Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 ca	lendar year, or tax year beginnir	g 01-01-2014 , and ending 12	2-31-2014				
B Ch	eck if ap	pplicable	C Name of organization THEODORE ROOSEVELT CONSERVA	TION PARTNERSHIP			D Emplo	yer iden	tification number
┌ Add	ress ch	ange	THEODORE ROOSEVEET CONSERVA	TION PARTICESHIP			04-37	706385	i
┌ Na	me char	nge	Doing business as						
┌ Init	ıal retur	m					E Talanh	one numb	ner .
Fin			Number and street (or P O box if i 1660 L STREET NW NO 208	mail is not delivered to street address)	Room/suite	!			
_	urn/tern						(202)	639-8	727
	ended r olication	return pending	WASHINGTON, DC 20036	intry, and ZIP or foreign postal code			G Gross i	receipts \$	4,119,572
			F Name and address of pri	ncıpal officer		H(a) Is thi	l sa droum	return	for
			PIETER FOSBURGH	0			dinates?		r Yes r No
			1660 L STREET NW NO 20 WASHINGTON, DC 20036			H(b) Are a	المسمطين مال		□ Yes □ No
						includ		mates	j fesj No
I Ta	x-exem	pt status	5 ▽ 501(c)(3) □ 501(c)() ◄	(Insert no)	527	If"No	o," attach	nalist ((see instructions)
J W	ebsite	: :► WV	WW TRCP COM			H(c) Grou	p exempt	tion num	nber ►
V For	n of ora		n 🔽 Corporation 🗀 Trust 🗀 Associati	on Cothor In	I	L Year of fo			
	n or org rt I		nmary	on Other F		L Year of to	mation 20	JU2 M	State of legal domicile DE
Га					_				
			describe the organization's missi .RT III, LINE 1	on or most significant activities	5				
8	-								
ĕ	-								
Governance	2 0	Check t	:hıs box ┡॑ if the organization d	iscontinued its operations or di	sposed of	more than 2	5% of its	net as	sets
<u> </u>			,	'	•				
	3 1	Number	of voting members of the govern	ning body (Part VI, line 1a) .				3	24
Activities &	4 1	Number	of independent voting members	of the governing body (Part VI,	, lıne 1b)			4	24
Ĕ	5 T	Γotal nu	umber of individuals employed in	calendar year 2014 (Part V, Iır	ne 2a) .			5	28
্ব			umber of volunteers (estimate if					6	10
			nrelated business revenue from F					7a	0
	b N	Net unre	elated business taxable income	from Form 990-T, line 34 .				7b	0
	_	6	alada a a a la acada (Dash)/III			Prio	r Year	004	Current Year
<u>a</u>	8		am service revenue (Part VIII, line 1h)				3,769,884		3,598,539
Revenue	9	_	·	me (Part VIII, line 2g)			2	0 240	4,093
歪	10 11		r revenue (Part VIII, column (A)					338	457,870
	12		revenue—add lines 8 through 1:				01,	330	137,070
		12) .	<u> </u>	<u> </u>	•		3,854,	462	4,060,502
	13	Grant	s and similar amounts paid (Par	t IX, column (A), lines 1-3) .				0	484,099
	14		fits paid to or for members (Part					0	0
ø	15	Saları 5-10	ies, other compensation, employ	ee benefits (Part IX, column (A), lines		1,881,	822	2,074,239
Expenses	16a Professional fundraising fees (Part IX, column (A), line 11e)					. 0			0
क ≎	ь		undraising expenses (Part IX, column (I						
Ŋ				· ·				706	4 746 574
	17		r expenses (Part IX, column (A),				1,844, 3,726,		1,716,571 4,274,909
	18 19		expenses Add lines 13–17 (mi nue less expenses Subtract line					904	-214,407
* or	15	Kevei	nue less expenses Subtract line	10 110111 11111 11 11 11 11 11 11 11 11	• • •	Beginning			
B E E E							ear		End of Year
Not Assets or Fund Balances	20	Total	assets (Part X, line 16)				2,837,	013	2,490,865
25	21		liabilities (Part X, line 26) .				388,	384	256,643
	22		ssets or fund balances Subtract	line 21 from line 20			2,448,	629	2,234,222
	rt II		nature Block						
my k	nowled	lge and	perjury, I declare that I have ex belief, it is true, correct, and co cnowledge			n officer) is			
Sigr		IB	nature of officer				ite		
Her			TER FOSBURGH PRESIDENT & CEO						
		Туре	e or print name and title						
			Prınt/Type preparer's name BERT L SWAIN	Preparer's signature BERT L SWAIN	Date	I CIIC	ck if employed	PTIN P00238	 304
Paid		l l	Firm's name		L		r's EIN 🕨 5	1	
	pare		Firm's address ► 111 ROCKVILLE PIKE	STH FLOOR		Dho	ne no (240)) 402-27	00
Hec	Onl	IV I'	3 GGGGGGG F TIT NOCK VILLE PINE	JIII I LOOK		1 5110	10 (240	,, 105-57	••

ROCKVILLE, MD 20850

4e Total program service expenses >

(Expenses \$

3,551,593

) (Revenue \$

including grants of \$

Part TV	Checklist of	Required	Schedules
	CHECKIISLOI	reuun eu	SCHEUUICS

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (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	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? <i>If "Yes," complete Schedule C, Part III</i>	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 1	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? If "Yes," complete Schedule D, Part $\sqrt{2}$	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
е	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? If "Yes," complete Schedule F, Parts III and IV	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	Yes	
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?	20h		

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 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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 "Yes," 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? If "Yes," complete Schedule L, Part III	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			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (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	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? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, 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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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	

