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

Α	For the	2015 calendar year, or tax year beginning	and ending		
В	Check if	C Name of organization	-	D Employer identific	ation number
_ ;	Check if applicable	THEODORE ROOSEVELT CONSERVATION			
	Addres:				
<u> </u>	Name			1 04-37	706385
느	change Initial	Doing business as			00303
ᆫ	return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return/	1660 L STREET, NW	208	202-6	39-8727
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,171,064.
7	Amend			H(a) Is this a group ret	
늗	Applica			for subordinates?	
L	tiöri لــــ pending	F Name and address of principal officer, FIETER FODDORGI			
		SAME AS C ABOVE		H(b) Are all subordinates inc	
		mpt status: X 501(c)(3) 501(c) ())(1) or L 52	If "No," attach a l	ıst (see ınstructions)
J	Website	E ► WWW.TRCP.COM		H(c) Group exemption	
ĸ	Form of	organization: X Corporation Trust Association Other	L Yea	r of formation: 2002 M	State of legal domicile: \mathbf{DE}
		Summary			
<u> </u>		riefly describe the organization's mission or most significant activities: SEI	E PART	III, LINE 1.	
9	1 E	orienty describe the organization's mission of most significant activities.	<u> </u>	111, DIND 1.	
Governance	-				
- L	2 (Check this box 🕨 📖 if the organization discontinued its operations or di	sposed of mo	re than 25% of its net as:	sets.
Š	8 1	lumber of voting members of the governing body (Part VI, line 1a)		3	25
	4 1	lumber of independent voting members of the governing body (Part VI, line 1	1b)	4	25
ŝ	5 7	otal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	29
諄	1	otal number of volunteers (estimate if necessary)		6	10
Activities &	1	,		7a	0.
Ą	1	otal unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	let unrelated business taxable income from Form 990-T, line 34	4	7b	
	1	-11.75D	\ ⊢	Prior Year	Current Year
ø	8 (Contributions and grants (Part VIII, line 1H) RECEIVED	, l	3,598,539.	4,890,476.
Revenue	9 F	Program service revenue (Part VIII, line 2g)	61 . L	0.	0.
ě	10		śl Γ	4,093.	4,181.
œ	111 (Other revenue (Part VIII, column (A), lines 5, 3d, 8c, 9c, 10c/and 11e)	<u>}</u> }	457,870.	216,266.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line	~\ ⊢	4,060,502.	5,110,923.
			-/	484,099.	55,000.
		Grants and similar amounts paid (Part IX, column (A), lines-131	⊢	0.	0.
		Benefits paid to or for members (Part IX, column (A) line 4)	`.·		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-	10)	2,074,239.	2,239,113.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	ь 1	otal fundraising expenses (Part IX, column (D), line 25) 283	,222.		
ű	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,716,571.	1,803,586.
	18	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,274,909.	4,097,699.
		Revenue less expenses Subtract line 18 from line 12	-	<214,407.	
= 8		revenue less expenses. Subtract line 10 ironi line 12		leginning of Current Year	End of Year
ets or	Ĭ		<u>-</u>	2,490,865.	3,375,370.
SSE	20	Total assets (Part X, line 16)	-	2,430,003.	
Net Asse	21	otal liabilities (Part X, line 26)	<u>_</u>	256,643.	127,924.
Ž	22	Net assets or fund balances Subtract line 21 from line 20		2,234,222.	3,247,446.
P	art II	Signature Block			
Un	der penal	ties of perjury, I declare that I have examined this return, including accompanying sche	edules and state	ments, and to the best of my	knowledge and belief, it is
		, and complete. Declaration of preparer (other than officer) is based on all information (1
_	,	Mal manala		7 7 1	la 1 /
٥.		Signature of officer		Date	-/-1-6
Sig		, i - 1		•	
He	re	PIETER FOSBURGH, PRESIDENT & CEO Type or print name and title	,		
		Type of print name and time		Date I	- Date
		Print/Type preparer's name P/pparer's signature /	·	Check _	PTIN
Pa	id	ramara vineyard	under	51216 self-employer	
Pre	eparer	Firm's name DIXON HUGHES GOODMAN, LLP	, 1	Firm's EIN	56-0747981
			500		
-	,	TYSONS, VA 22102		Phono no 703	3-970-0400
	<u>-</u> <u>+</u>	· · · · · · · · · · · · · · · · · · ·		Traone no. 7 O	
Ma	ly the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	IN ORDER TO GUARANTEE ALL AMERICANS QUALITY PLACES TO HUNT AND FISH,
	WE STRENGTHEN LAWS, POLICIES AND PRACTICES AFFECTING FISH AND WILDLIFE
	CONSERVATION BY LEADING PARTNERSHIPS THAT INFLUENCE DECISION MAKERS.
	D. d. th
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
J	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue of any few cook aways an agreem consisted
4a	(Code) (Expenses \$3, 410, 759 . including grants of \$) (Revenue \$)
	CONSERVATION PROGRAMS:
	CONTROL TO THE CONTROL OF THE PARTY OF THE P
	CENTER FOR WESTERN LANDS (CWL): RESPONSIBLE MANAGEMENT OF FEDERAL
	PUBLIC-LANDS AND CONSERVATION OF IMPORTANT BACKCOUNTRY AREAS ARE THE
	MAIN REASONS SPORTSMEN EXPERIENCE HIGH-QUALITY HUNTING AND FISHING IN THESE AREAS. THESE INTACT PUBLIC LANDS OFFER KEY HABITAT FOR NUMEROUS
	FISH AND WILDLIFE SPECIES, INCLUDING WILD TROUT AND SALMON, UPLAND GAME
	BIRDS, MULE DEER, ELK, PRONGHORN AND WILD SHEEP, DESPITE THEIR
	IMPORTANCE, HOWEVER, THESE PLACES AND THE RESOURCES THEY SUSTAIN ARE
	FACING MOUNTING DEVELOPMENT PRESSURES ACROSS THE WEST FROM TRADITIONAL
	AND RENEWABLE ENERGY DEVELOPMENT, TRANSMISSION CORRIDORS AND POORLY
	MANAGED OFF-ROAD VEHICLE USE.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	, (costs
4d	Other program services (Describe in Schedule O.)
45	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 3,410,759.
_ <u>4e</u> _	Total program service expenses ► 3,410,759.
532002	CEF CCUEDITE O FOR CONTINUATION (C)

Page 3

THEODORE ROOSEVELT CONSERVATION

Form 990 (2015)

PARTNERSHIP

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	İ	Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8	i i	х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		i i	
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	l	х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
• •	as applicable.			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			İ
.	Part VI	11a	х	İ
h	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 167 If "Yes," complete Schedule D, Part VII	11b	1	x
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		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	Ì
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
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		x
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000]
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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		Х
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		Х
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	17	х	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\Box
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? /f "Yes,"			
	complete Schedule G, Part III	19		X

Form **990** (2015)

-	1 990 (2015) PARTNERSHIP 04-	-3706385	_	
	n 990 (2015) PARTNERSHIP U4-	3700303		age 4
Fai	TO THE CRIEST OF REQUIRED SCHEDULES (CONTINUED)		Γ	T
		F	Yes	No X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	}	1	- T
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	┡	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curre	nt		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		,,	1
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of	the		Ì
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	S		
	Schedule K. If "No", go to line 25a	24a	ļ	X
	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		ľ	l
	any tax-exempt bonds?	24c	ļ	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	j,	ł	.,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an	1	!	1
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete) 1	[
	Schedule L, Part I	. 25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	}	ł	1
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,	•		
	complete Schedule L, Part II	26	ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	[[,
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	}	}	
	of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	Ì	ļ	
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an or	1	l	,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1	l	,,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	(ĺ	
	If "Yes," complete Schedule N, Part I	31	<u> </u>	X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	ŀ	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	X

X Form 990 (2015)

