2a     |   |  | Business Code          |                      |  |   |  |
| еме   | b      |   |  |                        |                      |  |   |  |
| م<br>ج  | c      |   |  |                        |                      |  |   |  |
| r M C   | d      | -   |  |                        |                      |  |   |  |
| <u> </u>  | e      |   | _  |                        |                      |  |   |  |
| Tan I   | f      | All other progra                              | am service revenue                                     |                        |                      |  |   |  |
| Program Serwce Revenue                                    |        |   |  |                        |                      |  |   |  |
| _   | g<br>3 |   | s 2a-2f  |                        |                      |  |   |  |
|   |        | and other sımıl                               | aramounts)   | 🟲 [                    | 3,240                |  |   | 3,240  |
|   | 4      |   | stment of tax-exempt bond                              | . h                    |                      |  |   |  |
|   | 5      | Royalties .                                   |  |                        |                      |  |   |  |
|   | 6a     | Gross rents                                   | (ı) Real   | (II) Personal          |                      |  |   |  |
|   | b      | Less rental                                   |  |                        |                      |  |   |  |
|   | c      | expenses<br>Rental income                     |  |                        |                      |  |   |  |
|   | _      | or (loss)                                     | me or (loss)   |                        |                      |  |   |  |
|   | d      | Net rental inco                               | (i) Securities   | (II) O ther            |                      |  |   |  |
|   | 7a     | Gross amount<br>from sales of<br>assets other | 8,925  | (II) o ello            |                      |  |   |  |
|   | b      | than inventory Less cost or other basis and   | 8,925  |                        |                      |  |   |  |
|   | С      | sales expenses<br>Gaın or (loss)              | 0  |                        |                      |  |   |  |
|   | d      | Net gain or (los                              | ss)  |                        | 0                    |  |   |  |
| enne  | 8a     | events (not inc<br>\$36                       |  |                        |                      |  |   |  |
| Other Revenue   | L      | See Part IV, Iır                              | ne 18<br><b>a</b>                                      | 175,722                |                      |  |   |  |
| #   |        |   | penses <b>b</b> (loss) from fundraising                | ,                      | 81,338               |  |   | 81,338   |
|   |        | Gross income f                                | from gaming activities ne 19 a                         | ,                      |                      |  |   |  |
|   | b      | Less direct ex                                | penses b   |                        |                      |  |   |  |
|   |        |   | (loss) from gaming acti                                | vities                 |                      |  |   |  |
|   | 10a    | Gross sales of returns and allo               |  |                        |                      |  |   |  |
|   | b      | Less costofa                                  | oods sold <b>b</b>                                     |                        |                      |  |   |  |
|   |        |   | (loss) from sales of inv                               | entory 🛌               |                      |  |   |  |
|   |        | Mıscellaneou                                  | s Revenue  | Business Code          |                      |  |   |  |
|   | 11a    |   |  |                        |                      |  |   |  |
|   | b      |   |  |                        |                      |  |   |  |
|   | C      |   |  |                        |                      |  |   |  |
|   | d      |   | ue   |                        |                      |  |   |  |
|   | е      | Total. Add lines                              | s 11a-11d  |                        |                      |  |   |  |
|   | 12     | Total revenue.                                | See Instructions .                                     | ▶                      | 3,854,462            | 0                                      | 0                                       | 84,578   |

|       | 990 (2013)   |                       |                          |  | Page <b>10</b>          |
|-------|--|-----------------------|--------------------------|--|-------------------------|
|       | Statement of Functional Expenses on 501(c)(3) and 501(c)(4) organizations must complete all columns All  | other organizat       | ions must somr           | Note column (A.)                                 |                         |
| 36000 | Check if Schedule O contains a response or note to any line in this  |                       |                          |  |                         |
| Do no | ot include amounts reported on lines 6b,   |                       | (B)                      | (c)  | (D)                     |
|       | o, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | Program service expenses | Management and general expenses                  | Fundraising<br>expenses |
| 1     | Grants and other assistance to governments and organizations in the United States See Part IV, line 21   |                       | СХРСПЭСЭ                 | успечи ехрепаса                                  | Скрепосо                |
| 2     | Grants and other assistance to individuals in the United States See Part IV, line 22   |                       |                          |  |                         |
| 3     | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16  |                       |                          |  |                         |
| 4     | Benefits paid to or for members  |                       |                          |  |                         |
| 5     | Compensation of current officers, directors, trustees, and key employees   | 233,933               | 163,752                  | 23,394   | 46,787                  |
| 6     | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$   |                       |                          |  |                         |
| 7     | Other salaries and wages   | 1,343,881             | 1,061,919                | 135,442  | 146,520                 |
| 8     | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 39,791                | 33,911                   | 1,522  | 4,358                   |
| 9     | Other employee benefits  | 152,008               | 117,064                  | 18,249   | 16,695                  |
| 10    | Payroll taxes  | 112,209               | 86,840                   | 12,435   | 12,934                  |
| 11    | Fees for services (non-employees)  |                       |                          |  |                         |
| а     | Management   |                       |                          |  |                         |
| b     | Legal  |                       |                          |  | _                       |
| c     | Accounting   | 24,606                |                          | 24,606   |                         |
| d     | Lobbying   |                       |                          |  |                         |
| e     | Professional fundraising services See Part IV, line 17   |                       |                          |  |                         |
| f     | Investment management fees   |                       |                          |  |                         |
| g     | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on   | 742.042               | 742.422                  | 10.000   | 11 520                  |
| 40    | Schedule O)  | 743,942               | 713,422                  | 19,000   | 11,520                  |
| 12    | Advertising and promotion  | 48,703                | · · · · · ·              | <del>                                     </del> | 6,177                   |
| 13    | Office expenses  | 91,910                | 48,292                   | 32,237   | 11,381                  |
| 14    | Information technology   | 145,008               | 74,548                   | 50,479   | 19,981                  |
| 15    | Royalties  |                       |                          |  |                         |
| 16    | Occupancy  | 115,059               |                          | 115,059  |                         |
| 17    | Travel   | 261,331               | 204,547                  | 25,791   | 30,993                  |
| 18    | Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                          |  |                         |
| 19    | Conferences, conventions, and meetings   | 267,743               | 208,802                  | 51,350   | 7,591                   |
| 20    | Interest   |                       |                          |  |                         |
| 21    | Payments to affiliates   |                       |                          |  |                         |
| 22    | Depreciation, depletion, and amortization  | 14,004                |                          | 14,004   |                         |
| 23    | Insurance  | 12,565                |                          | 12,565   |                         |
| 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     | MEDIA SUMMIT   | 88,804                | 88,804                   |  |                         |
| b     | DUES AND SUBSCRIPTIONS   | 19,358                | 12,162                   | 3,366  | 3,830                   |
| c     | STATE REGISTRATIONS  | 10,391                |                          | 218  | 10,173                  |
| d     | OVERHEAD ALLO CATION   | 0                     | 356,884                  | -63,431  | -293,453                |
| е     | All other expenses   | 1,312                 | 997                      | 250  | 65                      |
| 25    | <b>Total functional expenses.</b> Add lines 1 through 24e  | 3,726,558             | 3,214,400                | 476,606  | 35,552                  |
| 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) |                       |                          |  |                         |

Form 990 (2013)