	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 26		165	14
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b	4		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1 c	Yes	
а	Tax Statements, filed for the calendar year ending with or within the year covered by this return	3		
)	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	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		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		
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		N
b	If "Yes," enter the name of the foreign country ▶			
a	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
С	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
d	If "Yes," indicate the number of Forms 8282 filed during the year			
2	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
J	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
Ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
3	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
=	Enter the amount of reserves on hand	_		
a	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	14b		

Form 990 (2014) 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. Section 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	1a	24			
	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	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a but other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co			3		No
4	Did the organization make any significant changes to its governing documents since filed?	e the p	rıor Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation'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 pow more members of the governing body?			7a		No
b	Are any governance decisions of the organization reserved to (or subject to approve or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ur	ndertaken during the			
а	The governing body?			8a	Yes	
Ь	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, organization's mailing address? If "Yes," provide the names and addresses in Schedule			9		N o
Se	ection B. Policies (This Section B requests information about policies not	reaui	red by the Internal R	Reveni	ue Cod	e.)
Se	ection B. Policies (This Section B requests information about policies not	requi	red by the Internal R	Reveni	ue Cod Yes	e.) No
	Did the organization have local chapters, branches, or affiliates?	requi	red by the Internal R	10a		
10a	Did the organization have local chapters, branches, or affiliates?		s of such chapters,			No
10a b	Did the organization have local chapters, branches, or affiliates?	tivitie:	of such chapters, xempt purposes?	10a 10b		No
10a b 11a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the acaffiliates, and branches to ensure their operations are consistent with the organization are the organization provided a complete copy of this Form 990 to all members of its	tivitie: ion's e ts gov	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9	of such chapters, xempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the ac affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	tivitie ion's e ts gov Form 9	s of such chapters, xempt purposes? erning body before filing	10a 10b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivitie ion's e ts gov Form 9	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivitie ion's e ts gov Form 9	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	tivitie: on's e ts gov . Form 9 . Ily inte	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities on's e ts gov Form 9 Ily inte n the p	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 Ily inte in the p riew an	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities ton's e ts gov Form 9 Illy inte n the p riew an	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities ton's e ts gov Form 9 Illy inte n the p riew an	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?	tivities ion's e ts gov Form 9 Ily inte in the p riew an	s of such chapters, xempt purposes? erning body before filing	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No No

Section C. Disclosure

- 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, MD , MA , MI , MN , MO , NH , NJ , NM , NY , NC , ND , 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 Vpon request Other (explain in Schedule O)
- 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, address, and telephone number of the person who possesses the organization's books and records 20 ►PIETER FOSBURGH

1660 L STREET NW NO 208 WASHINGTON, DC 20036 (202) 639-8727

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- ♣ 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) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	han d n ıs l	ne l both	box, an d	officer	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	Ŧ			
c	Total from continuation sheets to Part VII, Section A	۰			
d	Total (add lines 1b and 1c)	•	342,950	0	38,965

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►2

			res	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
		_

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 ►0

Part V		Statement of Revenue				Page 9
THE V		Check if Schedule O contains a response or note to any lin	ne in this Part VIII			<u> </u>
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
တည	1a	Federated campaigns 1a				
ant	b	Membership dues 1b				
ا يِقْ رَفَ	c	Fundraising events 1c 42,851				
Program Service Revenue and Other Similar Amounts	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and 1f 3,555,688	1			
ibuti Xther	g	similar amounts not included above Noncash contributions included in lines 54.496				
Sont and (h	1a-1f \$	3,598,539			
		Business Code				
anue	2a					
.ag .ag	b					
93	c					
že.	d					
Ē	e					
ୁଆ	f	All other program service revenue				
ΔŤ	g	Total. Add lines 2a−2f				
	3	Investment income (including dividends, interest,	4,093			4,093
	4	and other similar amounts) Income from investment of tax-exempt bond proceeds	,			,
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	С	Rental income or (loss)		ı		
	d	Net rental income or (loss)				
	7a	(1) Securities (11) Other Gross amount				
	,	from sales of assets other				
	b	than inventory Less cost or				
	J	other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
Other Revenue	8a	Gross income from fundraising events (not including \$\frac{42,851}{}				
ě		of contributions reported on line 1c) See Part IV, line 18				
7		a 516,940				
<u></u>	b	Less direct expenses b 59,070	457,870			457,870
٧	c 9a	Net income or (loss) from fundraising events	437,870			437,870
	Ju	See Part IV, line 19				
	ь	Less direct expenses b				
		Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances				
	ь	Less cost of goods sold b				
		Net income or (loss) from sales of inventory				
ŀ		Miscellaneous Revenue Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	е	Total. Add lines 11a-11d ▶				
	12	Total revenue. See Instructions	4,060,502	0	0	461,963