X

X

35b

37

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

04-3706385

Page 5

Fai	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Confedence Contained a recipional of motor to drift into in the Contained and		Voc	No
	Enter the number reported in Box 3 of Form 1096. Enter :0: if not applicable		Yes	140
_				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c	х	
70	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	10		
Za	filed for the calendar year ending with or within the year covered by this return 29			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
ь	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		 -	 -
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
70	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country.			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	l	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		İ	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h_		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			İ
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		├
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b_	 -	
10	Section 501(c)(7) organizations. Enter:		İ	
a	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:		l	1
a			ĺ	
b	Gross income from other sources (Do not net amounts due or paid to other sources against			Ì
b	amounts due or received from them)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	i	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		—
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	İ		1
	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	<u> </u>
_	Note. See the instructions for additional information the organization must report on Schedule O.			\Box
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			1
С	Enter the amount of reserves on hand		<u> </u>	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			990	(2015)

THEODORE ROOSEVELT CONSERVATION PARTNERSHIP

Form 990 (2015)

04-3706385

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI				_	X			
Sec	tion 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	25						
	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 0.	ĺ							
b	Enter the number of voting members included in line 1a, above, who are independent 25								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	1					
	officer, director, trustee, or key employee?			2		<u>x</u>			
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X			
4	Did the organization make any significant changes to its governing documents since the prior Form 9		as filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5_		X			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or	_		₩.			
_	more members of the governing body?			_7a		X			
р	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockn	olders, or			X			
_	persons other than the governing body?		o followings	7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by u	e following.	0-	х				
	The governing body?		=	8a 8b	X				
	Each committee with authority to act on behalf of the governing body?	اسمحاسا	A Al	OD					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea organization's mailing address? If "Yes," provide the names and addresses in Schedule O	cried	at trie	9	i ,	х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	01/07/11	Code)	9	L				
000	tion b. 1 onoics (mis section b requests information about policies not required by the internal m	evena			Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapter	s. affiliates.						
_	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befo	re filing the form?	10b 11a	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	•	J						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to con	flicts?	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escnbe						
	ın Schedule O how this was done			12c	X				
13	Did the organization have a written whistleblower policy?	-		13	X				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approve	al by ır	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?]				
а	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b	<u> </u>	X			
4-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vitn a	ا مد ا		v			
	taxable entity during the year?	.		16a	 	<u>X</u>			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the second state of	,	•		· '				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization with respect to such arrangements?	nizatio	n s	16b					
Sec	exempt status with respect to such arrangements?			100					
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, C	A.C	O.CT.FL.GA	, II.	, KS	.KY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-7					,			
.5	for public inspection. Indicate how you made these available. Check all that apply.	1000	.c.i cc i (c)(c)a ciny) i	unaL					
	X Own website X Another's website X Upon request Other (explain	ın Sci	nedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co			d finan	cıal				
	statements available to the public during the tax year.		F	•					
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records:						
	PIETER FOSBURGH - 202-639-8727								
	1660 L STREET, NW, NO. 208, WASHINGTON, DC 20036								
53200	SEE SCHEDULE O FOR FULL LIST OF STATES			Form	990	(2015)			

Form	ggn	/2014	5)
	220	(201	"

PARTNERSHIP

04-3706385

Page 7

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

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

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

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• 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.

(A)	(B)			(C Posi) tion			(D)	(E)	(F)
Name and Title	Average hours per week	box,	not cl unle:	heck : ss pe	more rson i	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) F. WELDON BAIRD	1.00			.,				0.	0.	0.
BOARD CHAIR	1.00	X		X	_	⊢	-	U •		<u></u>
(2) HOWARD VINCENT	1.00	x		x				0.	0.	0.
VICE CHAIR (3) JOHN DOERR	1.00	^		_	_	⊢	 	0.	0.	0.
(3) JOHN DOERR TREASURER	1.00	х		x				0.	0.	0.
(4) JO ANN BAREFOOT	1.00				-	\vdash				
SECRETARY		x		х	ŀ			0.	0.	0.
(5) WILLIAM DEMMER	0.50						\vdash			
DIRECTOR		$ \mathbf{x} $				l		0.	0.	0.
(6) JAMES BAKER, IV	0.50									
DIRECTOR		Х				١.		0.	0.	0.
(7) CONNIE PARKER	0.50									
DIRECTOR		Х						0.	0.	0.
(8) GEORGE COOPER	0.50							_		_
DIRECTOR		X		L	_			0.	0.	0.
(9) KATIE DISTLER ECKMAN	0.50								_	
DIRECTOR		X	<u> </u>		_		_	0.	0.	0.
(10) MIKE FITZGERALD, JR.	0.50	۱					l		0.	0.
DIRECTOR		X	<u> </u>	<u> </u>		_	_	0.	0.	
(11) JOHN GRIFFIN	0.50	ļ "						0.	0.	0.
DIRECTOR	0.50	X	_	<u> </u>	⊢	┼	⊢	0.	<u> </u>	<u> </u>
(12) FRANK HUGELMEYER DIRECTOR	0.50	x						0.	0.	0.
(13) J. MICHAEL NUSSMAN	0.50	12	┢			┢	 			
DIRECTOR		\mathbf{x}			1	l	ĺ	0.	0.	0.
(14) KIRK OTEY	0.50	† 	\vdash	\vdash	\vdash		\vdash			
DIRECTOR	3130	\mathbf{x}					1	0.	0.	0.
(15) RON REGAN	0.50	T-		t	ı					
DIRECTOR		\mathbf{x}	L	L		\perp	L	_ 0.	0.	0.
(16) ELIZABETH STORER	0.50	Π	\Box							
DIRECTOR		X	L	L	L	L		0.	0.	0.
(17) RICH TRUMKA	0.50		Π							
DIRECTOR		X						0.	0.	0.

532007 12-16-15

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)															
(A) (B) (C) (D)								(E)							
Name and title	Average	(,,	Position (do not check more					Reportable	Reportable		Es	timate	d		
	hours per	box, ur		ss pe	rson	ıs bot	h an	compensation	compensation		am	ount o	of		
	week	\vdash	cer ar	ıdad I	irecto	or/trus	tee)	from	from related			other			
	(list any	director						the	organizations						
	hours for related	or di	8			ated		organization	(W-2/1099-MISC)		om the			
	organizations	ustee	trustee		يو ا	bens	1	(W-2/1099-MISC)		- 1	_	anızatı			
	below	ual tr	lona		ploye	t con	١					l relate			
	line)	Individual trustee or	Institutional t	Officer	Key employee	Highest compensated employee	g.			organization					
(18) PAUL R. VAHLDIEK, JR.	0.50						Ī								
DIRECTOR		X	1		1	l	1	0.	,	0.			0.		
(19) ROBERT HAYES	0.50														
DIRECTOR		X						0.	(0.			0.		
(20) SCOTT BLACKWELL	0.50														
DIRECTOR		X			L	<u> </u>		0.		0.			0.		
(21) LESLIE KETNER	0.50	١								ا ۱			_		
DIRECTOR	0 50	Х	<u> </u>	_	_	┝	L	0.		9 •			0.		
(22) ROD NELSON	0.50	x			i			0.	,	۱. د			0.		
DIRECTOR (23) GEORGE THORNTON	0.50	<u> </u>	├		-	⊢	-	0.		"			<u> </u>		
DIRECTOR	0.50	х				ŀ		0.		ا. د			0.		
(24) THEODORE SEDGWICK	0.50			Г	<u> </u>	\vdash	H	 							
DIRECTOR		X						0.	(o .			0.		
(25) PAUL VIGANO	0.50														
DIRECTOR	40.00	X	<u> </u>	<u> </u>	_	<u> </u>	_	0.		0.			0.		
(26) PIETER FOSBURGH	40.00	ł		x		}		221 722		ا. د	2	1 4	06		
PRESIDENT/CEO	<u> </u>	<u> </u>	L	Δ	Ц	<u>L</u> .	Ļ	221,722.		5.1	- 3	1,4	96.		
1b Sub-total	II Castian A							310,630.		0.		31,496. 23,573.			
c Total from continuation sheets to Part V	ii, Section A	•						532,352.		5 .		$\frac{5,3}{5,0}$			
d Total (add lines 1b and 1c) 2 Total number of individuals (including but n	of limited to th	1000	heta	ad ai	hov	a) w	ho r			<u> </u>		, , , , , , , , , , , , , , , , , , , 	<u> </u>		
compensation from the organization	iot iiiriited to a	1000	, note	cu u	DO 1	C) **		eceived more triain who	,,000 of reportable				3		
									 -			Yes	No		
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	mplo	yee	, or	highest compensated e	mployee on	ſ					
line 1a? If "Yes," complete Schedule J for s	uch individual										3	l	X_		
4 For any individual listed on line 1a, is the su									the organization		l				
and related organizations greater than \$15										.	4	Х			
5 Did any person listed on line 1a receive or a							elat	ted organization or indiv	idual for services		_	i	v		
rendered to the organization? If "Yes," com	ipiete Schedul	e J i	or s	ucn	pers	son				l	5		<u>X</u>		
Complete this table for your five highest co	mpensated in	den	ende	ent c	ont	racto	nrs 1	that received more than	\$100,000 of comp	ens	ation f	rom			
the organization. Report compensation for										0.10					
(A)								(B)			(0				
Name and business	address	N	INC	<u> </u>			_	Description of s	services	C	omper	nsation	1		
									1						
							\dashv								
		_		_			7								
	-						\dashv	<u> </u>							
2 Total number of independent contractors (i	includina but n	ot li	mite	d to	tho	se li	l	above) who received m	ore than						
\$100,000 of compensation from the organi		"	_	0		0	J.UL								
SEE PART VII, SECTION		ΓI	VUZ	AT)	ΙΟΙ	VÎ S	SH	EETS			Form 9	990 (2015)		