Part X Balance Sheet

|                       |          | Check if Schedule O contains a response or note to any line in th  | ııs Part             | x             |                                 |     |                           |
|-----------------------|----------|--|----------------------|---------------|---------------------------------|-----|---------------------------|
|                       |          |  |                      |               | <b>(A)</b><br>Beginning of year |     | <b>(B)</b><br>End of year |
|                       | 1        | Cash-non-interest-bearing  |                      |               | 500                             | 1   | 500                       |
|                       | 2        | Savings and temporary cash investments   |                      |               | 1,097,064                       | 2   | 1,469,956                 |
|                       | 3        | Pledges and grants receivable, net   |                      |               | 1,310,247                       | 3   | 1,281,903                 |
|                       | 4        | Accounts receivable, net   |                      |               |                                 | 4   |                           |
| 4ssets                | 5        | Loans and other receivables from current and former officers, die employees, and highest compensated employees. Complete Par Schedule L  | t II of              | trustees, key |                                 | 5   |                           |
|                       | 6        | Loans and other receivables from other disqualified persons (as $4958(f)(1)$ ), persons described in section $4958(c)(3)(B)$ , and coand sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L | ing employers        |               | 6                               |     |                           |
|                       | 7        | Notes and loans receivable, net  |                      |               |                                 | 7   |                           |
| ₹                     | 8        | Inventories for sale or use  |                      | • •           |                                 | 8   |                           |
|                       | 9        | Prepaid expenses and deferred charges  |                      | • •           | 28,413                          | 9   | 43,843                    |
|                       | 10a      | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | <br>  <sub>10a</sub> | 136,901       | ,                               |     | 40,040                    |
|                       | ь        | Less accumulated depreciation  | 10b                  | 96,090        | 43,771                          | 10c | 40,811                    |
|                       | 11       | Investments—publicly traded securities   | ,                    | 11            | .5,5.1                          |     |                           |
|                       | 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       |  |                      |               |                                 | 15  |                           |
|                       | 16       | Other assets See Part IV, line 11  |                      |               | 2,479,995                       | 16  | 2,837,013                 |
|                       |          |  | 159,270              |               | 388,384                         |     |                           |
|                       | 17       | Accounts payable and accrued expenses  | 159,270              | 17            | 300,304                         |     |                           |
|                       | 18       | Grants payable   |                      |               |                                 | 18  |                           |
|                       | 19       | Deferred revenue   | • •                  | •             |                                 | 19  |                           |
|                       | 20       | Tax-exempt bond liabilities  |                      |               |                                 | 20  |                           |
| တ္က                   | 21       | Escrow or custodial account liability Complete Part IV of Scheo  |                      |               |                                 | 21  |                           |
| Liabilitie            | 22       | Loans and other payables to current and former officers, directo<br>key employees, highest compensated employees, and disqualifi   |                      |               |                                 |     |                           |
| <u> </u>              |          | persons Complete Part II of Schedule L   |                      |               |                                 | 22  |                           |
|                       | 23       | Secured mortgages and notes payable to unrelated third parties   |                      |               |                                 | 23  |                           |
|                       | 24       | Unsecured notes and loans payable to unrelated third parties   |                      |               |                                 | 24  |                           |
|                       | 25       | Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part D   |                      |               | 25                              |     |                           |
|                       | 26       | Total liabilities. Add lines 17 through 25   |                      |               | 159,270                         | 26  | 388,384                   |
| e<br>b                |          | Organizations that follow SFAS 117 (ASC 958), check here ►  lines 27 through 29, and lines 33 and 34.  |                      |               | ,                               |     | ,                         |
| <u>ت</u>              | 27       | Unrestricted net assets  |                      |               | 541,575                         | 27  | 465,870                   |
| <u>ប</u><br>ប្        | 28       | Temporarily restricted net assets  |                      | •             | 1,779,150                       | 28  | 1,982,759                 |
| <u> </u>              | 26<br>29 | Permanently restricted net assets  |                      | •             | 1,775,150                       | 29  | 1,502,155                 |
| =                     | 29       | •  | <br>                 | ·<br>·        |                                 | 29  |                           |
| sets of Fully Balance |          | Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.  | 16 F                 | anu           |                                 |     |                           |
| 2                     | 30       | Capital stock or trust principal, or current funds   |                      |               |                                 | 30  |                           |
| V<br>T                | 31       | Paid-in or capital surplus, or land, building or equipment fund  |                      |               |                                 | 31  |                           |
| £                     | 32       | Retained earnings, endowment, accumulated income, or other fu  | nds                  |               |                                 | 32  |                           |
| Z<br>E                | 33       | Total net assets or fund balances  |                      | •             | 2,320,725                       | 33  | 2,448,629                 |
| -                     | 34       | Total liabilities and net assets/fund halances   |                      |               | 2 479 995                       | 24  | 2 837 013                 |

| Par | Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI  | •        |             |     | ୮       |
|-----|--|----------|-------------|-----|---------|
|     |  |          |             |     |         |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)  | 1        |             | 3,8 | 354,462 |
| 2   | Total expenses (must equal Part IX, column (A), line 25)   | 2        |             |     | 726,558 |
| 3   | Revenue less expenses Subtract line 2 from line 1  |          |             |     |         |
| _   |  | 3        |             |     | 127,904 |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  | 4        |             | 2,3 | 320,725 |
| 5   | Net unrealized gains (losses) on investments   | 5        |             | -   |         |
| 6   | Donated services and use of facilities   |          |             |     |         |
|     |  | 6        |             |     |         |
| 7   | Investment expenses  | 7        |             |     |         |
| 8   | Prior period adjustments   | 8        |             |     |         |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)   | •        |             |     |         |
| -   | Land changes in necessors of fana salances (explain in senegale c)   | 9        |             |     | 0       |
| 10  | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  | 10       |             | 2,4 | 148,629 |
| Par | t 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 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                |          |             |     |         |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |          | 2a          |     | No      |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both  | ved or   | וו          |     |         |
|     | Separate basis Consolidated basis Both consolidated and separate basis   |          |             |     |         |
| b   | Were the organization's financial statements audited by an independent accountant?   |          | 2b          | Yes |         |
|     | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both   | ate      |             |     |         |
|     | ▼ Separate basis   |          |             |     |         |
| c   | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant? | t of th  | e <b>2c</b> | Yes |         |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O   |          |             |     |         |
| За  | 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?   | <b>!</b> | 3a          |     | No      |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the   |          | 3b          |     |         |

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OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

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

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

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

2013

Open to Public Inspection

|  |        | OOSEVELT CONSERVATION PARTNERSHIP  | Employer Identif                 | ication nu | ımber  |         |  |  |  |
|--|--------|--|----------------------------------|------------|--------|---------|--|--|--|
| IILO   | DOKE K | OOSEVEL CONSERVATION PARTNERSHIP   | 04-3706385                       |            |        |         |  |  |  |
| Pa   | rt I   | Reason for Public Charity Status (All organizations must complete this pa  |                                  | tions.     |        |         |  |  |  |
|  |        | zation is not a private foundation because it is (For lines 1 through 11, check only one box   |                                  |            |        |         |  |  |  |
| 1  |        | A church, convention of churches, or association of churches described in section 170(b)   |                                  |            |        |         |  |  |  |
| 2  | Ē      | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)  | . , , , ,                        |            |        |         |  |  |  |
| 3  | Ē      | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A   | v)(iii).                         |            |        |         |  |  |  |
| 4  | Ė      | A medical research organization operated in conjunction with a hospital described in secti   |                                  | iii). Ente | r the  |         |  |  |  |
|  | ,      | hospital's name, city, and state   | (-)(-)()()(                      | ,          |        |         |  |  |  |
| 5 An organization operated for the benefit of a college or university owned or operated by |        | jovernmental unit  | describe                         | d ın       |        |         |  |  |  |
|  |        | section 170(b)(1)(A)(iv). (Complete Part II )  |                                  |            |        |         |  |  |  |
| 6  | Γ      | A federal, state, or local government or governmental unit described in section 170(b)(1)(   | (A)(v).                          |            |        |         |  |  |  |
| 7  |        |  |                                  |            |        |         |  |  |  |
| 8  | Γ      | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )   |                                  |            |        |         |  |  |  |
| 9  | Γ      | An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross  |                                  |            |        |         |  |  |  |
|  |        | receipts from activities related to its exempt functions—subject to certain exceptions, and  | d (2) no more thar               | 331/3%     | of     |         |  |  |  |
|  |        | its support from gross investment income and unrelated business taxable income (less se  | ction 511 tax) fro               | m busine   | sses   |         |  |  |  |
|  |        | acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )  |                                  |            |        |         |  |  |  |
| 10   | Γ      | An organization organized and operated exclusively to test for public safety See section 5   | 609(a)(4).                       |            |        |         |  |  |  |
| 11   | Γ      | An organization organized and operated exclusively for the benefit of, to perform the function or more publicly supported organizations described in section 509(a)(1) or section 500 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated d Type | )9(a)(2) See <b>sect</b><br>111h | ion 509(a  | a)(3). | Check   |  |  |  |
| e  | Γ      | By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)   | •                                | -          | -      |         |  |  |  |
| f  |        | If the organization received a written determination from the IRS that it is a Type I, Type I check this box   | II, or Type III sup              | oporting o | rganız | zation, |  |  |  |
| g  |        | Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?   |                                  |            |        |         |  |  |  |
|  |        | (i) A person who directly or indirectly controls, either alone or together with persons desc   | rıbed ın (ıı)                    |            | Yes    | No      |  |  |  |
|  |        | and (III) below, the governing body of the supported organization?   |                                  | 11g(i)     |        |         |  |  |  |
|  |        | (ii) A family member of a person described in (i) above?   |                                  | 11g(ii)    |        |         |  |  |  |
|  |        | (iii) A 35% controlled entity of a person described in (i) or (ii) above?  |                                  | 11g(iii)   |        |         |  |  |  |

| (i) Name of<br>supported<br>organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | organizati<br>col (i) list<br>your gove | organization in t |     | (v) Did you notify<br>the organization<br>in col (i) of your<br>support? |     | the<br>ion in<br>anized<br>S ? | (vii) A mount of<br>monetary<br>support |  |
|--|----------|---|---|-------------------|-----|--|-----|--------------------------------|---|--|
|  |          | instructions))  | Yes                                     | No                | Yes | No   | Yes | No                             |   |  |
|  |          |   |   |                   |     |  |     |                                |   |  |
|  |          |   |   |                   |     |  |     |                                |   |  |
| Total                                    |          |   |   |                   |     |  |     |                                |   |  |

Provide the following information about the supported organization(s)

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.)