	IX Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All	other organizati	ions must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	484,099	484,099		
2	Grants and other assistance to domestic individuals See Part IV, line 22	·	·		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	246,417	172,491	24,642	49,284
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	1,489,412	1,169,158	141,489	178,765
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,071	42,063	1,653	5,355
9	Other employee benefits	165,992	132,452	17,025	16,515
10	Payroll taxes	123,347	95,403	11,965	15,979
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	26,608		26,508	100
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 Schedule O)	557,140	535,554	15,000	6,586
12	Advertising and promotion	115,078	51,109	150	63,819
13	Office expenses	122,072	73,398	35,039	13,635
14	Information technology	127,844	49,406	58,304	20,134
15	Royalties				·
16	Occupancy	130,817		127,692	3,125
17	Travel	284,551	239,959	19,322	25,270
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	189,076	128,303	58,505	2,268
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,896		12,896	
23	Insurance	14,585	715	13,870	
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)				
а	MEDIA SUMMIT	99,020	99,020		
b	DUES AND SUBSCRIPTIONS	18,641	11,900	3,074	3,667
c	STATE REGISTRATIONS	9,962	19	178	9,765
d	OVERHEAD ALLOCATION	0	259,246	-136,121	-123,125
e	All other expenses	8,281	7,298	300	683
25	Total functional expenses. Add lines 1 through 24e	4,274,909	3,551,593	431,491	291,825
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	500	1	500
	2	Savings and temporary cash investments	1,469,956	2	1,643,956
	3	Pledges and grants receivable, net	1,281,903	3	702,824
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II of Schedule L		5	
s	6	Loans and other receivables from other disqualified persons (as defined under section $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and contributing employers and sponsoring organizations of section $501(c)(9)$ voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			
Assets				6	
83	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	43,843	9	103,344
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 149,227			
	ь	Less accumulated depreciation 10b 108,986	40,811	10c	40,241
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	_
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,837,013	16	2,490,865
	17	Accounts payable and accrued expenses	388,384	17	256,643
	18	Grants payable		18	_
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ø	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilitie	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
ф		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 related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule		25	
	26	D	388,384	25	256,643
	26	Total liabilities. Add lines 17 through 25	366,364	26	230,043
φ		Organizations that follow SFAS 117 (ASC 958), check here ▶ ▽ and complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	465,870	27	628,261
<u>명</u>	28	Temporarily restricted net assets	1,982,759	28	1,605,961
œ ₩	29	Permanently restricted net assets	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	29	.,,
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check here ► □ and			
or F		complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	2,448,629	33	2,234,222
~	34	Total liabilities and net assets/fund balances	2,837,013	34	2,490,865
	•				

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		4,0	060,502
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,2	274,909
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	214,407
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			148,629
5	Net unrealized gains (losses) on investments	5		۷,-	140,023
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)	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		2,2	234,222
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
	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	wed o	n		
	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 separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	ne 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
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?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: **Software Version:**

EIN: 04-3706385

Name: THEODORE ROOSEVELT CONSERVATION PARTNERSHIP

Name and I tale	Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
Company	(A)	(B) A verage hours per week (list any hours	Posit more th perso and a	ion (nan o n is b	do no ne b ooth ctor,	ox, u an of /trus	inless fficer tee)		Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the
NOW		organizations below	10 - 1		Officei	Key employee	Highest compensated employee	Former	2,1033 11130,	2/1099 11130/	related
10 AMES PART 10	(1) DAVID D PERKINS		х		Х				0	0	0
X	BOARD CHAIR (1) JAMES T MARTIN	1 00									
120 September 100 X	(-,		Х		х				0	0	0
TREASQUER	(2) JOHN DOERR		, , , , , , , , , , , , , , , , , , ,		\ ,						
Comment Comm	TREASURER		X		×				0	0	0
(4) F WELON BARD DESCRICTOR	(-,		X		x				0	0	0
DETECTOR	SECRETARY	0.50									
(5) JAME BAKER (5) JAME BAKER (6) 10 JAME BAKEROT (7) CRORGE COOPER (8) 0 V V O O O O O O O O O O O O O O O O O			Х						0	0	0
DIRECTOR	(5) JAMIE BAKER	0 50							_	_	_
X	DIRECTOR		X						0	0	0
DIRECTOR	(6) JO ANN BAREFOOT		X						0	0	0
DIRECTOR	DIRECTOR									•	
(8) KATE DISTLER ECKHAN (9) ONE DIRECTOR (10) JOHN GREFTR (11) JOHN GREFTR (12) JOHN GREFTR (13) JOHN GREFTR (14) JOHN GREFTR (15)			х						0	0	0
DIRECTOR	(8) KATIE DISTLER ECKMAN	0 50									
NECTOR N	DIRECTOR		Х						0	0	0
DIRECTOR	(9) MIKE FITZGERALD JR		V						0	0	0
DIRECTOR (11) FRANK HUGEMEYER 0 50 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	DIRECTOR		^						0	· ·	0
CLI) FRANK HUGEMEYER			х						0	0	0
DIRECTOR	DIRECTOR (11) FRANK HUGELMEYER	0 50									
DIRECTOR	DIRECTOR		Х						0	0	0
DIRECTOR	(12) J MICHAEL NUSSMAN								0	0	0
DIRECTOR	DIRECTOR		^						Ů	0	<u> </u>
(14) RON REGAN			Х						0	0	0
DIRECTOR X		0.50									
(15) ELIZABETH STORER			Х						0	0	0
DIRECTOR	(15) ELIZABETH STORER	0 50	<u> </u>								
X	DIRECTOR		X .						U	U	U
(17) PAUL R VAHLDIEK JR	(16) RICH TRUMKA		X						0	0	0
X	DIRECTOR (17) PAUL R VAHLDIEK 1R	0.50									
(18) HOWARD VINCENT			х						0	0	0
DIRECTOR X 0 0 0 0 (19) ALAN WENTZ 0 0 0 0 0 DIRECTOR 0 0 0 0 0 (20) SCOTT BLACKWELL 0 0 0 0 0 DIRECTOR X 0 0 0 0 (21) LESLIE KETNER 0 0 0 0 0 DIRECTOR X 0 0 0 0 (22) ROD NELSON 0 0 0 0 0 DIRECTOR X 0 0 0 0 (23) GEORGE THORNTON 0 0 0 0 0 DIRECTOR X 0 0 0 0 (24) PIETER FOSBURGH 40 0 X 222,893 0 23,525	(18) HOWARD VINCENT	0 50							_	_	_
X	DIRECTOR		X						0	0	0
DIRECTOR 0 50 X 0 0 0 DIRECTOR 0 0 0 0 0 (21) LESLIE KETNER 0 50 X 0 0 0 0	(19) ALAN WENTZ		l x						0	0	0
X	DIRECTOR										
Carron C			х						0	0	0
DIRECTOR 0 50 X 0 0 0 0 DIRECTOR X 0 0 0 0 0 DIRECTOR X 0 0 0 0 0 (23) GEORGE THORNTON 0 50 X 0 0 0 0 DIRECTOR X 0 0 0 0 0 0 (24) PIETER FOSBURGH 40 00 X 222,893 0 23,525	(21) LESLIE KETNER	0 50						t			
X	DIRECTOR		X						0	0	0
DIRECTOR 0 50 X 0 0 0 0 DIRECTOR X 0 0 0 0 0 DIRECTOR 40 00 X 222,893 0 23,525	(22) ROD NELSON		x						0	0	0
X	DIRECTOR		<u> </u>								
(24) PIETER FOSBURGH 40 00 X 222,893 0 23,525			x						0	0	О
	(24) PIETER FOSBURGH	40 00									
	PRESIDENT/CEO	<u> </u>	<u>L</u>	L	X				222,893	0	23,525