PARTNERSHIP 04-3706385 Form 990 (2015) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue , Gifts, Grants nilar Amounts 1 a Federated campaigns 1a b Membership dues 1b 70,104. 1c c Fundraising events d Related organizations 1d Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4,820,372 similar amounts not included above 76,598. g Noncash contributions included in lines 1a-1f \$,890,476 h_Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,181. 4,181. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (ii) Other (i) Securities assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 70,104. of contributions reported on line 1c). See a 276,407. Part IV, line 18 60,141. b Less: direct expenses 216,266. 216,266 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities > 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

532009 12-16-15

0. 220,447.

,110,923.

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions.

Ò.

Form 990 (2015)

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	55,000.	55,000.		
•	,	33,000.	33,000.		
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,	202 127	275 106	20 214	70 CO7
	trustees, and key employees	393,137.	275,196.	39,314.	78,627.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		4 25 2 4 4		
7	Other salaries and wages	1,513,554.	1,251,810.	112,986.	148,758.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	51,382.	43,620.	1,480.	6,282. 8,995.
9	Other employee benefits	148,298.	118,259.	21,044.	8,995.
10	Payroll taxes	132,742.	105,557.	12,110.	15,075.
11	Fees for services (non-employees):				
а	Management	1			
b	. · ·				
c	i i	26,396.		26,396.	
d					
е	Dark 1 1/2 - 1				
f	Investment management fees				
g					
,	column (A) amount, list line 11g expenses on Sch O.)	532,683.	531,656.		1,027.
12	Advertising and promotion	237,939.	204,255.		1,027. 33,684.
13	Office expenses	111,322.	58,642.	42,164.	10,516.
14	Information technology	117,506.	50,721.	48,799.	17,986.
15	Royalties		<u></u>		
16	Occupancy	145,448.	1,400.	142,448.	1,600.
17	Travel	239,822.	194,245.	16,714.	28,863.
18	Payments of travel or entertainment expenses				
	· '				
19	for any federal, state, or local public officials Conferences, conventions, and meetings	269,388.	167,465.	67,852.	34,071.
20	Interest	203,0001		- 0770021	32,0121
21	Payments to affiliates				<u> </u>
		14,652.		14,652.	
22 23	Depreciation, depletion, and amortization Insurance	15,127.	329.	14,798.	
23	Other expenses, Itemize expenses not covered	13,1270	347.	12,7500	
24	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	MEDTA GENOLEM	56,984.	56,984.		
b	DITTO AND GUDGOD TROUG	18,744.	11,755.	3,340.	3,649.
c	COLUMN DECTORDANTONO	9,751.	=./.:	520.	9,231.
d	OUTDOUTED AT LOCATION	0.	278,365.	<160,899.>	<117,466.
e	A.II	7,824.	5,500.		2,324.
25	Total functional expenses. Add lines 1 through 24e	4,097,699.	3,410,759.	403,718.	283,222.
26	Joint costs. Complete this line only if the organization				
20	reported in column (B) joint costs from a combined			1	
	* * *				
	educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)		<u></u>		Form 990 (2015)

THEODORE ROOSEVELT CONSERVATION PARTNERSHIP

Form 990 (2015)
Part X Balance Sheet

04-3706385 Page 11

		Check if Schedule O contains a response or note to any line in this Part >	(
			(A)		(B)
			Beginning of year	_ 	End of year
	1	Cash - non-interest-bearing	1,643,95		500. 1,827,731.
	2	Savings and temporary cash investments			
	3	Pledges and grants receivable, net	702,82		1,417,153
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		l	
		trustees, key employees, and highest compensated employees. Complet	e		
] _	Part il of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contri	buting	l	
	ì	employers and sponsoring organizations of section 501(c)(9) voluntary	· · ·		Ì
Assets	_	employees' beneficiary organizations (see instr). Complete Part II of Sch	<u> </u>	7	
Ą	7	Notes and loans receivable, net		8	
	8	Inventories for sale or use	103,34		97,101
	9	Prepaid expenses and deferred charges	103,54	30 9	37,101
	iva	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 156,	523	[
		100		1. 100	32,885
	l		050.1 40,24	11	32,003
	11 12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11		12	
	13	Investments - order securities, 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)	2,490,86		3,375,370
	17	Accounts payable and accrued expenses	256,64		127,924
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<u> </u>
c,	22	Loans and other payables to current and former officers, directors, truste	es.		
Liabilities		key employees, highest compensated employees, and disqualified person			
api	•	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 D		25	
	26	Total liabilities. Add lines 17 through 25	256,64	3. 26	127,924
		Organizations that follow SFAS 117 (ASC 958), check here	and		
es	ļ	complete lines 27 through 29, and lines 33 and 34.			
Ě	27	Unrestricted net assets	628,26		566,134
ğ	28	Temporarily restricted net assets	1,605,96	1. 28	2,681,312
5	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds		32	2 045 445
_	33	Total net assets or fund balances	2,234,22		3,247,446
	34	Total liabilities and net assets/fund balances	2,490,86	5 34	3,375,370

Form 990 (2015)

	1990 (2013)	<u> </u>	0000	1 0	ye 12-
Pa	rt XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI				\Box
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,11	<u>0,9</u>	<u>23.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,09		
3	Revenue less expenses Subtract line 2 from line 1	3	1,01		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,23	4,2	22.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments .	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	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	3,24	<u>7,4</u>	<u>46.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:		- (
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1 1		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		_3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			
	or guidite, explain why in Schedule O and describe any stone taken to undergo such guidite		ા રહ્યા		l

SCHEDULE A

(Form 990 or 990-EZ)

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.