| Se      | ection A. Public Support  |   |   |  |  |   |                     |
|---------|---|---|---|--|--|---|---------------------|
| Cale    | endar year (or fiscal year beginning<br>in) 🕨   | (a) 2009  | <b>(b)</b> 2010   | (c) 2011   | ( <b>d)</b> 2012   | <b>(e)</b> 2013   | (f) Total           |
| 1       | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")  | 4,867,445   | 2,639,397   | 3,492,677  | 3,211,961  | 3,913,9   | 996 18,125,476      |
| _       | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |   |   |  |  |   |                     |
| 3       | The value of services or facilities<br>furnished by a governmental unit<br>to the organization without charge   |   |   |  |  |   |                     |
| 4       | <b>Total.</b> Add lines 1 through 3   | 4,867,445   | 2,639,397   | 3,492,677  | 3,211,961  | 3,913,9   | 996 18,125,476      |
| 5       | The portion of total contributions<br>by each person (other than a<br>governmental unit or publicly   |   |   |  |  |   |                     |
|         | supported organization) included<br>on line 1 that exceeds 2% of the<br>amount shown on line 11, column<br>(f)  |   |   |  |  |   | 5,108,315           |
| 6       | Public support. Subtract line 5 from line 4   |   |   |  |  |   | 13,017,161          |
|         | ection B. Total Support   | Т   | 1   | T  |  |   |                     |
| Cale    | endar year (or fiscal year<br>beginning in) 🟲   | (a) 2009  | <b>(b)</b> 2010   | (c) 2011   | (d) 2012   | <b>(e)</b> 2013   | (f) Total           |
| 7       | Amounts from line 4   | 4,867,445   | 2,639,397   | 3,492,677  | 3,211,961  | 3,913,9   | 996 18,125,476      |
| 8       | Gross income from interest,   | , ,   | , ,   | , ,  | , ,  |   |                     |
| _       | dividends, payments received on securities loans, rents, royalties and income from similar  | 8,413   | 4,723   | 3,293  | 1,610  | 3,2   | 240 21,279          |
| 9       | Net income from unrelated business activities, whether or not the business is regularly carried on  |   |   |  |  |   |                     |
| 10      | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |   | 26,809  | 227  |  |   | 27,036              |
| 11      | Total support (Add lines 7 through 10)  |   |   |  |  |   | 18,173,791          |
| 12      | Gross receipts from related activiti  | es, etc (see ınstı  | ructions)   |  |  | 12  | 62,063              |
| 13      | First five years. If the Form 990 is this box and stop here   | <u> </u>  | <u> </u>  |  | •  |   | · · · · —           |
|         | ection C. Computation of Pub  |   |   |  |  |   |                     |
| 14      | Public support percentage for 2013  |   | -   | 11, column (f))  |  | 14  | 71 630 %            |
| 15      | Public support percentage for 2012  | Schedule A, Par   | t II, line 14   |  |  | 15  | 75 630 %            |
| 16a     | <b>33</b> 1/3% <b>support test—2013.</b> If the   | -   |   | •  | ne 14 is 33 1/3%   | or more, chec   | _                   |
|         | and stop here. The organization qua<br>33 1/3% support test—2012. If the<br>box and stop here. The organization<br>10%-facts-and-circumstances test-<br>is 10% or more, and if the organiza           | organization did r<br>n qualifies as a pu<br><b>–2013.</b> If the orga                | not check a box o<br>oblicly supported<br>anization did not o                       | n line 13 or 16a,<br>organization<br>check a box on lin                        | e 13, 16a, or 16   | b, and line 14  | ▶┌                  |
| b<br>18 | in Part IV how the organization meeorganization  10%-facts-and-circumstances test- 15 is 10% or more, and if the organization in Part IV how the organization private foundation. If the organization | ets the "facts-and<br>— <b>2012.</b> If the organization meets the tion meets the "fa | l-circumstances"<br>anization did not o<br>a "facts-and-circums<br>acts-and-circums | test The organiz<br>theck a box on lin<br>umstances" test,<br>tances" test The | zation qualifies as<br>le 13, 16a, 16b, o<br>check this box a<br>le organization qua | s a publicly su<br>or 17a, and lir<br>nd <b>stop here.</b><br>alifies as a pu | pported  ne  blicly |
| -       | instructions  |   |   | , , = , = 1 ,  | ,  |   | <b>▶</b> □          |

Schedule A (Form 990 or 990-EZ) 2013 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.) Section A. Public Support

| Cale   | ndar year (or fiscal year beginning<br>in) 🟲   | (a) 2009   | <b>(b)</b> 2010  | (c) 2011  | (d) 2012            | <b>(e)</b> 2013              | (f) Total                               |
|--|--|--|--|---|---------------------|------------------------------|---|
| 1  | Gifts, grants, contributions, and  |  |  |   |                     |                              |   |
|  | membership fees received (Do not   |  |  |   |                     |                              |   |
| 2  | include any "unusual grants ")<br>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  |  |  |   |                     |                              |   |
| 4  | business under section 513 Tax revenues levied for the   |  |  |   |                     |                              |   |
| •  | organization's benefit and either  |  |  |   |                     |                              |   |
|  | paid to or expended on its   |  |  |   |                     |                              |   |
| _  | behalf<br>The value of services or facilities  |  |  |   |                     |                              | <u> </u>                                |
| 5  | furnished by a governmental unit to  |  |  |   |                     |                              |   |
|  | the organization without charge  |  |  |   |                     |                              |   |
| 6  | <b>Total.</b> Add lines 1 through 5  |  |  |   |                     |                              |   |
| 7a   | Amounts included on lines 1, 2,  |  |  |   |                     |                              |   |
|  | and 3 received from disqualified persons   |  |  |   |                     |                              |   |
| ь  | Amounts included on lines 2 and 3  |  |  |   |                     |                              |   |
|  | received from other than   |  |  |   |                     |                              |   |
|  | disqualified persons that exceed the greater of \$5,000 or 1% of the   |  |  |   |                     |                              |   |
|  | amount on line 13 for the year   |  |  |   |                     |                              |   |
| c  | Add lines 7a and 7b  |  |  |   |                     |                              |   |
| 8  | Public support (Subtract line 7c   |  |  |   |                     |                              |   |
|  | from line 6 ) ction B. Total Support   |  |  |   |                     |                              |   |
|  | ndar year (or fiscal year beginning  | ( ) 2000   | (1) 2010   | ( ) 2011  | (1) 2012            | ( ) 2012                     | (C) T                                   |
|  |  |  |  | (A) 2011 I  | (d) 2012            | (e) 2013                     | (f) Total                               |
|  | in) ►  | (a) 2009   | <b>(b)</b> 2010  | (c) 2011  | (4) 2012            | (-,                          | (-,                                     |
| 9  | in) ►<br>A mounts from line 6  | (a) 2009   | ( <b>B)</b> 2010   | (6) 2011  | (4) 2012            | (5, 2222                     | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
|  | in) ► A mounts from line 6 Gross income from interest,   | (a) 2009   | <b>(B)</b> 2010  | (6) 2011  | (4) 2012            | (0, 2000                     | (7,7,5,5,1)                             |
| 9  | in) ►<br>A mounts from line 6  | (a) 2009   | <b>(b)</b> 2010  | (6) 2011  | (4) 2012            | (5,232                       |   |
| 9  | in)  A mounts from line 6 Gross income from interest, dividends, payments received on  | (a) 2009   | <b>(b)</b> 2010  | (6) 2011  | (4) 2322            |                              |   |
| 9<br>10a   | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2322            |                              |   |
| 9  | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable   | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2012            |                              |   |
| 9<br>10a   | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2322            |                              |   |
| 9<br>10a   | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2322            |                              |   |
| 9<br>10a<br>b  | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2012            |                              |   |
| 9<br>10a<br>b  | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2012            |                              |   |
| 9<br>10a<br>b  | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2322            |                              |   |
| 9<br>10a<br>b<br>c<br>11   | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  | (4) 2322            |                              |   |
| 9<br>10a<br>b  | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  |                     |                              |   |
| 9<br>10a<br>b<br>c<br>11   | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of  | (a) 2009   | ( <b>b)</b> 2010   | (c) 2011  |                     |                              |   |
| 9<br>10a<br>b<br>c<br>11   | In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  | (a) 2009   | ( <b>b)</b> 2010   | (6) 2011  |                     |                              |   |
| 9<br>10a<br>b<br>c<br>11   | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,  | (a) 2009   | ( <b>b)</b> 2010   | (c) 2011  |                     |                              |   |
| 9<br>10a<br>b<br>c<br>11   | In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)  |  |  |   |                     |                              |   |
| 9<br>10a<br>b<br>c<br>11<br>12   | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  | or the organizati  | on's first, second   |   |                     |                              |   |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14                                     | in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here  | or the organizati  | on's first, second   | , thırd, fourth, or   |                     | a 501(c)(3) orga             | nization,                               |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Se<br>15                         | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013                                | or the organizati<br>ic Support Pe<br>(line 8, column (  | on's first, second<br>ercentage<br>f) divided by line  | , thırd, fourth, or   |                     | a 501(c)(3) orga             | nization,                               |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Se<br>15<br>16                   | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here  ction C. Computation of Publ Public support percentage from 201                             | or the organization of the | on's first, second<br>ercentage<br>f) divided by line<br>art III, line 15  | , third, fourth, or   |                     | a 501(c)(3) orga             | nization,                               |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Se<br>15<br>16<br>Se             | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the | on's first, second<br>ercentage<br>f) divided by line<br>art III, line 15<br>me Percenta   | , third, fourth, or<br>13, column (f))                            | fifth tax year as a | a 501(c)(3) orga<br>15<br>16 | nization,                               |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Se<br>15<br>16<br>Se<br>17       | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve   | or the organization  ic Support Performance (line 8, column ( 2 Schedule A, Paragraphic Performance)  colors (line 10c, colors)  | on's first, second<br>ercentage<br>f) divided by line<br>art III, line 15<br>me Percentagolumn (f) divided                             | , third, fourth, or  13, column (f))  ge by line 13, colum        | fifth tax year as a | 15<br>16                     | nization,                               |
| 9<br>10a<br>b<br>c<br>11<br>12<br>13<br>14<br>Se<br>15<br>16<br>Se<br>17<br>18 | A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) Total support. (Add lines 9, 10c, 11, and 12 ) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve | or the organization of the organization of the organization of the state of the sta | on's first, second<br>ercentage<br>f) divided by line<br>art III, line 15<br>me Percentago<br>olumn (f) divided<br>A, Part III, line 1 | , third, fourth, or  13, column (f)) <b>ge</b> by line 13, column | fifth tax year as a | 15<br>16                     | nization,                               |