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Posit the person and individual trustae or director	ion (d ian oi n is b	ne bo oth a ctor/	ox, u an of trust (trust	nless ficer tee)	Forme	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(26) GEOFFREY MULLINS CHIEF OPERATING OFFICER	40 00			х				120,057	0	15,440

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As Filed Data -

DLN: 93493127012575

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

		ne organization	ADTNEDCHID				Employer identification	ation number					
THEOL	JUKE K	COOSEVELT CONSERVATION P	AKTNEKSHIP				04-3706385						
Pa	rt I	Reason for Publi	c Charity S	itatus (All organiza	tions must co	mplete this r		ns					
		zation is not a private fo						71101					
1	Ĭ.	A church, convention		•	= -	· ·	•						
2	Ė	A school described in	•				-,(-,(-,,						
3	<u></u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	<u>'</u> _	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
7	hospital's name, city, and state												
5	Г	An organization opera	ted for the ber	nefit of a college or uni	versity owned o	r operated by	a governmental unit d	escribed in					
		section 170(b)(1)(A)			,	. ,	-						
6	Г	A federal, state, or loc			described in se	ection 170(b)(1	L)(A)(v).						
7	Ī	An organization that n						eneral public					
	,	described in section 1				a g		, - · · · · · · · · · · · · · · · · · ·					
8	Γ	A community trust de	scribed in sect	ion 170(b)(1)(A)(vi)	(Complete Par	tII)							
9	Γ	An organization that n	ormally receiv	es (1) more than 331	l/3% of its supp	ort from contri	butions, membership	fees, and gross					
		receipts from activitie	s related to it:	s exempt functions—s	ubject to certai	n exceptions, a	ind (2) no more than 3	331/3% of					
		ıts support from gross	ınvestment ır	come and unrelated b	usıness taxable	e income (less	section 511 tax) from	n businesses					
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See sec	tion 509(a)(2).	(Complete Par	rt III)						
10	Γ	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ty See sectio i	າ 509(a)(4).						
11	Γ	An organization organ	ized and opera	ited exclusively for the	e benefit of, to p	erform the fund	ctions of, or to carry o	out the purposes of					
		one or more publicly s											
_	_	the box in lines 11a th	-			_							
а	ı	Type I. A supporting of supported organization											
		organization You mus				ty of the direct	ors or crustees or the	supporting					
b	Γ	Type II. A supporting				with its suppo	rted organization(s), l	by having control or					
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) You					
	_	must complete Part I	•				16						
С	ı	Type III functionally is supported organization	_		•		•	grated with, its					
d	Г	Type III non-function						ianization(s) that is					
_	,	not functionally integr											
	_	(see instructions) Yo											
е	ı	Check this box if the o					s a Type I, Type II, T	ype III functionally					
f		integrated, or Type III Enter the number of si											
-		Provide the following i											
g		r tovide the following i	mormation ab	out the supported orga	iiiizacioii(s)								
	(i)N:	ame of supported	(ii) EIN	(iii) Type of	(iv) Is the org	nanization	(v) A mount of	(vi) A mount of					
		organization	(, 21.1	organization	listed in your	governing	monetary support	other support (see					
		· ·		(described on lines	docume		(see instructions)	instructions)					
				1-9 above or IRC									
				section (see instructions))									
				instructions))	Yes	No							
Tota													

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.)

S	ection A. Public Support	•	•		, <u>, , , , , , , , , , , , , , , , , , </u>					
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,639,397	3,492,677	3,211,961	3,913,996	4,056,407	17,314,438			
2	organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit									
4 5	to the organization without charge Total. Add lines 1 through 3 The portion of total contributions	2,639,397	3,492,677	3,211,961	3,913,996	4,056,407	17,314,438			
	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						6,074,494			
6	(f) Public support. Subtract line 5 from line 4						11,239,944			
S	ection B. Total Support									
Cal	endar year (or fiscal year beginning in) 🟲	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
7	A mounts from line 4	2,639,397	3,492,677	3,211,961	3,913,996	4,056,407	17,314,438			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	4,723	3,293	1,610	3,240	4,092	16,958			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	26,809	227				27,036			
11	Total support Add lines 7 through 10						17,358,432			
12	Gross receipts from related activiti	es, etc (see inst	ructions)		_	12	126,505			
13	First five years. If the Form 990 is organization, check this box and st	op here	<u> </u>							
	ection C. Computation of Pul									
14	Public support percentage for 2014		•	11, column (f))		14	64 750 %			
15	Public support percentage for 2013	· ·	•			15	71 630 %			
	33 1/3% support test—2014. If the and stop here. The organization qua	alifies as a public	ly supported orga	nızatıon		•	► ✓			
	b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
ь 18	organization 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions									