2015

Open to Public Inspection

Employer identification number Name of the organization THEODORE ROOSEVELT CONSERVATION 04-3706385 PARTNERSHIP Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). LX An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). iv) is the organization (v) Amount of monetary (III) Type of organization (vi) Amount of (i) Name of supported (n) EIN listed in your organization (described on lines 19 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not			ļ			
	ınclude any "unusual grants.")	3,492,677.	3,211,961.	3,913,996.	4,056,407.	5,106,742.	19,781,783.
2	Tax revenues levied for the organ-						
	ızation's benefit and either paid to		İ	ľ			
	or expended on its behalf	ļ	j	ĺ		j	
3	The value of services or facilities						
	furnished by a governmental unit to		Į	}		·	
	the organization without charge	ł	1	Ì		1	
4	Total. Add lines 1 through 3	3,492,677.	3,211,961.	3,913,996.	4,056,407.	5,106,742.	19,781,783.
	The portion of total contributions						
	by each person (other than a		j	ļ		·)	
	governmental unit or publicly		į	į		1	
	supported organization) included		1	ŀ		· .	
	on line 1 that exceeds 2% of the		ţ		1		
	amount shown on line 11,			Í		1	
	column (f)		j			j	8,239,662.
6	Public support. Subtract line 5 from line 4						11,542,121.
	ction B. Total Support	L					
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 4	3,492,677.	3,211,961.	3,913,996.	4,056,407.	5,106,742.	19,781,783.
	Gross income from interest,						
_	dividends, payments received on		ļ	}			
	securities loans, rents, royalties		ł			1	
	and income from similar sources	3,293.	1,610.	3,240.	4,092.	4,181.	16,416.
9	Net income from unrelated business						
Ŭ	activities, whether or not the		ſ	ſ		[
	business is regularly carried on		1	ļ			
10	Other income. Do not include gain		•				
	or loss from the sale of capital		1	ł		· ·	
	assets (Explain in Part VI.)	227.	ľ	İ		Í	227.
11	Total support. Add lines 7 through 10						19,798,426.
	Gross receipts from related activities.	etc (see instruction	one)	 -		12	185,641.
	First five years. If the Form 990 is for	•	•	I fourth or fifth tax	l V vear as a section		
	organization, check this box and stor		riist, scoond, triir	2, 1001til, 01 mail to	k year as a scono	1001(0)(0)	
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2015 (I			olumn (fi)		14	58.30 %
	Public support percentage from 2014					15	64.75 %
	33 1/3% support test - 2015. If the o	•	•	line 13, and line 1	ا 4 is 33 1/3% or m		
	stop here. The organization qualifies	•			. 10 00 17070 01 11	.0.0, 0.10011 4 110 00	▶ X
ь	33 1/3% support test - 2014. If the c		•	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual	•		· ·			▶
17a	10% -facts-and-circumstances tes	• •	• •		13 16a or 16b a	and line 14 is 10%	or more
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			•	•	ion the organ	L
h	10% -facts-and-circumstances tes				· ·	7a and line 15 ie :	10% or
	more, and if the organization meets the	-					10/0 OI
	organization meets the "facts-and-circ				•		▶
18	Private foundation. If the organization			•			
	THE O'GAINZANO	i did not oneck a i		, 100, 11a, 01 17b		dule A (Form 990	

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Totai
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-					i	
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					ļ	
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
72	Amounts included on lines 1, 2, and				-		
	3 received from disqualified persons						
t	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			-	_		
,	Add lines 7a and 7b	-					
	•				<u>. </u>		
Se	Public support. (Subtract line 7c from line 6.)		L	- <u></u> -	L		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6	(a) 2011	(0) 2012	(0) 2013	(u) 2014	(e) 2015	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
Ł	Unrelated business taxable income	"					
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)		l		L		
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						<u></u> ▶
<u>Se</u>	ction C. Computation of Publ	ic Support Pe	rcentage			, , ,	
15	Public support percentage for 2015 (line 8, column (f) d	ivided by line 13, o	olumn (f))		15	%
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	115 (line 10c, colur	nn (f) divided by lir	ie 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A,	Part III, line 17			18	%
198	33 1/3% support tests - 2015. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	fies as a publicly	supported organiz	ation	▶□
t	33 1/3% support tests - 2014. If the	•			•	•	and
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	inization qualifies	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see in:	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on 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.	ΑII	Sup	porting	0	rganizations

Yes No 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 3a 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. Зс 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)? 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 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below 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)

Sche	dule A (Form 990 or 990-EZ) 2015 PARTNERSHIP 04-	370638	5 Pa	age 5
	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b_		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion 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,	ļ		
	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		
Sec	tion 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		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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		
Sec	tion 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 yea(see instruction	ons):		
а	The organization satisfied the Activities Test. Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instructions	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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		1
h	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	Parent of Supported Organizations. Answer (a) and (b) below.	<u></u>		<u> </u>
о a				
а	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	}	
ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja	 	
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard	3b		
	. Dr		•	

Sche	dule A (Form 990 or 990-EZ) 2015 PARTNERSHIP			04-3706385 Page 6
Pai		g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			structions. All
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion 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	1 1		
	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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	·	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		1

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

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015 PARTNERSHIP

04-3706385 Page 7

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D	- Distributions			Current Year
1_	Amo	unts paid to supported organizations to accomplish exe	mpt purposes		
2	Amo	unts paid to perform activity that directly furthers exemp	ot purposes of supported		
	orgar	nizations, in excess of income from activity			
<u></u> 3	Adm	inistrative expenses paid to accomplish exempt purpose	es of supported organization	18	
4_	Amo	unts paid to acquire exempt-use assets			
5_	Quali	fied set-aside amounts (prior IRS approval required)			
6	Othe	r distributions (describe in Part VI) See instructions.			
7_	Tota	l annual distributions. Add lines 1 through 6.			
8	Dıstrı	butions to attentive supported organizations to which the	ne organization is responsive	e	
	(prov	ide details in Part VI). See instructions.			
9_	Distr	butable amount for 2015 from Section C, line 6			
10	Line	8 amount divided by Line 9 amount			
Secti	on E	- Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1_	Distri	butable amount for 2015 from Section C, line 6			
2		erdistributions, if any, for years prior to 2015			
	(reas	onable cause required-see instructions)			
<u> </u>	Exce	ss distributions carryover, if any, to 2015:			
a					
b					
d	From	2013			
e	From	2014			
<u>f</u>	Tota	l of lines 3a through e			
g	Appl	ed to underdistributions of prior years			
<u>h</u>	Appl	ed to 2015 distributable amount			
_ <u>i</u> _	Carry	over from 2010 not applied (see instructions)			
	Rem	ainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distr	ibutions for 2015 from Section D,			
	line 7	<u> </u>			
a	Appl	ed to underdistributions of prior years			
		ed to 2015 distributable amount			
	_	ainder. Subtract lines 4a and 4b from 4.			
5		aining underdistributions for years prior to 2015, if			
	-	Subtract lines 3g and 4a from line 2 (if amount			
		ter than zero, see instructions).			
6		aining underdistributions for 2015. Subtract lines 3h			
		4b from line 1 (if amount greater than zero, see			
		uctions).			
7		ess distributions carryover to 2016. Add lines 3j			
	and 4				· · · · · · · · · · · · · · · · · · ·
8	Brea	kdown of line 7:			
a_		· · · · · · · · · · · · · · · · ·			
<u> </u>					
		ss from 2013		<u> </u>	
		ss from 2014			
е	Exce	ss from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Schedule A	(Form 990 or 990-EZ) 2015 PARTNERSHIP	04-3/06385 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Pa Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,
	(See instructions)	
_		
	<u> </u>	
		
		- <u>-</u>
		
		·
<u> </u>		

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.