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

| Part IV                      | <b>Part IV Supplemental Information.</b> 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). |                     |                    |  |  |  |
|------------------------------|--|---------------------|--------------------|--|--|--|
|                              |  |                     |                    |  |  |  |
| Facts And Circumstances Test |  |                     |                    |  |  |  |
|                              |  |                     |                    |  |  |  |
| Retu                         | ırn Reference  | Explanation         |                    |  |  |  |
|                              |  | Schodulo A / Form 0 | 000 er 000 E7) 201 |  |  |  |

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493111000034

## OMB No 1545-0047

## **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

| Na  | me of the organization<br>ODORE ROOSEVELT CONSERVATION PA   | ADTNEDCUID                                |                   | Emplo   | yer ide     | ntification number   |
|-----|---|---|-------------------|---|-------------|--|
| Inc | ODORE ROOSEVELI CONSERVATION PA   | AKTNEKSHIP                                |                   | 04-3  | 706385      | 5  |
| Par | t I-A Complete if the or  | ganization is exempt under :              | section 501(      | c) or is a secti                                      | on 52       | 7 organization.  |
| 1   | Provide a description of the org  | ganızatıon's dırect and ındırect politic  | al campaign act   | ıvıtıes ın Part IV                                    |             |  |
| 2   | Political expenditures  |   |                   |   | <b>&gt;</b> | \$\$   |
| 3   | Volunteer hours   |   |                   |   |             |  |
| Par | Complete if the or  | ganization is exempt under                | section 501(      | c)(3).  |             |  |
| 1   |   | e tax incurred by the organization und    |                   |   | <b>&gt;</b> | \$   |
| 2   | Enter the amount of any excise  | e tax incurred by organization manag      | ers under section | า 4955  | <b>-</b>    | \$   |
| 3   | If the organization incurred a s  | ection 4955 tax, did it file Form 472     | O for this year?  |   |             | ┌ Yes ┌ No   |
| 4a  | Was a correction made?  |   |                   |   |             | ┌ Yes ┌ No   |
| b   | If "Yes," describe in Part IV   |   |                   |   |             |  |
| Par | t I-C Complete if the or  | ganization is exempt under :              | section 501(      | c), except sect                                       | ion 50      | 01(c)(3).  |
| 1   | Enter the amount directly expe  | ended by the filing organization for se   | ction 527 exemp   | ot function activitie                                 | s 🕨         | \$   |
| 2   | Enter the amount of the filing of exempt function activities  | rganization's funds contributed to ot     | her organizations | for section 527                                       | <b>F</b>    | \$   |
| 3   | Total exempt function expendi   | tures Add lines 1 and 2 Enter here a      | and on Form 112   | 0-POL, line 17b                                       | <b>F</b>    | \$   |
| 4   | Did the filing organization file <b>F</b>   | Form 1120-POL for this year?              |                   |   |             | ☐ Yes ☐ No   |
| 5   | Enter the names, addresses are organization made payments of amount of political contribution separate segregated fund or a | funds Also enter the anization, such as a |                   |   |             |  |
|     | (a) Name  | ( <b>b)</b> Address                       | (c) EIN           | (d) A mount pa<br>filing organiza<br>funds If none, e | tıon's      | (e) A mount of politica contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|     |   |   |                   |   |             |  |
|     |   |   |                   |   |             |  |
|     |   |   |                   |   |             |  |
|     |   |   |                   |   |             |  |
|     |   |   |                   |   |             |  |
|     |   |   |                   |   |             |  |
|     |   |   |                   |   |             |  |
|     |   | İ   | 1                 | I   |             | 1  |

section 4911 tax for this year?

┌ Yes ┌ No

## Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

| Check | <b>▶</b> □ | ıf the filing | organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EI | ίΝ, |
|-------|------------|---------------|---|-----|
|       |            | expenses      | and share of excess lobbying expenditures)  |     |

B Check ► If the filing organization checked box A and "limited control" provisions apply

|    | Limits on Lobbying E<br>(The term "expenditures" means ar |   | (a) Filing<br>organization's<br>totals | <b>(b)</b> Affiliated<br>group<br>totals |
|----|---|---|--|--|
| 1a | Total lobbying expenditures to influence public o         | pinion (grass roots lobbying)                       | 357                                    |  |
| b  | Total lobbying expenditures to influence a legisla        | ative body (direct lobbying)                        | 3,373                                  |  |
| c  | Total lobbying expenditures (add lines 1a and 1b          | o)  | 3,730                                  |  |
| d  | Other exempt purpose expenditures                         |   | 3,817,569                              |  |
| e  | Total exempt purpose expenditures (add lines 1            | c and 1d)   | 3,821,299                              |  |
| f  | Lobbying nontaxable amount Enter the amount f             | rom the following table in both                     | 341,065                                |  |
|    | If the amount on line 1e, column (a) or (b) is:           | The lobbying nontaxable amount is:                  |  |  |
|    | Not over \$500,000  | 20% of the amount on line 1e                        |  |  |
|    | 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   |  |  |
|    | 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   |  |  |
| g  | Grassroots nontaxable amount (enter 25% of lin            | e 1f)   | 85,266                                 |  |
| h  | Subtract line 1g from line 1a If zero or less, ente       | er-0-   | 0                                      |  |
| i  | Subtract line 1f from line 1c If zero or less, ente       | r-0-  | 0                                      |  |
| j  | If there is an amount other than zero on either lir       | ne 1h or line 1ı, did the organization file Form 47 | 20 reporting                           | □ Ves □ No                               |

# 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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) Total beginning in) Lobbying nontaxable amount 291,867 291,025 316,887 341,065 1,240,844 Lobbying ceiling amount 1,861,266 (150% of line 2a, column(e)) 20,522 20,568 3,730 Total lobbying expenditures 7,225 52,045 Grassroots nontaxable amount 72,967 72,756 79,222 85,266 310,211 Grassroots ceiling amount 465,317 (150% of line 2d, column (e)) 357 1,422 8,636 10,841 Grassroots lobbying expenditures

|        | Part II-B Complete if the organization is exempt under section filed Form 5768 (election under section 501(h)).   |                                 |          |         |           |        |
|--------|---|---------------------------------|----------|---------|-----------|--------|
| For e  | r each "Yes" response to lines 1a through 1ı below, provide in Part IV a detailed descri  | ption of the lobbying           | (8       | a)      | (1        | b)     |
|        | tivity.   |                                 | Yes      | No      | Amo       | ount   |
| 1<br>a | legislation, including any attempt to influence public opinion on a legislative r<br>through the use of   |                                 |          |         |           |        |
| b<br>c | b Paid staff or management (include compensation in expenses reported on line   | es 1c through 1ı)?              |          |         |           |        |
| d      | d Mailings to members, legislators, or the public?  |                                 |          |         |           |        |
| e      | e Publications, or published or broadcast statements?   |                                 |          |         |           |        |
| f      | f Grants to other organizations for lobbying purposes?  |                                 |          |         |           |        |
| g      | <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislati  | ive body?                       |          |         |           |        |
| h<br>i |   | ımılar means?                   |          |         |           |        |
| j      | •   |                                 |          | 1       |           |        |
| 2a     | <b>.</b>  | on 501(c)(3)?                   |          |         |           |        |
| b      |   |                                 |          |         |           |        |
| C      | ,   |                                 |          | İ       |           |        |
|        | d If the filing organization incurred a section 4912 tax, did it file Form 4720 for   | -                               |          |         |           |        |
| Par    | art III-A Complete if the organization is exempt under section 501(c)(6).   | on 501(c)(4), section 5         | 01(c     | )(5), c | or sect   | ion    |
|        | 301(0)(0).  |                                 |          |         | Ye        | s No   |
| 1      | Were substantially all (90% or more) dues received nondeductible by membe   | rs?                             |          | Г       | 1         | 111    |
| 2      |   |                                 |          |         | 2         |        |
| 3      |   |                                 |          |         | 3         |        |
| Pai    | art III-B Complete if the organization is exempt under section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 a line 3, is answered "Yes."                      |                                 |          |         |           |        |
| 1      | Dues, assessments and similar amounts from members  |                                 | 1        |         |           |        |
| 2      | Section 162(e) nondeductible lobbying and political expenditures (do not inclease for which the section 527(f) tax was paid).   | lude amounts of political       | 20       |         |           |        |
| a      | •   |                                 | 2a       |         |           |        |
| b      |   |                                 | 2b<br>2c |         |           |        |
| с<br>3 |   | a saction 163(a) duas           | 3        |         |           |        |
| 4      |   |                                 |          |         |           |        |
| •      | does the organization agree to carryover to the reasonable estimate of nonde political expenditure next year?   | •                               | 4        |         |           |        |
| 5      | ,   |                                 | 5        |         |           |        |
| P      | Part IV Supplemental Information  |                                 |          |         |           |        |
|        | Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line<br>Part II-B, line 1 Also, complete this part for any additional information | e 5, Part II-A (affiliated grou | p lıst), | Part II | -A , line | 2, and |
|        | Return Reference Explanation  |                                 |          |         |           |        |
|        |   |                                 |          |         |           |        |
|        |   |                                 |          |         |           |        |
|        |   |                                 |          |         |           |        |
|        |   |                                 |          |         |           |        |
|        |   |                                 |          |         |           |        |

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|--|-----------------------|---------|--|--|
| Part IV Supplemental Information         | on <i>(continued)</i> |         |  |  |
| Return Reference                         | Explanation           |         |  |  |
|  |                       |         |  |  |
|  |                       |         |  |  |
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|  |                       |         |  |  |