Schedule A (Form 990 or 990-EZ) 2014 Page 3 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 Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a 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 C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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 Supporting Organizations

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

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)					
S	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2				
S	ection C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
S	ection D. All Type III Supporting Organizations					
			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3				
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.					
2	Activities Test Answer (a) and (b) below.		Yes	No		
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a				
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b				
3						
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a				
	Did the organization everging a substantial degree of direction over the policies, programs and activities of each					

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom			
2 A mounts paid to perform activity that directly furthexcess of income from activity			
3 Administrative expenses paid to accomplish exemp			
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec			
6 Other distributions (describe in Part VI) See instru			
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493127012575

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. ► 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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V,

line 35c (Proxy Tax) (see separate instructions), then ◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

	ime of the organization EODORE ROOSEVELT CONSERVATION P	ADTNEDSHID		Ei	mployer idei	ntification number
111	LODOKE KOOSEVELI CONSEKVALION P	WEINFROUTE		0	4-3706385	
Par	t I-A Complete if the or	ganization is exempt under	r section 501(c) or is a se	ction 527	organization.
1	Provide a description of the or	rganızatıon's dırect and ındırect poli	tıcal campaıgn act	ivities in Part 1	١٧	
2	Political expenditures				>	\$ 7,185
3	Volunteer hours					
Par	t IEB Complete if the o	ganization is exempt under	r section 501(c)(3).		
1	<u> </u>	e tax incurred by the organization u	•			\$
2	•	e tax incurred by organization mana			.	\$
3		section 4955 tax, did it file Form 47				☐ 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	r section 501(c), except s	ection 50)1(c)(3).
1	Enter the amount directly exp	ended by the filing organization for s	section 527 exemp	ot function acti	vities 🕨	\$
2	Enter the amount of the filing exempt function activities	organization's funds contributed to o	other organizations	s for section 52	27 ►	\$
3	Total exempt function expend	itures Add lines 1 and 2 Enter here	e and on Form 112	0-POL, line 17	7b ►	¢
4	Did the filing organization file	Form 1120-POL for this year?				⊤ Yes
5	organization made payments amount of political contribution	nd employer identification number (For each organization listed, enter this received that were promptly and political action committee (PAC) I	he amount paid fro directly delivered	om the filing org to a separate p	ganızatıon's political orga	funds Also enter the anization, such as a
	(a) Name	(b) Address	(c) EIN	(d) A moun filing orga funds If non	nization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

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	▶	ıf the filing	organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, E	ĪN,
		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 (The term "expenditures" means ar	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence public o	pinion (grass roots lobbying)	755	
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	6,430	
c	Total lobbying expenditures (add lines 1a and 1i	o)	7,185	
d	Other exempt purpose expenditures			
e	Total exempt purpose expenditures (add lines 1	c and 1d)	4,333,979	
f	Lobbying nontaxable amount Enter the amount f	rom the following table in both	366,699	
	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	ne 1f)	91,675	
h	Subtract line 1g from line 1a If zero or less, ent	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 lii	ne 1h or line 1i, did the organization file Form 4720	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 separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total			
2a	Lobbying nontaxable amount	291,025	316,887	341,065	366,699	1,315,676			
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,973,514			
c	Total lobbying expenditures	20,568	7,225	3,730	7,185	38,708			
d	Grassroots nontaxable amount	72,756	79,222	85,266	91,675	328,919			
e 	Grassroots ceiling amount (150% of line 2d, column (e))					493,379			
f	Grassroots lobbying expenditures	8,636	426		755	10,174			

	edule C (Form 990 or 990-EZ) 2014				<u> Page 3</u>
Ра	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N filed Form 5768 (election under section 501(h)).				
For e	rach "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(a	1)	(b))
activ	rity.	Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	ı			
a	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
b C	Media advertisements?			-	
d	Mailings to members, legislators, or the public?				
e	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	O ther activities?				
j	Total Add lines 1c through 1i				-
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6).	01(c))(5), d	or secti	on
			_	Ye	s No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		 	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N line 3, is answered "Yes."	01(c) lo" 0)(5), ()R (b)	Part II	on I-A,
1	Dues, assessments and similar amounts from members	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a	Current year	2a			
b	Carryover from last year	2b			
	Total	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	5			
P	art IV Supplemental Information				
Pro	ovide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group see instructions), and Part II-B, line 1 Also, complete this part for any additional information	lıst),	Part II	-A, lines	1 and
	Return Reference Explanation				
	T I-A, LINE 1 THE PARTNERSHIP'S DIRECT AND INDIRECT POLITICAL ACTIVITI	= C TNI	VOLVE	\/[CIT!	
——	OFFICES OF SENATORS AND REPRESENTATIVES, AND ENCOURAGE DIFFERENT STATES TO CONTACT THEIR REPRESENTATIVES REGA TO THE CONSERVATION OF NATURAL RESOURCES	NGP	ARTNE	RSIN	

Part IV Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule C (Form 990 or 990EZ) 2014

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493127012575

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► 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.