OMB No 1545-0047
2015

Open to Public Inspection

If the organization answered "Yes," on 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," on 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," on 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

• 5	Section 5	01(c)(4), (5), or (6) organiza				
Nam	e of orga		E ROOSEVELT CONS	SERVATION	Emp	loyer identification number
		PARTNER				04-3706385
Pa	rt I-A	Complete if the org	anization is exempt und	der section 501(c)	or is a section 527	organization.
2		expenditures	cation's direct and indirect polition	cal campaign activities i	in Part IV. ▶	16,705.
Pa	rt I-B	Complete if the org	janization is exempt und	der section 501(c)	(3).	
1	Enter the		incurred by the organization un		>	\$
2	Enter the	amount of any excise tax	incurred by organization manag	jers under section 4955	>	\$
3	If the org	ganization incurred a section	n 4955 tax, did it file Form 4720) for this year?		Yes No
4a	Was a c	orrection made?		•		Yes No
		describe in Part IV.				
Pa	rt I-C	Complete if the org	janization is exempt und	der section 501(c),		
1	Enter the	amount directly expended	by the filing organization for se	ection 527 exempt func	tion activities	\$
2	Enter the	amount of the filing organ	ization's funds contributed to o	ther organizations for so	ection 527	
		function activities				\$
		empt function expenditures	s. Add lines 1 and 2. Enter here	and on Form 1120-POL	,	
	line 17b					\$
		iling organization file Form	•			No لــا Yes لــا No
			nployer identification number (E tion listed, enter the amount pa			
			omptly and directly delivered to			
		•	additional space is needed, pro		•	ato oogrogatoa fana of a
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
		(a) Name	(b) Address	(C) EN	filing organization's	contributions received and
				İ	funds. If none, enter -0-	promptly and directly
						delivered to a separate political organization.
						If none, enter -0
				Ì		
					<u> </u>	<u> </u>
						}
					1	
					 	

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

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 P	ARTNERSHI	P		04-3	706385 Page 2
Part II-A Complete if the orga	inization is ex	empt under section	n 501(c)(3) and fil	ed Form 5768 (e	lection under
section 501(h)).					
		ffiliated group (and list in	Part IV each affiliated	l group member's nam	e, address, EIN,
expenses, and share	•	= :			
B Check If the filing organization	on checked box A	and "limited control" pro	visions apply.		
Limits	on Lobbying Exp	enditures		(a) Filing organization's	(b) Affiliated group totals
(The term "expendi	tures" means am	ounts paid or incurred.))	totals	iotais
1a Total lobbying expenditures to influe	ance public opinio	(grass roots lobbying)		7,841.	
b Total lobbying expenditures to influe				8,864.	
c Total lobbying expenditures (add lin	•	ody (direct lobby ing)		16,705.	
d Other exempt purpose expenditures	•			4,080,994.	
e Total exempt purpose expenditures		1d)		4,097,699.	
f Lobbying nontaxable amount Enter	•	•	h columns	354,885.	
If the amount on line 1e, column (a) or		obbying nontaxable am			
Not over \$500,000		of the amount on line 1e.			
Over \$500,000 but not over \$1,000,		000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,50		000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0		000 plus 5% of the exce			
Over \$17,000,000		0,000.			
g Grassroots nontaxable amount (ent	er 25% of line 1f)			88,721.	
h Subtract line 1g from line 1a. If zero	or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.	
j If there is an amount other than zero	on either line 1h	or line 1i, did the organiza	ation file Form 4720		
reporting section 4911 tax for this y	ear?				Yes No_
		veraging Period Under			
(Some organizations the		: 501(n) election do not arate instructions for lis	•	of the five columns b	elow.
		enditures During 4-Yea		 -	
	Lobbying Exp	enditures During 4- rea	ir Averaging Period	,	
Calendar year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
(or fiscal year beginning in)	(4) 2012	(5)20.0	(6) 251 /	(4,2010	(0) 101
		+			
2a Lobbying nontaxable amount	316,887	341,065.	366,699.	354,885.	1,379,536.
b Lobbying ceiling amount					
(150% of line 2a, column(e))		1			2,069,304.
c Total lobbying expenditures	7,225	3,730.	7,185.	16,705.	34,845.
				00 501	244 224
d Grassroots nontaxable amount	79,222	85,266.	91,675.	88,721.	344,884.
e Grassroots ceiling amount					F17 206
(150% of line 2d, column (e))			<u> </u>	<u></u>	517,326.
	400	355	755	7 041	0 370
f Grassroots lobbying expenditures	426	357.	755.	7,841.	9,379.

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 PARTNERSHIP 04-370638

Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(;	a)	(t)
of the lobbying activity	Yes	No	Amo	ount
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: a Volunteers?				
 b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				<u> </u>
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 Other 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? Part III-A Complete if the organization is exempt under section 501(c)(4), so 501(c)(6).	ection 501(c)	(5), or se	ction	
301(0)(0).			Yes	No
Were substantially all (90% or more) dues received nondeductible by members?Did the organization make only in-house lobbying expenditures of \$2,000 or less?	-	1 2	-	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), so	ection 501(c)			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answer	ered "No," O	R (b) Par	t III-A, lir 	ne 3, is
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of persons of which the section 527(f) tax was paid).	political			
a Current year	-	2a 2b		
b Carryover from last year c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated instructions), and Part II-B, line 1. Also, complete this part for any additional information. PART I-A, LINE 1:	group list); Part I	I-A, lines 1 a	and 2 (see	
THE PARTNERSHIP'S DIRECT AND INDIRECT POLITICAL ACT	TIVITIES	INVOL	VE	
VISITING OFFICES OF SENATORS AND REPRESENTATIVES,	AND ENCO	JRAGIN	G	
PARTNERS IN DIFFERENT STATES TO CONTACT THEIR REPRI	ESENTATIV	JES RE	GARDIN	1G
ISSUES RELATING TO THE CONSERVATION OF NATURAL RESC	OURCES.			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

THEODORE ROOSEVELT CONSERVATION PARTNERSHIP

Employer identification number 04-3706385

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	is or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			· · · · · · · · · · · · · · · · · · ·
	1	(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year		_	· <u></u>
2	Aggregate value of contributions to (during year)		ļ	- <u></u>
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	used fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		└_ Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can b	e used o	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpos	e confer	ring
	impermissible private benefit?			YesNo
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990	, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all th <u>at a</u> pply).		
	Preservation of land for public use (e.g., recreation or e	ducation)	storically	important land area
	Protection of natural habitat	Preservation of a ce	rtified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the forr	n of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
C	Number of conservation easements on a certified historic str	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struc	cture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by t	he organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation ear	sement is located	_	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f	
	violations, and enforcement of the conservation easements r	•		└─ Yes └─ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	nservation	on easements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	vation ea	sements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(E	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	se stater	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the org	ganization's accounting for
	conservation easements.			
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other :	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement ar	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ext	nibition, education, or research in further	rance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	nt and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	oublic sei	rvice, provide the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
	(ii) Assets included in Form 990, Part X	•		▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financ	al gain,	provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
a	Revenue included on Form 990, Part VIII, line 1			> \$
b	Assets included in Form 990, Part X	<u> </u>		> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2015

532051 11-02-15

Schedule D (Form 990) 2015

	dule D (Form 990) 2015 PARTNER								06385	
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, oi	Other	Simil	ar Asse	ts (continued	<i>a</i>)
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	are a sigr	nıfıcant	use of its	collection ite	ems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	hange progran	ns				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how t	hey further t	he organızatioı	n's exem _l	pt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or other	sımılar a	ssets		_	
	to be sold to raise funds rather than to be m	aıntained as part of t	he orga	nızatio <u>n'</u> s co	ollection?				Yes [No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	n answered "Y	es" on F	orm 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	lary for	contribution	ns or other ass	ets not in	cluded			
	on Form 990, Part X?								Yes [No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial accou	nt liability	7		Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planati	on has been	provided on F	art XIII			[
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	orm 990, Part I	V, line 10				
		(a) Current year	(b) F	Prior year	(c) Two years	back (d	Three y	ears back	(e) Four yea	rs back
1a	Beginning of year balance									
b	Contributions		-		<u> </u>					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities		_							
	and programs				ĺ					
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	•	%	•						
	Permanent endowment	%	_							
	Temporarily restricted endowment									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
За	Are there endowment funds not in the posse	•	ation th	at are held a	nd administere	ed for the	organi	zation		
	by:	· ·					•		Ye	s No
	(i) unrelated organizations								3a(i)	\top
	(ii) related organizations			•					3a(ii)	\top
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?	-	·			3b	\top
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm			<u> </u>						
	Complete if the organization answere	d "Yes" on Form 990), Part l'	V, line 11a. S	See Form 990,	Part X, lır	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	umulate	ed	(d) Book va	lue
	, , ,	basis (investr	nent)	basis	(other)	depre	eciation		•	
1a	Land									
	Buildings									
	Leasehold improvements]						
	Equipment			12	6,517.	10	5,3	26.	21,	<u> 191.</u>
	Other				0,006.		18,3			694.
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X. colui	mn (B), line 1	(Oc.)			D	32,	885.