Schedule D (Form 990) 2013

Department of the Treasury

DLN: 93493111000034

OMB No 1545-0047

**SCHEDULE D Supplemental Financial Statements** (Form 990)

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

| CITIC | ii Neverlue Selvice   |  |           | Inspection                      |
|-------|---|--|-----------|---------------------------------|
|       | me of the organization<br>EODORE ROOSEVELT CONSERVATION PARTNERSHIP   |  | Emp       | oloyer identification number    |
|       |   |  |           | 3706385                         |
| Pa    | organizations Maintaining Donor Advorganization answered "Yes" to Form 990  | , Part IV, line 6.   |           |                                 |
|       |   | (a) Donor advised funds  |           | (b) Funds and other accounts    |
| L     | Total number at end of year   |  |           |                                 |
| 2     | Aggregate contributions to (during year)  |  |           |                                 |
| 3     | Aggregate grants from (during year)   |  |           |                                 |
| 1     | Aggregate value at end of year  |  |           |                                 |
| 5     | Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or   |  | nor adv   | rsed Yes No                     |
| 5     | Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef  |  |           | er purpose                      |
|       | conferring impermissible private benefit?   | . the consequence of the consequ |           | Yes No                          |
|       | rt II Conservation Easements. Complete if   |  | to Forn   | n 990, Part IV, line 7.         |
| 1     | Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation  |  | n hictor  | rically important land area     |
|       | Protection of natural habitat   |  |           | d historic structure            |
|       | Preservation of open space  | , reservation or e   | Cereme    | a mistoric structure            |
|       |   |  | 6         |                                 |
| 2     | Complete lines 2a through 2d if the organization held a<br>easement on the last day of the tax year   | a qualified conservation contribution in   | the forr  | n of a conservation             |
|       |   |  |           | Held at the End of the Year     |
| а     | Total number of conservation easements  |  | 2a        |                                 |
| ь     | Total acreage restricted by conservation easements  |  | 2b        |                                 |
| c     | Number of conservation easements on a certified histo   | oric structure included in (a)   | 2c        |                                 |
| d     | Number of conservation easements included in (c) accommodate structure listed in the National Register  | quired after 8/17/06, and not on a   | 2d        |                                 |
| 3     | Number of conservation easements modified, transferr  | red, released, extinguished, or termina  | ted by th | ne organization during          |
|       | the tax year ►  |  |           |                                 |
| ŀ     | Number of states where property subject to conservat  | ıon easement ıs located ▶  |           |                                 |
| 5     | Does the organization have a written policy regarding tenforcement of the conservation easements it holds?  | the periodic monitoring, inspection, ha  | ndling of | f violations, and <b>Yes No</b> |
| 5     | Staff and volunteer hours devoted to monitoring, inspe  | cting, and enforcing conservation ease   | ements o  | during the year                 |
|       | Amount of expenses incurred in monitoring, inspecting   | a and enforcing concervation eacomon   | te durin  | a the year                      |
| 7     | ► \$  | g, and emorcing conservation easemen   | its durin | g the year                      |
| 3     | Does each conservation easement reported on line 2(and section 170(h)(4)(B)(II)?  | d) above satisfy the requirements of se  | ection 1  | 70(h)(4)(B)(ı)                  |
| •     | In Part XIII, describe how the organization reports conbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme     | e footnote to the organization's financi   | •         | ·                               |
| aı    | t III Organizations Maintaining Collection<br>Complete if the organization answered "Y  | s of Art, Historical Treasures<br>'es" to Form 990, Part IV, line 8.   | , or Ot   | her Similar Assets.             |
| 1a    | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to | ets held for public exhibition, education  | , or rese | earch in furtherance of public  |
| b     | If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide the following amounts relating to thes     | ets held for public exhibition, education  |           |                                 |
|       | (i) Revenues included in Form 990, Part VIII, line 1  |  |           | <b>▶</b> \$                     |
|       | (ii) Assets included in Form 990, Part X  |  |           | <b>-</b> \$                     |
| 2     | If the organization received or held works of art, histor following amounts required to be reported under SFAS  |  |           |                                 |
| а     | Revenues included in Form 990, Part VIII, line 1  |  | _         | <b>▶</b> \$                     |
|       | nevenues included in Form 550, Fait VIII, lille I   |  |           | Fφ                              |

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

| Part | Organizations Maintaining Co   | llections of Art,      | Histori           | cal Tr                    | easur           | es, or Oth                    | <u>ier S</u>   | imilar Asse                    | <b>ts</b> (continued) |
|------|--|------------------------|-------------------|---------------------------|-----------------|-------------------------------|----------------|--------------------------------|-----------------------|
| 3    | Using the organization's acquisition, access collection items (check all that apply)       | ion, and other record  | s, check          | any of th                 | ne follo        | wing that are                 | e a sig        | nıfıcant use of                | its                   |
| а    | Public exhibition  |                        | d $ egtharpoonup$ | Loan o                    | rexch           | ange prograi                  | ns             |                                |                       |
| b    | Scholarly research   |                        | е Г               | Other                     |                 |                               |                |                                |                       |
| С    | Preservation for future generations  |                        |                   |                           |                 |                               |                |                                |                       |
| 4    | Provide a description of the organization's c<br>Part XIII                                 | ollections and explair | n how the         | y furthei                 | r the oi        | rganızatıon's                 | exem           | pt purpose ın                  |                       |
| 5    | During the year, did the organization solicit assets to be sold to raise funds rather than |                        |                   |                           |                 |                               | ımılar         |                                | res                   |
| Par  | Escrow and Custodial Arrang Part IV, line 9, or reported an ar                             |                        |                   |                           |                 | answered                      | "Yes"          | to Form 990                    | ,                     |
| 1a   | Is the organization an agent, trustee, custod included on Form 990, Part X?                |                        |                   |                           |                 | r other asset                 | s not          | Г                              | ∕es                   |
| ь    | If "Yes," explain the arrangement in Part XI $$  | II and complete the f  | ollowing          | table                     |                 |                               |                |                                |                       |
|      |  |                        |                   |                           |                 |                               |                | Amou                           | nt                    |
| С    | Beginning balance  |                        |                   |                           |                 | 1                             | с              |                                |                       |
| d    | Additions during the year  |                        |                   |                           |                 | 10                            | d              |                                |                       |
| е    | Distributions during the year  |                        |                   |                           |                 | 10                            | e              |                                |                       |
| f    | Ending balance   |                        |                   |                           |                 | 1                             | f              |                                |                       |
| 2a   | Did the organization include an amount on F  | orm 990, Part X, line  | 21?               |                           |                 |                               |                | Γ,                             | ∕es                   |
| b    | If "Yes," explain the arrangement in Part XI   | II Check here if the   | explanatı         | on has b                  | een pr          | ovided in Pa                  | rt XIII        |                                | Г                     |
| Pai  | rt V Endowment Funds. Complete   | if the organization    | answer            | ed "Yes                   | " to F          | orm 990, F                    | art I\         | /, line 10.                    |                       |
|      |  | (a)Current year        | <b>(b)</b> Prior  | year                      | <b>b (c)</b> Tw | o years back                  | <b>d)</b> Thre | e years back (e)               | Four years back       |
| 1a   | Beginning of year balance  |                        |                   |                           |                 |                               |                |                                |                       |
| Ь    | Contributions  |                        |                   |                           |                 |                               |                |                                |                       |
| С    | 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 of the cur  | rent year end balance  | e (lıne 1g        | , columr                  | n (a)) h        | eld as                        |                |                                |                       |
| а    | Board designated or quasi-endowment 🕨  |                        |                   |                           |                 |                               |                |                                |                       |
| b    | Permanent endowment ►  |                        |                   |                           |                 |                               |                |                                |                       |
| С    | Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c sho             | uld equal 100%         |                   |                           |                 |                               |                |                                |                       |
| 3a   | Are there endowment funds not in the posse organization by                                 | ssion of the organizat | tion that         | are held                  | and ac          | dmınıstered f                 | or the         |                                | Yes No                |
|      | (i) unrelated organizations  |                        |                   |                           |                 |                               |                | 3a(i)                          |                       |
| b    | (ii) related organizations   |                        | on Scho           | <br>Jule Po               | •               |                               | •              | 3a(ii)<br>3b                   | <u> </u>              |
| 4    | Describe in Part XIII the intended uses of t   |                        |                   |                           |                 |                               |                | טכ                             |                       |
|      | t VI Land, Buildings, and Equipme  |                        |                   |                           | answ            | ered 'Yes'                    | to For         | m 990, Part :                  | IV, line              |
|      | 11a. See Form 990, Part X, line  | 10.                    |                   |                           |                 | T                             |                |                                |                       |
|      | Description of property  |                        |                   | a) Cost or<br>asıs (ınves |                 | (b)Cost or ot<br>basis (other |                | c) Accumulated<br>depreciation | (d) Book value        |
| 1a   | Land   |                        |                   |                           |                 |                               |                |                                |                       |
| b    | Buildings  |                        |                   |                           |                 |                               |                |                                |                       |
| С    | Leasehold improvements   |                        |                   |                           |                 |                               |                |                                |                       |
| d    | Equipment  |                        |                   |                           |                 | 106,8                         | 395            | 81,201                         | 25,694                |
| _    | Other  |                        |                   |                           |                 | ı — —                         | 1              |                                |                       |
|      | I. Add lines 1a through 1e (Column (d) must o  |                        | •                 |                           |                 | 30,0                          | 006            | 14,889                         | 15,117                |