Open to Public

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

	Neverlide Service	, aa <u></u>		Inspection
	ne of the organization DDORE ROOSEVELT CONSERVATION PARTNERSHIP		Emp	ployer identification number
			04-	3706385
Pa	rt I Organizations Maintaining Donor Adv organization answered "Yes" to Form 990		Funds	or Accounts. Complete if th
	organization anomerous resistantin 550	(a) Donor advised funds		(b) Funds and other accounts
•	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		nor adv	rsed Yes No
3	Did the organization inform all grantees, donors, and doused only for charitable purposes and not for the beneficonferring impermissible private benefit?			
ar	t II Conservation Easements. Complete if	the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	or education) Preservation of a	a certifie	rically important land area d historic structure m of a conservation
	easement on the last day of the tax year			Held at the End of the Year
а	Total number of conservation easements		2a	ried at the Lid of the Teal
u b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
i	Number of conservation easements included in (c) acq historic structure listed in the National Register	. ,	2d	
	Number of conservation easements modified, transferr	ed released extinguished or termina		ne organization during
	the tax year -	ea, released, extinguished, or termina	ccu by ci	re organization during
	,			
	Number of states where property subject to conservati			
	Does the organization have a written policy regarding t enforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	ndling of	f violations, and Yes No
	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation ease	ements (during the year
	Amount of expenses incurred in monitoring, inspecting \$\blue\$\$\$	ı, and enforcıng conservatıon easemen	nts durin	g the year
	Does each conservation easement reported on line 2(cand 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 corbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easeme	e footnote to the organization's financi		•
ar	Complete if the organization answered "Y		, or Ot	her Similar Assets.
a	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	n, 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 asse service, provide the following amounts relating to these	ts held for public exhibition, education		
	(i) Revenue included in Form 990, Part VIII, line 1			▶ \$
	(ii) Assets included in Form 990, Part X			
	VIII A CCATC INCILIDAD IN FORM UUD Dart Y			► \$

Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	tatti Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Tr</u>	easur	es, or O	the	<u>r Similar A</u>	ssets	(conti	nued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, cl	necka	any of t	he follo	wing that a	are a	significant us	e of its	;	
а	Public exhibition		d	Γ	Loan	or exch	ange progi	ams				
b	Scholarly research		e	Γ	Other	-						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIII	ollections and expla	ın hov	w the	y furthe	r the o	rganızatıor	ı's ex	empt purpose	ın		
5	During the year, did the organization solicit	or receive donations	ofar	t, hıs	torıcal	treasur	es or othe	rsım	ıılar			
	assets to be sold to raise funds rather than t									Г Ye	:s	No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?						r other ass	ets r	not	┌ Ye	:s	No
b	If "Yes," explain the arrangement in Part XII	II and complete the	follow	wing t	able		_					
							-		A	mount		
С	Beginning balance							1c				
d	Additions during the year							1d				
е	Distributions during the year							1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21,	for es	scrowo	rcusto	dıal accou	nt lıa	bility?	┌ Ye	:s ┌	No
b	If "Yes," explain the arrangement in Part XII	II Check here if the	expl	anatı	on has	been pr	ovided in I	art :	XIII		Г	•
Pa	rt V Endowment Funds. Complete					s" to F	orm 990,	Par	t IV, line 10			
		(a)Current year	(b)Prior	year	b (c) Tw	o years back	(d)	Three years back	(e) Fo	ur years	s back
1a	Beginning of year balance							_		 		
b	Contributions							<u> </u>		 		
С	Net investment earnings, gains, and losses											
d	Grants or scholarships									1		
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 baland	ce (lır	ne 1g,	, colum	n (a)) h	eld as					
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ►											
c	Temporarily restricted endowment 🕨											
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%										
3a	Are there endowment funds not in the posses	ssion of the organiz	atıon	that a	are held	d and ac	dministere	d for	the	_		
	organization by (i) unrelated organizations								2-	1 Y	es l	No_
	(ii) related organizations		•					•		i(ii)	+	
ь	If "Yes" to 3a(II), are the related organization							•		3b	+	
4	Describe in Part XIII the intended uses of th	•						-				
Pa	rt VI Land, Buildings, and Equipme	ent. Complete if	the o	rgan	ızatıor	n answ	ered 'Yes	' to	Form 990, F	art IV	, line	
	11a. See Form 990, Part X, line	10.					lase :					
	Description of property				a) Cost o sıs (ınve		(b) Cost or basis (oth		(c) Accumula depreciation		d) Book	value
1a	Land			+			-			+		
	Buildings		•	\vdash						+		
	Leasehold improvements		•	\vdash			-			-+		
	Equipment		•	\vdash			11	9,221	0.0),674		28 547
	• •		•	\vdash			<u> </u>	0,006		- +		28,547 11 694
	Other	aual Farm 000 Part	· · · · ·	<u> </u>	D) line	10(a) \	<u> </u>	0,006	18	3,312		11,694

Part VII Investments—Other Securities. Co	mplete if the organizatio	n answered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	•	
Part VIII Investments—Program Related. C	Complete if the organizati	on 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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
		90, Part IV, line 11d See Form 990, Part X, line 15
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. Complete if the org		-
Form 990, Part X, line 25.		, , ,
1 (a) Description of liability	(b) Book value	
Federal income taxes		
		7
		-
		-
		-
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	F	
2 Linkship for an arrange to a position of the Doub VIII manage	do the tayt of the feet - t-	***********************************