Schedule D (Form 990) 2015 PARTNERSHIP			04-3706385 Page 3
Part VII Investments - Other Securities.		·	
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			·- <u></u> .
(D)			
(E)			····
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		<u> </u>	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, III	ne 11c See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			_
(9)			_ ,
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.	·- -		
<u></u>	5 000 D : #/ 1	44 L C - E - 000 B - 1 V L - 4	15
Complete if the organization answered "Yes"	on Form 990, Part IV, III Description	ne 11d. See Form 990, Part X, line	(b) Book value
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
			
			·-
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		
Part X Other Liabilities.	. 10)		
Complete if the organization answered "Yes"	on Form 990. Part IV. lir	ne 11e or 11f. See Form 990. Part X	Cline 25
1. (a) Description of liability	<u> </u>	(b) Book value	4
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)	-		
(6)			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2015

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

Sche	dule D (Form 990) 2015 PARTNERSHIP			3706385 Pa	age 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per F	Returi	٦.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements	· · · ·	1	5,241,10	<u>68.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
а	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities	2b	1		
	Recoveries of prior year grants		1		
_	· · ·	2c	-l l		
đ	Other (Describe in Part XIII)	2d	┫ .		0.
_	Add lines 2a through 2d		2e	E 041 14	
3	Subtract line 2e from line 1		3	5,241,10	00.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4		
b	Other (Describe in Part XIII.)	4b < 130, 245.	<u>.</u> } ∣		
С	Add lines 4a and 4b		4c	<130,2	
_ 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	5,110,92	23.
Par	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Retu	rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	4,227,94	44.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•			
a	Donated services and use of facilities	2a			
h	Prior year adjustments		1]		
	Other losses	2b	1		
C		2c	4		
d	Other (Describe in Part XIII.)	2d	∤		^
	Add lines 2a through 2d		2e	4 000	0.
3	Subtract line 2e from line 1		3	4,227,94	44.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	J I		
b	Other (Describe in Part XIII.)	4b < 130, 245.	⊳ ∣		
C	Add lines 4a and 4b		4c	<130,24	45.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	4,097,69	99.
Par	t XIII Supplemental Information.				
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and 2b; Part V, line	4; Part	X, line 2; Part XI,	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add				
		-			
PAF	T X, LINE 2:				
		·			
TRO	P IS EXEMPT FROM FEDERAL AND STATE INCOME	TAXES UNDER SEC	ייד ח	N 501(C)(3	3)
				552(6)(6	
OF	THE INTERNAL REVENUE CODE (IRC). TRCP QUA	ALTETES FOR THE	CHAI	RTTARLE	
<u> </u>	THE INTERNAL REPORT OF THE VOI	EBILIED TOK THE	CIII	KTIADUU	
CON	TRIBUTION DEDUCTION UNDER SECTION 170 AND	UNC DEEM CINCCI	ישדשי	ח אפ אאז	
<u>CO1</u>	INIBOTION DEDOCTION ONDER DECITOR 170 AND	HAS BEEN CLASSI	PIE	D NO MI	
ODC.	ANTENDED DO NOTE A DOCUMENT DO NOTE OF THE PROPERTY OF THE PRO	I INDED GROWTON	E00	/3 \ / 1 \	
OKC	ANIZATION THAT IS NOT A PRIVATE FOUNDATION	N UNDER SECTION	509	(A)(I).	
	DE TO NO KAMEDIAL NEW INDEX AND DUGGINGS			0045	_
1.112	RE IS NO MATERIAL NET UNRELATED BUSINESS :	INCOME TAX LIABI	LIT	Y FOR 2015) •
TRC	P FOLLOWS ACCOUNTING STANDARDS FOR DEALING	G WITH UNCERTAIN	TY :	IN	
ACC	OUNTING FOR INCOME TAX PROVISIONS. TRCP I	HAS DETERMINED T	ТАН	IT DOES	
ron	HAVE ANY MATERIAL UNRECOGNIZED TAX BENEF	ITS OR OBLIGATIO	NS A	AS OF	
				·	
DEC	EMBER 31, 2015. YEARS ENDING ON OR AFTER	DECEMBER 31 20	12 1	REMATN	
===	ON ON AFTER	DECEMBER JI, ZU	12 1	THIMTIN	
STIP	JECT TO EXAMINATION BY FEDERAL AND STATE	ουτωτουπίια γαη			
532054 09-21-		TAV VOIDOKILIPS.			
09-21-	5		Sched	ule D (Form 990) :	2015

Schedule D (Form 990) 2015

Schedule D (Form 990) 2015 PARTNERSHIP	04-3706385 Page 5
Schedule D (Form 990) 2015 PARTNERSHIP Part XIII Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING - DIRECT EXPENSE REFLECTED ON PART VIII, LINE	
8 <u>B</u>	-130,245.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
FUNDRAISING - DIRECT EXPENSE REFLECTED ON PART VIII, LINE	
8B	-130,245.
	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on 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-EZ.

tle G (Form 990 or 990-F7) and its instructions is at WWW.irs.gov/form9

2015

Open to Public nspection

	about Schedule G (Form 990 or 990-EZ RE ROOSEVELT CONSEI RSHIP					ntification number 385
Part I Fundraising Activities required to complete this pair	• Complete if the organization answrt.	ered "Y	es" o	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
 1 Indicate whether the organization rail a	e X Solicita f Solicita g X Specia or oral agreement with any individual Part VII) or entity in connection with slividuals or entities (fundraisers) pure	ation of ation of al fundra al (includ professi	non-g gover using ding o ional t	overnment grants nment grants events fficers, directors, tru undraising services?	stees or X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or con contribu	ustody	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
KENDRA BAILEY - 13 OAKLEY ST., PORTLAND, ME 04103	NON-GOVERNMENT GRANT ADMINISTRATION	Yes	No X	4,257,644.	58,240.	4,199,404.
T-1-1				4 257 544	5P 240	4 199 404
Total 3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	4,257,644.s or has been notified		4,199,404. egistration

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

Schedule G (Form 990 or 990-EZ) 2015

Schedule G (Form 990 or 990 EZ) 2015 PARTNERSHIP

04-3706385 Page 2

		of fundraising event contributions and gr	(a) Event #1 CAPITAL CONSERVATION	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
enue			7,1-7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 ` - 	
нечепие	1	Gross receipts	346,511.		<u> </u>	346,511.
	2	Less: Contributions	70,104.			70,104
	3	Gross income (line 1 minus line 2)	276,407.			276,407.
	4	Cash prizes				ļ <u>-</u>
S	5	Noncash prizes				
cpense	6	Rent/facility costs	15,845.			15,845.
Direct Expenses	7	Food and beverages	33,690.			33,690.
5	8	Entertainment	2,393.			2.393.
	9	Other direct expenses	8,213.			2,393. 8,213.
	10	Direct expense summary. Add lines 4 through			>	60,141.
		Net income summary Subtract line 10 from		·		216,266
₽ _a	ırt l		answered "Yes" on Form	990, Part IV, line 19, o	r reported more than	
_		\$15,000 on Form 990-EZ, line 6a.				
Hevenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c)
Hev	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct (4	Rent/facility costs				
_ !	5	Other direct expenses				
	-	Volunteer labor	Yes% No	Yes% No	Yes% No	
	7	Direct expense summary. Add lines 2 throug	h 5 ın column (d)		>	
	8_	Net gaming income summary. Subtract line	7 from line 1, column (d)			
а	is t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	ctivities in each of these	-		Yes No
b	_					
b					, unar?	Yes No
0a		re any of the organization's gaming licenses r Yes," explain:		·	year r	res Nu
0a		re any of the organization's gaming licenses r Yes," explain:		·	year r	