| See Form 990, Part X, line 12.  (a) Description of security or category   | (b)Book value             | (c) Method of valuation                            |
|---|---------------------------|--|
| (including name of security)  | (2)2001. Turus            | Cost or end-of-year market value                   |
| (1) Financial derivatives   |                           |  |
| (2)Closely-held equity interests Other  |                           |  |
|   |                           |  |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  | <b>F</b>                  |  |
| Part VIII Investments—Program Related. C  | omplete ıf the organızatı | ion answered 'Yes' to Form 990, Part IV, line 11c. |
| See Form 990, Part X, line 13.  (a) Description of investment   | (b) Book value            | (c) Method of valuation                            |
| (a) Description of investment   | (b) Book value            | Cost or end-of-year market value                   |
|   |                           |  |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13)  | <b>+</b>                  |  |
| Part IX Other Assets. Complete if the organization  |                           |  |
| (a) Descr   | ription                   | (b) Book value                                     |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  |                           |  |
| <b>Part X Other Liabilities.</b> Complete if the organization of the organization of the property | anization answered 'Yes'  | to Form 990, Part IV, line 11e or 11f. See         |
| 1 (a) Description of liability  | (b) Book value            |  |
| Federal income taxes  |                           |  |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  | <u> </u>                  | †  |
| Total (Column (b) mast equal form 330, fart A, coll b) mic 23 /   |                           |  |

| Par            |  | evenue per Audited Financial Sta<br>vered 'Yes' to Form 990, Part IV, line :  |  | nts With Revenue <sub>I</sub>   | er R   | <b>eturn</b> Complete If  |
|----------------|--|---|--|---|--|---|
| 1              |  | r support per audited financial statements  |  |   | 1  | 3,948,846   |
| 2              | · - · ·                                    | it not on Form 990, Part VIII, line 12  |  |   |  | , , , , , , , , , , , , , , , , , , ,   |
| а              |  | ments   | 2a   |   |  |   |
| ь              | _  | acılıtıes   | 2b   |   |  |   |
| c              |  | S   | 2c   |   |  |   |
| d              |  |   | 2d   |   |  |   |
| e              |  |   |  |   | 2e   | 0   |
| 3              |  |   |  |   | 3  | 3,948,846   |
| 4              |  | 0, Part VIII, line 12, but not on line 1  |  |   |  | , , , , , , , , , , , , , , , , , , ,   |
| а              |  | uded on Form 990, Part VIII, line 7b  | 4a   |   |  |   |
| ь              | ·  |   | 4b   | -94,384   |  |   |
| c              |  |   |  | · · · · · · · · · · · · · · · · · · ·   | 4c   | -94,384   |
| 5              |  | <b>i 4c.</b> (This must equal Form 990, Part I, line  |  |   | 5  | 3,854,462   |
|                |  | xpenses per Audited Financial Sta   |  |   | s per  |   |
|                |  | swered 'Yes' to Form 990, Part IV, line   |  |   |  | ·   |
| 1              | Total expenses and losses pe               | audited financial statements  | •  |   | 1  | 3,820,942   |
| 2              | Amounts included on line 1 bu              | t not on Form 990, Part IX, line 25   |  |   |  |   |
| а              | Donated services and use of fa             | acılıtıes   | 2a   |   |  |   |
| b              | Prior year adjustments                     |   | 2b   |   |  |   |
| C              | Otherlosses                                |   | 2c   |   |  |   |
| d              | Other (Describe in Part XIII )             | _   |  |   |  |   |
| e              | Add lines <b>2a</b> through <b>2d</b>      |   |  |   | 2e   | 0   |
| 3              | Subtract line ${f 2e}$ from line ${f 1}$ . | 3   | 3,820,942  |   |  |   |
| 4              | Amounts included on Form 99                | 0, Part IX, line 25, but not on line 1:   |  |   |  |   |
| а              | Investment expenses not incl               | uded on Form 990, Part VIII, line 7b  | 4a   |   |  |   |
| b              | Other (Describe in Part XIII )             |   | 4b   | -94,384   | ]  |   |
| c              | Add lines <b>4a</b> and <b>4b</b>          |   |  |   | 4c   | -94,384   |
| 5              | Total expenses Add lines 3 ai              | nd <b>4c.</b> (This must equal Form 990, Part I, lir  | ne 18 )  |   | 5  | 3,726,558   |
| Part           | XIII Supplemental Inf                      | ormation  |  |   |  |   |
| Part           |  | Part II, lines 3, 5, and 9, Part III, lines 1a, lines 2d and 4b, and Part XII, lines 2d and   |  |   |  | de any additional   |
|                | Return Reference                           | Explanation   |  |   |  |   |
| PART X, LINE 2 |  | TRCP IS EXEMPT FROM FEDERAL AND THE INTERNAL REVENUE CODE (IRC) CONTRIBUTION DEDUCTION UNDER SORGANIZATION THAT IS NOT A PRIVATIS NO MATERIAL NET UNRELATED BUSFOLLOWS ACCOUNTING STANDARDS FOR INCOME TAX PROVISIONS TRCPMATERIAL UNRECOGNIZED TAX BENEYEARS ENDING ON OR AFTER DECEMBEDERAL AND STATE TAX AUTHORITIES | TRCP ( ECTICATE FOR SINESS FOR DE HAS DE FITS O ER 31, | QUALIFIES FOR THE CON 170 AND HAS BEEN UNDATION UNDER SEINCOME TAX LIABIL: EALING WITH UNCERTEERMINED THAT IT IR OBLIGATIONS AS O | HARITECTION OF THE PROPERTY OF | TABLE SSIFIED AS AN N 509(A)(1) THERE OR 2013 TRCP Y IN ACCOUNTING NOT HAVE ANY CEMBER 31, 2013 |
|                | XI, LINE 4B - OTHER<br>STMENTS             | FUNDRAISING - DIRECT EXPENSE REF  | LECTE  | D ON PART VIII, LINE  | 8B-9   | 4,384   |
|                | XII, LINE 4B - OTHER<br>STMENTS            | FUNDRAISING - DIRECT EXPENSE REF  | LECTE  | D ON PART VIII, LINE  | 8B-9   | 4,384   |

| •         | <u> </u>          |                      |
|-----------|-------------------|----------------------|
| Part XIII | Supplemental Info | ormation (continued) |
| Ret       | turn Reference    | Explanation          |
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Schedule D (Form 990) 2013

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**SCHEDULE G** (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| Name of the organization<br>THEODORE ROOSEVELT CONSE                  | - DVATION DARTN   | IEDCHID                   |   |                                      |                   | Employer ider                                   | itification number                                       |  |  |
|---|---|---------------------------|---|--------------------------------------|-------------------|---|--|--|--|
| THEODORE ROOSEVEET CONST  | .RVAIION FARIN  | ILKSIIIF                  |   |                                      |                   | 04-3706385                                      |  |  |  |
| Part I Fundraising Active Form 990-EZ filers                          |   |                           |   | on answered "Yes" to part.           | to Form           | 990, Part IV                                    | , line 17.   |  |  |
| 1 Indicate whether the organiz  | —————ation raised funds <sup>i</sup>                        | through ar                | ny of the f                                     | following activities Che             | eck all tha       | at apply  |  |  |  |
| a Mail solicitations  |   | J                         |   | Solicitation of non                  |                   |   |  |  |  |
| <b>b</b> Internet and email solici                                    | tations   |                           | f   | ☐ Solicitation of gov                | ernment           | grants  |  |  |  |
| <b>c</b> Phone solicitations  | ☐ Phone solicitations <b>g</b> ☐ Special fundraising events |                           |   |                                      |                   |   |  |  |  |
| <b>d</b>  |   |                           |   |                                      |                   |   |  |  |  |
| 2a Did the organization have a workey employees listed in Fo          |   |                           |   |                                      |                   |   | Г <sub>Yes</sub> Г No                                    |  |  |
| <b>b</b> If "Yes," list the ten highest to be compensated at least \$ |   |                           | fundraise                                       | rs) pursuant to agreem               | ents unde         | er which the fu                                 | ndraiser is  |  |  |
| (i) Name and address of<br>individual<br>or entity (fundraiser)       | (ii) Activity   | fundrais<br>custo<br>cont | Did<br>ser have<br>ody or<br>rol of<br>outions? | (iv) Gross receipts<br>from activity | (or re<br>fundraı | nount paid to stained by) ser listed in col (i) | (vi) A mount paid to<br>(or retained by)<br>organization |  |  |
|   |   | Yes                       | No  |                                      |                   |   |  |  |  |
|   |   |                           |   |                                      |                   |   |  |  |  |
|   |   | +                         |   |                                      |                   |   |  |  |  |
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|   |   |                           | <b>&gt;</b>                                     |                                      |                   |   |  |  |  |
| 3 List all states in which the or registration or licensing           | ganization is regis   | tered or li               | censed to                                       | <br>                                 | r has bee         | n notified it is                                | exempt from  |  |  |
|   |   |                           |   |                                      |                   |   |  |  |  |
|   |   |                           |   |                                      |                   |   |  |  |  |
|   |   |                           |   |                                      |                   |   |  |  |  |