Part		evenue per Audited Financial Statements with Revenue p vered 'Yes' to Form 990, Part IV, line 12a.	егк	eturn Complete ir
1		er support per audited financial statements	1	4,119,572
2	A mounts included on line 1 bu	it not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses)	on investments 2a		
b	Donated services and use of f	acılıtıes 2b		
C	Recoveries of prior year grant	s		
e	Add lines 2a through 2d .		2e	0
3	Subtract line 2e from line 1 .		3	4,119,572
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1		
		uded on Form 990, Part VIII, line 7b . 4a		
	•	4b -59,070		
c	Add lines 4a and 4b		4c	-59,070
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line 12)	5	4,060,502
	Reconciliation of E	xpenses per Audited Financial Statements With Expenses swered 'Yes' to Form 990, Part IV, line 12a.	per	Return. Complete
1		r audited financial statements	1	4,333,979
2	Amounts included on line 1 bu	t not on Form 990, Part IX, line 25		
a	Donated services and use of f	acilities		
b	Prior year adjustments	2b		
c	Otherlosses	2c		
d	Other (Describe in Part XIII)	2d		
e ,	Add lines 2a through 2d		2e	0
3	Subtract line 2e from line 1 .		3	4,333,979
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:		
a :	Investment expenses not incl	uded on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII)	4b -59,070		
c ,	Add lines 4a and 4b		4c	-59,070
5	Total expenses Add lines 3 a	nd 4c. (This must equal Form 990, Part I, line 18)	5	4,274,909
Part >	Supplemental Inf	ormation		
	, line 4, Part X, line 2, Part XI	Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to		de any additional
	Return Reference	Explanation		
PART X	, LINE 2	TRCP IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDE THE INTERNAL REVENUE CODE (IRC) TRCP QUALIFIES FOR THE C CONTRIBUTION DEDUCTION UNDER SECTION 170 AND HAS BEEN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SE IS NO MATERIAL NET UNRELATED BUSINESS INCOME TAX LIABILI FOLLOWS ACCOUNTING STANDARDS FOR DEALING WITH UNCERT, FOR INCOME TAX PROVISIONS TRCP HAS DETERMINED THAT IT IN MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS O YEARS ENDING ON OR AFTER DECEMBER 31, 2011 REMAIN SUBJECTEDERAL AND STATE TAX AUTHORITIES	HARI CLAS CTIO TY FO AINT DOES F DEO	TABLE SSIFIED AS AN N 509(A)(1) THERE OR 2014 TRCP Y IN ACCOUNTING NOT HAVE ANY CEMBER 31, 2014
PART X	I, LINE 4B - OTHER MENTS	FUNDRAISING - DIRECT EXPENSE REFLECTED ON PART VIII, LINE	8B -5	9,070
PART X	II, LINE 4B - OTHER MENTS	FUNDRAISING - DIRECT EXPENSE REFLECTED ON PART VIII, LINE	8B-5	9,070

Jenedale 2 (1 31111 33 3) 23 13		i age S
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

DLN: 93493127012575

OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury

(Form 990 or 990-EZ)

SCHEDULE G

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-F7

Open to Public

Internal Revenue Service	Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.go	ov/form990. Inspection
Name of the organization		Employer identification number
THEODORE ROOSEVEL	T CONSERVATION PARTNERSHIP	
		04-3706385

Indicate whether the organization raised funds through any of the following activities Check all that apply

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

a	Mail solicitations			e	Solicitation of non-				
b	Internet and email so	licitations		f	f				
C	Phone solicitations	_		g	Special fundraising	g events			
d	✓ In-person solicitation	S							
2a	Did the organization have or key employees listed in						Γ _{Yes} Γ _N		
b	If "Yes," list the ten highe to be compensated at leas			fundraise	rs) pursuant to agreeme	nts under which the fun	draiser is		
	(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization		
1	KENDRA BAILEY 13 OAKLEY ST	NON- GOVERNMENT GRANT ADMINISTRATION	Yes	No No	2,716,497	56,000	2,660,497		
2	PORTLAND, ME 04103	ADMINISTRATION							
3									
4									
5									
6									
7									
8									
9									
10									
Tota	d			>	2,716,497	56,000	2,660,497		
3	List all states in which the registration or licensing	organization is regist	ered or li	censed to	o solicit contributions or	has been notified it is o	exempt from		

		G (Form 990 or 990-EZ) 2014				Page 2
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundation events with gross receipts of the second seconds.	raising event contribut			
			(a) Event #1 CAPITAL	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			CONSERVATION DINNER	(event type)	(total number)	
			(event type)			
E E	1	Gross receipts	559,79	1		559,791
Revenue	2	Less Contributions	42,85	1		42,851
	3	Gross income (line 1 minus line 2)	516,940			516,940
	4	Cash prizes				
မွာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	10,38	3		10,383
ВĞ	7	Food and beverages .	34,43	7		34,437
<u>D</u> Lea	8	Entertainment	9,78	7		9,787
ā	9	Other direct expenses .	4,46	3		4,463
	10	Direct expense summary Add lii	nes 4 through 9 ın columr	n(d)		(59,070)
	11	Net income summary Subtract l	ine 10 from line 3, columr	n (d)		457,870
Par	t II	Gaming. 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		φ20/000 011 101111 JJ0 22/ 11	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rey	1	Gross revenue				(6)
Ses	2	Cash prizes				
Expens	3	Non-cash prizes				
ш g	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes%	Г Yes%_ Г No	┌ Yes%	
	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)		
9	Ent	er the state(s) in which the organiz	ation conducts gaming ac	tivities		
а	Ist	the organization licensed to conduc	t gaming activities in eac	h of these states?		Г _{Yes} Г _{No}
b		No," explain				
10a		re any of the organization's gaming				· · 「Yes 「No
b	11	Yes," explain				

Sche	edule G (Form 990 or 990-EZ) 2014				Page 3
11	Does the organization conduct gaming	activities with nonn	members?	T _{Yes} [
12	Is the organization a grantor, beneficia	ry or trustee of a tru	ust or a member of a partnership or other entity		
	formed to administer charitable gaming	,,		Г _{Yes} Г	— No
13	Indicate the percentage of gaming acti		1 1	,	
а	The organization's facility		13a		%
b	An outside facility				%
14	Enter the name and address of the pers	on who prepares th	ne organization's gaming/special events books and records		
	Name ▶				
	Address ►				
15a	Does the organization have a contract	with a third party fro	om whom the organization receives gaming		
154				┌ Yes 「	– _{No}
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by	•	the organization > \$ and the		
С	If "Yes," enter name and address of the	e third party			
	Name ►				
	Address 🏲				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation 🕨 \$		······		
	Description of services provided				
	Director/officer	_ Employee	☐ Independent contractor		
17	Mandatory distributions				
а	Is the organization required under state	e law to make charıt	table distributions from the gaming proceeds to		
	retain the state gaming license?			Γ _{Yes} [Γ _{No}
b	Enter the amount of distributions requi	red under state law	distributed to other exempt organizations or spent		
	ın the organization's own exempt activi		·		
Pa			explanations required by Part I, line 2b, columns (iii) 17b, as applicable. Also provide any additional inforr		
	Return Reference		Explanation		