Sch	edule G (Form 990 or 990 EZ) 2015 PARTNERSHIP	<u>04-3</u>	<u>706385</u>	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility		13a	%
	o An outside facility		13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor	ye.		
	The file hame and dedices of the person who property the organization is gening special events books and recor	uo.		
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
t	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amo	unt		
	of gaming revenue retained by the third party >\$			
c	olf "Yes," enter name and address of the third party:			
	Name			
	Address >			
16	Gaming manager information:			
	Name >			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		Yes	☐ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	ın the		
	organization's own exempt activities during the tax year > \$			
Pa	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lii	nes 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
			· · · · · · · · · · · · · · · · · · ·	
				
				

	•	THEODORE	ROOSEVELT	CONSER	VATION		
Schedule G	(Form 990 or 990-EZ) Supplemental Infor	PARTNERSH	IIP			04-37	06385 Page 4
Part IV	Supplemental Infor	mation (continue	d)		· · · · · · · · · · · · · · · · · · ·		
							
					·		
			<u> </u>				
				· ·			
						<u> </u>	<u> </u>
	- , ,				<u> </u>	·	
							
		-					· · · · · · · · · · · · · · · · · · ·
			-				
			-				
	· · · · · · · · · · · · · · · · · · ·						
		-					
	-						
		-			· · · · · · · · · · · · · · · · · · ·		

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part I

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

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

▶ Attach to Form 990.

Open to Public 2015

Inspection

OMB No 1545-0047

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

Employer identification number 04-3706385 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance PARTNERSHIP Name of the organization

criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	istance? ocedures for moni	itoring the use of grant	funds in the United	States			X Yes No
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Comprecipient that received more than \$5,000. Part II can be dublicated if additional space is needed.	Domestic Organ \$5,000, Part II car	izations and Domestic	c Governments. C	omplete if the orga	nization answered "Y	and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any elected if additional space is needed.	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TROUT UNLIMITED 1300 17TH ST N NO 500 ARLINGTON, VA 22209	38-1612715	501(C)3	.000,25	0.			RESPONSIBLE ENERGY DEVELOPMENT AND CLEAN WATER
	_						
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ind government or	ganizations listed in the	e line 1 table				←

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

532101 10-28-15

20

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) PARTNERSHIP
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

Page 2

04-3706385

nt of non- (e) Method of valuation sistance (book, FMV, appraisal, other)				
cash assistance				
recipients cash grant	ł		_	
(a) Type of grant or assistance				

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

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

Open to Public Employer identification number

Name of the organization **Questions Regarding Compensation**

THEODORE ROOSEVELT CONSERVATION PARTNERSHIP

04-3706385

OMB No 1545-0047

Inspection

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
				i
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			İ
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			ŀ
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
	Durke the constitution of the first of the f			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:			x
	Receive a severance payment or change-of-control payment?	_4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c_		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958.6(c)2	اما		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

PARTNERSHIP Schedule J (Form 990) 2015

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

Page 2

04-3706385

For each individual whose compensation must be reported on 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

		(B) Breakdown of V	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	g p
(1) PIETER FOSBURGH	Ξ	193,417.	28,305.	0	7,737.	23,759.	253,218.	0
PRESIDENT/CEO	Ξ			0	0			
(2) PAUL WILKINS	Ξ	175,000.	11,000.	0.	7,000.	1,282.	194,28	
CHEIF CONSERVATION OFFICER	(III)		0	0.	0	0.	0	
	ε	1						
	(ii)							
	(:)]						
	(ii)							
	Ξ	1						
	<u> </u>							:
	Ξ	1						
	Ξ							
	E							
	<u> </u>							
	Ξ	1						
	(ii)							
	Ξ]						
	<u>(ii)</u>							
	Θ							
	(ii)							
	(3)							
	3							
	Ξ							
	≘	0						
	Ξ							
	Ξ	1						
	Ξ							
	▣							
	Ξ							
	≘	10						
	Ξ							
	₽							
532112				Ç L			Schedu	Schedule J (Form 990) 2015

532112 10-14-15

53

THEODORE ROOSEVELT CONSERVATION PARTNERSHIP

Schedule J (Form 990) 2015 PARTNERSHIP

Page 3

04-3706385

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. Part III Supplemental Information

I, LINE 1A:	TRCP PAYS FOR HEALTH CLUB FEES FOR THE PRESIDENT, COO, AND CHIEF	CONSERVATION OFFICER. THE PAYMENTS FOR 2015, WERE \$393, \$600, AND \$570,	RESPECTIVELY. ALL PAYMENTS ARE INCLUDED IN EACH INDIVIDUALS' TOTAL	NSATION.								Schedule J (Form 990) 201
PART I,	TRCP PA	CONSERVA	RESPECTI	COMPENSATION.								

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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. **Employer identification number** THEODORE ROOSEVELT CONSERVATION

OMB No. 1545-0047

Open To Public Inspection

PARTNERSHIP 04-3706385 Types of Property (d) (a) (b) (c) Noncash contribution Number of Method of determining Check if applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional interests Books and publications 5 Clothing and household goods Cars and other vehicles Boats and planes 8 Intellectual property X 6,494.FAIR MARKET VALUE 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 70,104.FAIR MARKET VALUE (SILENT AUCTIO) 25 Other 26 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for 30a X exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. X 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 For Paperwork Reduction Act Notice, see the Instructions for Form 990. LHA Schedule M (Form 990) (2015)

532141 08-21-15

THEODORE ROOSEVELT CONSERVATION

Schedule M (Form 990) (2015) PARTNERSHI	<u>P</u>	04-3706385 Page 2
Supplemental Information. Pro- is reporting in Part I, column (b), the number this part for any additional information.	vide the information required by Part I, lines 30 nber of contributions, the number of items rece	b, 32b, and 33, and whether the organization lived, or a combination of both. Also complete
SCHEDULE M, LINE 32B:		
TRCP UTILIZES THE SERVICE	OF A FINANCIAL ADVISOR	THROUGH A BROKERAGE
FIRM TO PROCESS NON-CASH G	IFTS OF SECURITIES, WHIC	CH ARE SOLD UPON
RECEIPT.		
		
		
	-	

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.

2015
Open to Public Inspection

Name of the organization

THEODORE ROOSEVELT CONSERVATION PARTNERSHIP

Employer identification number 04-3706385

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

THESE ISSUES FORM THE CORE OF THE TRCP'S CENTER FOR WESTERN LANDS. THE

TRCP'S BACKCOUNTRY WORKING GROUP IS WORKING WITH INDIVIDUAL SPORTSMEN,

LOCAL GROUPS AND BUSINESSES, WESTERN GOVERNORS AND NATIONAL DECISION

MAKERS TO ENSURE THAT SPORTSMEN'S PRIORITIES ARE CONSIDERED AS THE

FUTURE CONSERVATION AND MANAGEMENT OF OUR BACKCOUNTRY AREAS ARE

DETERMINED. THE TRCP CONTINUES TO PROMOTE BACKCOUNTRY LANDS

CONSERVATION THROUGH NINE INDIVIDUAL BUREAU OF LAND MANAGEMENT (BLM)

RESOURCE MANAGEMENT PLANS (RMP) IN THE FIVE WESTERN STATES OF OREGON,

NEVADA, COLORADO, MONTANA AND IDAHO. TRCP FIELD STAFF ARE ALSO ACTIVELY

PROMOTING MASTER LEASING PLANS THROUGH THREE RMPS IN COLORADO. CLEAR

CONSERVATION SUCCESSES WERE ACHIEVED IN 2015:

736,000 ACRES OF HIGH-QUALITY HUNTING AND FISHING LANDS ARE
CONSERVED THROUGH FINAL RMPS THAT HAVE BEEN ISSUED AND SIGNED BY THE
BLM IN COLORADO AND MONTANA. MANY OF THESE LANDS WERE PROPOSED FOR
CONSERVATION THROUGH THE BACKCOUNTRY CONSERVATION AREA (BCA) CAMPAIGN,
AND THE BLM STATED THAT CONSERVATION MEASURES WERE APPLIED TO MANY OF
THESE AREAS IN RESPONSE TO BCA REQUESTS FROM SPORTSMEN.