|           |       | G (Form 990 or 990-EZ) 2013   |                              |  |                         | Page 2   |
|-----------|-------|---|------------------------------|--|-------------------------|--|
| Pa        | rt II | Fundraising Events. Commore than \$15,000 of fundation events with gross receipts of the second secon | raising event contribut      |  |                         |  |
|           |       |   | (a) Event #1 CAPITAL         | <b>(b)</b> Event #2                              | (c) O ther events       | (d) Total events<br>(add col (a) through<br>col (c)) |
|           |       |   | CONSERVATION<br>DINNER       | (event type)                                     | (total number)          |  |
|           |       |   | (event type)                 |  |                         |  |
| HATE      | 1     | Gross receipts  | 211,898                      | 3  |                         | 211,898  |
| Revenue   | 2     | Less Contributions  | 36,170                       | 5  |                         | 36,176   |
| _         | 3     | Gross income (line 1 minus line 2)  | 175,72                       | 2  |                         | 175,722  |
|           | 4     | Cash prizes   |                              |  |                         |  |
| မှာ       | 5     | Noncash prizes  | 36,170                       | 5  |                         | 36,176   |
| Expenses  | 6     | Rent/facility costs   | 8,350                        |  |                         | 8,350  |
| ă         | 7     | Food and beverages .  | 32,80                        | 4  |                         | 32,804   |
| _<br>⊡reg | 8     | Entertainment   | 10,80                        | 5  |                         | 10,805   |
| ā         | 9     | Other direct expenses .   | 6,249                        | 9  |                         | 6,249  |
|           | 10    | Direct expense summary Add lii  | nes 4 through 9 ın columr    | ı(d)   |                         | (94,384)   |
|           | 11    | Net income summary Subtract l   | ine 10 from line 3, columr   | n (d)  |                         | 81,338   |
| Par       | t III | <b>Gaming.</b> Complete if the o \$15,000 on Form 990-EZ, li  |                              | "Yes" to Form 990, Pa                            | rt IV, line 19, or repo | orted more than                                      |
| Revenue   |       | φ10/000 011 101111 JJ0 22/ 11   | (a) Bingo                    | (b) Pull tabs/Instant<br>bingo/progressive bingo | (c) Other gaming        | (d) Total gaming (add col (a) through col (c))       |
| Rev       | 1     | Gross revenue   |                              |  |                         | (9)  |
| Ses       | 2     | Cash prizes   |                              |  |                         |  |
| Expens    | 3     | Non-cash prizes   |                              |  |                         |  |
| ш<br>ţ    | 4     | Rent/facility costs   |                              |  |                         |  |
| Direct    | 5     | Other direct expenses   |                              |  |                         |  |
|           | 6     | Volunteer labor   | ┌ Yes % % No                 | <ul><li>☐ Yes</li></ul>                          |                         |  |
|           | 7     | Direct expense summary Add line   | es 2 through 5 in column (   | d)   |                         |  |
|           | 8     | Net gaming income summary Sub   | tract line 7 from line 1, co | olumn (d)  | <u> ▶</u>               |  |
| 9         | Ent   | er the state(s) in which the organiz  | ation operates gaming ac     | tivities   |                         |  |
| а         | Ist   | the organization licensed to operate  | e gamıng actıvıtıes ın eac   | h of these states?                               |                         | . Fyes Fno   |
| b         | If"I  | No," explain  |                              |  |                         |  |
|           |       |   |                              |  |                         |  |
| 10a       |       | re any of the organization's gaming   |                              |  |                         | · · 「Yes 「No   |
| Ь         | 11    | Yes," explain   |                              |  |                         |  |

|          |  |                        |   |                      |                | 1:      |
|----------|--|------------------------|---|----------------------|----------------|---------|
| Does     | s the organization operate gaming activi       | ties with nonmember    | rs?   |                      | T Yes T No     |         |
| 12       | Is the organization a grantor, beneficia       |                        |   |                      |                |         |
|          | formed to administer charitable gaming         | g <sup>,</sup>         |   |                      | · Fyes [       | –<br>No |
| 13       | Indicate the percentage of gaming act          | ıvıty operated ın      |   |                      |                |         |
| а        | The organization's facility                    |                        |   | <del></del>          |                | %       |
| b        | An outside facility                            |                        |   | 13b                  |                | %       |
| 14       | Enter the name and address of the per          | son who prepares the   | e organization's gaming/special e                               | vents books and reco | ords           |         |
|          | Name <b>▶</b>                                  |                        |   |                      |                |         |
|          | Address 🟲                                      |                        |   |                      |                |         |
| 15a<br>b | Does the organization have a contract revenue? | evenue received by t   | the organization 🟲 \$   |                      | · · 「Yes「      | _<br>No |
|          | amount of gaming revenue retained by           | the third party 🟲 \$ _ |   |                      |                |         |
| C        | If "Yes," enter name and address of th         | e thırd party          |   |                      |                |         |
|          | Name <b>▶</b>                                  |                        |   |                      |                |         |
|          | Address ►                                      |                        |   |                      |                |         |
| 16       | Gaming manager information                     |                        |   |                      |                |         |
|          | Name 🕨   |                        |   |                      |                |         |
|          | Gaming manager compensation ► \$               |                        |   |                      |                |         |
|          | Description of services provided               |                        |   |                      |                |         |
|          | Director/officer                               | <b>E</b> mployee       | ☐ Independent cor   | ntractor             |                |         |
| 17       | Mandatory distributions                        |                        |   |                      |                |         |
| а        | Is the organization required under stat        | e law to make charit   | able distributions from the gaming                              | g proceeds to        |                |         |
|          | retain the state gaming license?               |                        |   |                      | ┌ Yes 「        | —<br>No |
| b        | Enter the amount of distributions requi        | red under state law (  | distributed to other exempt organi                              | ızatıons or spent    |                |         |
|          | ın the organızatıon's own exempt actıv         | ities during the tax y | ∕ear <b>⊳</b> \$  |                      |                |         |
| Pai      |  | 5b, 15c, 16, and 1     | xplanations required by Part I<br>7b, as applicable. Also compl |                      |                | and     |
|          | Return Reference                               |                        | Explanat  | ıon                  |                |         |
|          |  | <u> </u>               | <u> </u>  |                      | rm 990 or 990- | 7) 2012 |

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DLN: 93493111000034

OMB No 1545-0047

Schedule J

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Internal Revenue Service Name of the organization

(Form 990)

Department of the Treasury

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number** THEODORE ROOSEVELT CONSERVATION PARTNERSHIP

04-3706385

| Pai | It I Questions Regarding Compensation  | n          |  |    |     |    |
|-----|--|------------|--|----|-----|----|
|     |  |            |  |    | Yes | No |
| 1a  | Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II.  |            |  |    |     |    |
|     | First-class or charter travel  | Г          | Housing allowance or residence for personal use              |    |     |    |
|     | Travel for companions  | Γ          | Payments for business use of personal residence              |    |     |    |
|     | Tax idemnification and gross-up payments   | ᅜ          | Health or social club dues or initiation fees                |    |     |    |
|     | Discretionary spending account   | Γ          | Personal services (e g , maid, chauffeur, chef)              |    |     |    |
| b   | If any of the boxes in line 1a are checked, did the o reimbursement or provision of all of the expenses d  |            |  | 1b | Yes |    |
| 2   | Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Exe  |            |  | 2  | Yes |    |
|     |  |            |  |    |     |    |
| 3   | Indicate which, if any, of the following the filing orga organization's CEO/Executive Director Check all t used by a related organization to establish compens | hat apply  |  |    |     |    |
|     | Compensation committee   | Г          | Written employment contract                                  |    |     |    |
|     | Independent compensation consultant  | ,<br>_     | • •  |    |     |    |
|     | Form 990 of other organizations  | <u> </u>   | Approval by the board or compensation committee              |    |     |    |
| 4   | During the year, did any person listed in Form 990, or a related organization  | Part VII   | , Section A, line 1a with respect to the filing organization |    |     |    |
| а   | Receive a severance payment or change-of-control   | paymen     | t?   | 4a |     | Νo |
| b   | Participate in, or receive payment from, a suppleme  | ntal non   | qualified retirement plan?                                   | 4b |     | No |
| c   | Participate in, or receive payment from, an equity-b   | ased co    | mpensation arrangement?                                      | 4c |     | No |
|     | If "Yes" to any of lines 4a-c, list the persons and pr   | rovide th  | e applicable amounts for each item in Part III               |    |     |    |
|     | Only 501(c)(3) and 501(c)(4) organizations only me   | ust comp   | olete lines 5-9.   |    |     |    |
| 5   | For persons listed in Form 990, Part VII, Section A compensation contingent on the revenues of   |            |  |    |     |    |
| а   | The organization?  |            |  | 5a |     | No |
| b   | Any related organization?  |            |  | 5b |     | No |
|     | If "Yes," to line 5a or 5b, describe in Part III   |            |  |    |     |    |
| 6   | For persons listed in Form 990, Part VII, Section A compensation contingent on the net earnings of   | , line 1a  | , did the organization pay or accrue any                     |    |     |    |
| а   | The organization?  |            |  | 6a |     | Νo |
| b   | Any related organization?  |            |  | 6b |     | Νo |
|     | If "Yes," to line 6a or 6b, describe in Part III   |            |  |    |     |    |
| 7   | For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"   |            |  | 7  |     | No |
| 8   | Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described i   |            |  |    |     |    |
|     | in Part III  | ii ivegula | dona section as tabort(a)(s). It les, describe               | 8  |     | No |
| 9   | If "Yes" to line 8 did the organization also follow th   | e rehutts  | able presumption procedure described in Regulations          | ٿ  |     |    |
|     | section 53 4958-6(c)?  |            | asia prosumption procedure described in Regulations          | 9  |     |    |

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |   |   | (C) Retirement and             | (D) Nontaxable | (E) Total of columns | (F) Compensation                          |
|--------------------|-------------|--|---|---|--------------------------------|----------------|----------------------|---|
|                    |             | (i) Base<br>compensation                           | (ii) Bonus &<br>ıncentive<br>compensation | (iii) Other<br>reportable<br>compensation | other deferred<br>compensation | benefits       | (B)(ı)-(D)           | reported as deferred<br>in prior Form 990 |
|                    | (i)<br>(ii) | 181,598<br>0                                       | 31,450<br>0                               | 0 0                                       | 7,548<br>0                     | 13,336<br>0    | 233,932              | 0   |