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Schedule I (Form 990)

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

DLN: 93493127012575 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public **Inspection**

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** THEODORE ROOSEVELT CONSERVATION PARTNERSHIP 04-3706385 **General Information on Grants and Assistance**

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States										
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

organization or government		ıf applıcable	grant	cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	53-0204616	501(C)3	190,000				RESPONSIBLE ENERGY DEVELOPMENT AND CONSERVATION
(2) ISAAK WALTON LEAGUE OF AMERICA INC 707 CONSERVATION LANE GAITHERSBURG, MD 20878	36-1930035	501(C)3	10,000				TO FUND EFFORTS RELATED TO THE CLEAN WATER ACT
(3)TROUT UNLIMITED 1300 17TH ST N NO 500 ARLINGTON,VA 22209	38-1612715	501(C)3	284,099				RESPONSIBLE ENERGY DEVELOPMENT AND CLEAN WATER

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	3
3	Enter total number of other organizations listed in the line 1 table	0

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

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DLN: 93493127012575

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

Compensation Information

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization THEODORE ROOSEVELT CONSERVATION PARTNERSHIP

Employer identification number

04-3706385

Pa	rt I Questions Regarding Compensation		•			
					Yes	No
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement or provision of all of the expenses de			1b	Yes	
2	Did the organization require substantiation prior to redirectors, trustees, officers, including the CEO/Exec			2	Yes	
	a				165	
3	Indicate which, if any, of the following the filing organ organization's CEO/Executive Director Check all the used by a related organization to establish compensation	at appl	y Do not check any boxes for methods			
	Compensation committee	Γ	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Por a related organization	art VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control p	aymen	nt?	4a		No
b	Participate in, or receive payment from, a supplemen	tal non	qualified retirement plan?	4b		No
С	Participate in, or receive payment from, an equity-ba	sed co	mpensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	vide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizat	ions m	ust complete 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
ь	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	lıne 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
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," do			7		No
8	Were any amounts reported in Form 990, Part VII, pa					
	subject to the initial contract exception described in					
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow the section $534958-6(c)$?	rebutt	able presumption 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)(I)-(III) 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-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
	(i) (ii)	188,700	34,193 0	0	9,199	14,326 0	246,418	0

Schedule J (Form 990) 2014

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 2014, TOTALING \$393, MADE ON HIS BEHALF ARE INCLUDED AS COMPENSATION TO HIM

Schedule J (Form 990) 2014

DLN: 93493127012575

OMB No 1545-0047

Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization THEODORE ROOSEVELT CONSERVATION PARTNERSHIP **Employer identification number**

				[04	-3/06385			
Pa	rt I Types of Property							
•	Aut. Maulia af aut.	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contri		_	nts
	Art—Works of art							
	Art—Historical treasures . Art—Fractional interests							
	Books and publications Clothing and household							
3	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
	Securities—Publicly traded .	Х	3	11,645	FAIR MARKET V	ALUE		
LO	Securities—Closely held stock .							
1	Securities—Partnership, LLC, or trust interests							
L2	Securities—Miscellaneous							
l3	Qualified conservation contribution—Historic structures							
4	Qualified conservation							
	contribution—Other							
.5	Real estate—Residential .							
L6	Real estate—Commercial							
L 7	Real estate—Other							
. 8	Collectibles							
9	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► (X	58	42,851	FAIR MARKET V	ALUE		
	NT AUCTION ITEMS)							
	O ther ▶()							
	Other ►()							
	Other ► ()							
	Number of Forms 8283 received by th for which the organization completed F				•			
	To Willen the organization completed i	01111 0203,	Tare IV, Donce Welliowie	agement I I I	 		Yes	No
30a	During the year, did the organization i	receive by	contribution any property r	reported in Part I, lines 1	through 28, that			
	it must hold for at least three years fr	om the date	e of the initial contribution	, and which is not required	I to be used			
	for exempt purposes for the entire hol			•		30a		No
b	If "Yes," describe the arrangement in					504		110
31	Does the organization have a gift acc	eptance po	licy that requires the revie	w of any non-standard co	ntributions?	31		No
32a	Does the organization hire or use thir	d parties or	related organizations to s	solicit, process, or sell nor	ncash			
	contributions?					32a	Yes	
b	If "Yes," describe in Part II						"	
	If the organization did not report an a	mount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked.			
	describe in Part II			,	,			

	nether the organization is reporting in Part I, column (b), the number of contributions, the served, 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

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

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2014

Open to Public Inspection

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

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

Return Ref	erence	Explanation
FORM 990, F 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 Reference	Explanation
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 FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST D IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GROMENTEE 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 IT IS FAIR AND REASONABLE IN CONFORMITY WITH THE ABOVE DETERMINATION, IT MAKES ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, 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 2014

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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PROGRAM CONSULTANTS PROGRAM SERVICE EXPENSES 526,222 MANAGEMENT AND GENERAL EXPENSES 15,000 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 541,222 TEMPORARY SERVICES PROGRAM SERVICE EXPENSES 4,204 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,204 MEMBER FULFILLMENT PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 6,586 TOTAL EXPENSES 6,586 PROFESSIONAL SERVICES - GIS/MAPPING PROGRAM SERVICE EXPENSES 5,128 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,128