Schedule J (Form 990) 2013

## Part IIII Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

| Return Reference | Explanation  |
|------------------|--|
| PART I, LINE 1A  | TRCP PAYS FOR HEALTH CLUB FEES FOR PRESIDENT THE PAYMENTS FOR 2013, TOTALING \$714, MADE ON HIS BEHALF ARE INCLUDED AS COMPENSATION TO HIM |

Schedule J (Form 990) 2013

DLN: 93493111000034

OMB No 1545-0047

**SCHEDULE M** (Form 990)

## **Noncash Contributions**

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

**Inspection** 

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer identification number** 

|          | DORE ROOSEVELT CONSERVATION PARTNERS                                    | HIP                              |  |  | 0.4     | 2706205                    |      | ·   |     |
|----------|---|----------------------------------|--|--|---------|----------------------------|------|-----|-----|
| Pa       | rt I Types of Property  |                                  |  |  | 04-3    | 3706385                    |      |     |     |
|          | Types et Troperty   | (a)<br>Check<br>If<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VII<br>line 1 g | n       | Method of<br>noncash contr |      |     | nts |
|          | Art—Works of art  |                                  |  |  |         |                            |      |     |     |
|          | Art—Historical treasures .  |                                  |  |  |         |                            |      |     |     |
| 3        | Art—Fractional interests  |                                  |  |  |         |                            |      |     |     |
| 4        | Books and publications  |                                  |  |  |         |                            |      |     |     |
| 5        | Clothing and household  |                                  |  |  |         |                            |      |     |     |
| _        | goods   |                                  |  |  | _       |                            |      |     |     |
| _        | Cars and other vehicles   |                                  |  |  | -       |                            |      |     |     |
| 7        | Boats and planes  |                                  |  |  | +       |                            |      |     |     |
|          | Intellectual property   |                                  |  |  |         |                            | –    |     |     |
| 9        | Securities—Publicly traded .  | X                                | 3  | 8,9  | 925 F   | AIR MARKET V               | ALUE |     |     |
| 10<br>11 | Securities—Closely held stock . Securities—Partnership, LLC,            |                                  |  |  |         |                            |      |     |     |
|          | or trust interests  |                                  |  |  | _       |                            |      |     |     |
|          | Securities—Miscellaneous  |                                  |  |  |         |                            |      |     |     |
| 13       | Qualified conservation contribution—Historic structures                 |                                  |  |  |         |                            |      |     |     |
| 14       | Qualified conservation  |                                  |  |  |         |                            |      |     |     |
|          | contribution—Other  |                                  |  |  |         |                            |      |     |     |
| 15       | Real estate—Residential .   |                                  |  |  |         |                            |      |     |     |
| 16       | Real estate—Commercial  |                                  |  |  |         |                            |      |     |     |
| 17       | Real estate—Other   |                                  |  |  |         |                            |      |     |     |
| 18       | Collectibles  |                                  |  |  |         |                            |      |     |     |
| 19       | Food inventory  |                                  |  |  |         |                            |      |     |     |
| 20       | Drugs and medical supplies .  |                                  |  |  |         |                            |      |     |     |
| 21       | Taxidermy   |                                  |  |  |         |                            |      |     |     |
| 22       | Historical artifacts  |                                  |  |  |         |                            |      |     |     |
| 23       | Scientific specimens  |                                  |  |  |         |                            |      |     |     |
| 24       | Archeological artifacts   |                                  |  |  |         |                            |      |     |     |
|          | Other► (  | ×                                | 58   | 36,1   | .76 F   | AIR MARKET V               | ALUE |     |     |
|          | ENT AUCTIO )  | _                                |  |  |         |                            |      |     |     |
| 26       | O ther ►()  |                                  |  |  |         |                            |      |     |     |
| 27       | O ther ►()  |                                  |  |  | _       |                            |      |     |     |
| 28       | O ther ► ()   |                                  |  |  |         |                            |      |     |     |
| 29       | Number of Forms 8283 received by t for which the organization completed |                                  |  |  | 29      |                            |      |     |     |
|          | ·   | ,                                | ,  | ·  |         |                            |      | Yes | No  |
| 30a      | During the year, did the organization                                   | receive by                       | contribution any property i                            | reported in Part I, line:  | s 1 th  | rough 28, that             |      |     |     |
|          | it must hold for at least three years t                                 | from the dat                     | e of the initial contribution                          | , and which is not requ  | ired t  | o be used                  |      |     |     |
|          | for exempt purposes for the entire ho                                   | olding period                    | 2  |  |         |                            | 30a  |     | No  |
| b        | If "Yes," describe the arrangement i                                    | n Part II                        |  |  |         |                            |      |     |     |
| 31       | Does the organization have a gift acc                                   | ceptance po                      | licy that requires the revie                           | w of any non-standard  | l cont  | :ributions?                | 31   |     | Νo  |
| 32a      | Does the organization hire or use thi contributions?                    | rd parties oi                    | related organizations to s                             | olicit, process, or sell   | nonc    | ash                        | 222  | Vac |     |
| Į.       | If "Yes," describe in Part II   |                                  |  | <del>-</del>   | -       |                            | 32a  | Yes |     |
|          | If the organization did not report an a                                 | amount in co                     | olumn (c) for a type of prop                           | erty for which column  | (a) ic  | chacked                    |      |     |     |
| J.J      | describe in Part II   | amount in Cl                     | manini (c) for a type of prop                          | city for winch column  | (u ) 15 | checked,                   |      |     |     |

|                  | number of items received, or a combination of both. Also complete this part for any additional information.                                    |  |
|------------------|--|--|
| Return Reference | Explanation  |  |
|                  | TRCP UTILIZES THE SERVICE OF A FINANCIAL ADVISOR THROUGH A BROKERAGE FIRM TO PROCESS NON-CASH GIFTS OF SECURITIES, WHICH ARE SOLD UPON RECEIPT |  |

Schedule M (Form 990) (2013)

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(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493111000034

OMB No 1545-0047

2013

Open to Public Inspection

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 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.

Employer identification number Name of the organization THEODORE ROOSEVELT CONSERVATION PARTNERSHIP 04-3706385

| Return Reference                         | Explanation   |
|--|---|
| FORM 990, PART VI,<br>SECTION B, LINE 11 | THE TAX RETURN WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY SENIOR MANAGEMENT THE DRAFT 990 WAS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW AND COMMENT A FINAL COPY OF 990 WAS SENT TO THE ENTIRE BOARD FOR REVIEW AND APPROVAL BEFORE IT WAS FILED WITH IRS |

|   | Return<br>Reference |
|---|---------------------|
| FORM 990, PART VI, SECTION B, LINE 12C  EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON A HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, B HAS READ AND UNDERSTANDS THE POLICY, C HAS AGREED TO COMPLY WITH THE POLICY, AND D UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND THAT, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES PROCEDURES FOR ADDRESSING THE CONFLICT OF INTEREST A AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE LEAVES THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST B THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE, IF APPROPRIATE, APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT C AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE DETERMINES WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST D IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT | SECTION B,          |

| Return<br>Reference                             | Explanation  |
|---|--|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 15A | THE BOARD OF DIRECTORS OBTAINED ASSISTANCE IN DETERMINING THE APPROPRIATE COMPENSATION FOR THE PRESIDENT & CEO COMPARABILITY DATA WAS OBTAINED FROM A THIRD PARTY AND PROVIDED TO THE BOARD TO ASSIST IN ITS DETERMINATION THE DELIBERATION AND DECISION OCCURRED DURING EXECUTIVE SESSION OF A MEETING OF THE BOARD OF DIRECTORS THE PROCESS IS DOCUMENTED IN BOARD MINUTES THERE HAS NOT YET BEEN A SALARY REVIEW FOR THE CURRENT PRESIDENT/CEO OF THE TRCP AN END-OF-YEAR REVIEW OCCURRED WITH RESPECT TO A BONUS THAT WAS DETERMINED BY THE EXECUTIVE COMMITTEE IN ACCORDANCE WITH THE TRCP'S CEO COMPENSATION POLICIES AND PROCEDURES THIS REVIEW TOOK PLACE IN FEBRUARY 2013 |

| Return Reference                         | Explanation  |
|--|--|
| FORM 990, PART VI,<br>SECTION C, LINE 19 | THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST |

| Return<br>Reference               | Explanation  |
|-----------------------------------|--|
| FORM 990,<br>PART IX, LINE<br>11G | PROGRAM CONSULTANTS PROGRAM SERVICE EXPENSES 681,092 MANAGEMENT AND GENERAL EXPENSES 19,000 FUNDRAISING EXPENSES 4,500 TOTAL EXPENSES 704,592 PROFESSIONAL SERVICES - POLLING PROGRAM SERVICE EXPENSES 7,557 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 7,557 TEMPORARY SERVICES PROGRAM SERVICE EXPENSES 9,450 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 1,050 TOTAL EXPENSES 10,500 MEMBER FULFILLMENT PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 5,970 TOTAL EXPENSES 5,970 PROFESSIONAL SERVICES - GIS/MAPPING PROGRAM SERVICE EXPENSES 15,323 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 15,323 |

| Return Reference            | Explanation  |
|-----------------------------|--|
| FORM 990, PART XII, LINE 2C | THE ORGANIZATION DID NOT CHANGE IT'S OVERSIGHT PROCESS OR SELECTIONS PROCESS DURING 2013 |