FOUR MASTER LEASING PLANS WERE FINALIZED THROUGH THE BLM
BIGHORN BASIN, LANDER, WHITE RIVER AND MILES CITY RMP DECISIONS. MASTER
LEASING PLANS ARE A COMPONENT OF THE DEPT. OF THE INTERIOR 2010 OIL AND
GAS LEASING REFORMS, AND TAKE A HOLISTIC APPROACH TO ENERGY
DEVELOPMENT. THE TRCP ENERGY PROGRAM HAS BEEN ESPOUSING THIS "SMART
FROM THE START" APPROACH TO ENERGY PLANNING FOR NEARLY A DECADE.

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

Schedule O (Form 990 or 990-EZ) (2015)

IN 2015, THE TRCP ALSO INITIATED A CAMPAIGN TO PUT AN END TO EFFORTS AT THE STATE AND NATIONAL LEVEL TO DISPOSE OF, SELL OR TRANSFER FEDERAL PUBLIC LANDS. THE TRCP USED THIS ISSUE TO LAUNCH THE "SPORTSMEN'S ACCESS" CAMPAIGN WHICH IS SUPPORTED BY A COALITION OF 31 HUNTING AND FISHING ORGANIZATIONS AND BUSINESSES. IN SUPPORT OF THIS EFFORT, THE TRCP LAUNCHED A CAMPAIGN WEBSITE, DEVELOPED AND PROMOTED A 16 PAGE REPORT, A 30 SECOND VIDEO ADVERTISEMENT AND AN ONLINE SPORTSMEN'S LETTER AND PETITION TO SOUASH EFFORTS AT THE STATE AND NATIONAL LEVEL TO SELL OR TRANSFER PUBLIC LANDS. THIS PETITION HAS GAINED APPROXIMATELY 25,000 SIGNATURES AND DELIVERED MORE THAN 225,000 LETTERS. IN ADDITION, THE TRCP WORKED WITH LOCAL SPORTSMEN GROUPS IN NEW MEXICO, COLORADO AND IDAHO TO ORGANIZE SPORTSMEN RALLIES IN SUPPORT OF PUBLIC LANDS. EACH OF THESE EVENTS DREW HUNDREDS OF SPORTSMEN TO STATE CAPITOLS. FINALLY, THE TRCP WORKED WITH THE WESTERN STATES SPORTSMEN'S ALLIANCE AND OTHER GROUPS TO DEVELOP AND ORGANIZE A LETTER OPPOSING THE SALE OR TRANSFER OF PUBLIC LANDS THAT WAS SIGNED BY 115 HUNTING AND FISHING BASED ORGANIZATIONS.

GIVEN THE POLICY OVERLAP AND COMMON OBJECTIVES, THE CWL COMBINED ITS

ROLE WITH ANOTHER TRCP POLICY CENTER, THE CENTER FOR RESPONSIBLE ENERGY

DEVELOPMENT IN 2015. ON THIS FRONT, WE HELPED PROVIDE GRASSROOTS,

MEDIA, POLICY AND SCIENTIFIC SUPPORT AROUND THE EFFORT TO KEEP THE

SAGE-GROUSE FROM BEING LISTED UNDER THE ENDANGERED SPECIES ACT. WE

WORKED COLLABORATIVELY WITH NGO PARTNERS, WESTERN STATES, AND THE

FEDERAL GOVERNMENT TO DEVELOP CONSERVATION PLANS WITH MEANINGFUL

CONSERVATION COMPONENTS. THIS EFFORT RESULTED IN A SUCCESSFUL

'NOT-WARRANTED' DECISION BY THE FWS IN SEPTEMBER OF 2015. WE ALSO

Employer identification number 04-3706385

PLAYED A CENTRAL ROLE IN DEFENDING THIS DECISION AND ITS IMPLEMENTATION

AGAINST DEFUNDING AND LEGISLATIVE POLICY RIDERS IN CONGRESS.

FINALLY, THE TRCP FIELD TEAM IS NEARING COMPLETION OF SPORTSMEN USER

VALUE MAPPING PROJECTS IN THE STATES OF IDAHO AND ARIZONA. IN ARIZONA,

WE HAVE PARTNERED WITH THE ARIZONA GAME AND FISH DEPARTMENT (AZGFD) TO

DEVELOP A COMPUTER APPLICATION THAT CAN BE USED BY SPORTSMEN TO

IDENTIFY AREAS THAT ARE MOST IMPORTANT FOR HUNTING AND FISHING. THE

APPLICATION HAS BEEN COMPLETED, AND THE AZGFD SENT A POSTCARD MAILER TO

OVER 10,000 INDIVIDUAL ARIZONA SPORTSMEN REQUESTING THAT THEY COMPLETE

THE APPLICATION. OVER 600 HUNTERS AND ANGLERS HAVE PARTICIPATED TO

DATE, AND WE ARE WORKING WITH AZGFD TO BOOST PARTICIPATION TO 1000

INDIVIDUALS. IN IDAHO, WE ARE COMPLETING THE SPORTSMEN MAPPING PROJECT

THE TRADITIONAL WAY BY ASKING SPORTSMEN TO HIGHLIGHT AREAS IMPORTANT

FOR HUNTING AND FISHING ON PAPER MAPS. WE HAVE COMPLETED ELEVEN MAPPING

WORKSHOPS THAT INVOLVED OVER 200 PARTICIPANTS IN THE GEM STATE.

CENTER FOR AGRICULTURAL AND PRIVATE LANDS (CAL): THE TRCP CENTER FOR

AGRICULTURAL AND PRIVATE LANDS ACTIVELY ENGAGES WITH OUR PARTNERS AND

POLICYMAKERS TO CONSERVE IMPORTANT HABITAT, SUSTAIN FISH AND WILDLIFE

AND SECURE OPPORTUNITIES FOR SPORTSMEN TO ACCESS AND ENJOY THESE

QUINTESSENTIALLY AMERICAN LANDSCAPES THROUGH ENGAGEMENT ON U.S.

AGRICULTURAL AND OTHER PRIVATE LANDS POLICIES. IN PARTICULAR, WE WANT

TO ENSURE THAT IMPLEMENTATION OF THE FARM BILL THAT PASSED IN 2014

MAXIMIZES THE CONSERVATION BENEFITS OF THAT LEGISLATION.

THROUGHOUT 2015, WE FOCUSED ON PROMOTING STRONG PARTICIPATION IN AND

IMPLEMENTATION OF THE CONSERVATION RESERVE PROGRAM (CRP). IN MARCH, WE

WORKED WITH PARTNER ORGANIZATIONS TO ISSUE RECOMMENDATIONS ON IMPLEMENTING A NEW "CRP WORKING GRASSLANDS" PROVISION IN A WAY THAT SUPPORTS BOTH WORKING GRASSLANDS AND SOUND CONSERVATION. THE FOLLOWING MONTH, WE FACILITATED A LETTER ON CRP FROM 12 BIPARTISAN SENATORS TO USDA SECRETARY VILSACK, REITERATING CONGRESS' INTENT THAT THE ACREAGE REDUCTION IN THE 2014 FARM BILL NEITHER SIGNALED WANING SUPPORT FOR CRP NOR PROVIDED A WAIVER TO USDA TO LIMIT ENROLLMENT BELOW THE PROGRAM'S ACREAGE CAP. AT THE URGING OF CONGRESS AND THE WILDLIFE COMMUNITY, SECRETARY VILSACK ANNOUNCED THAT USDA WOULD HOLD A GENERAL SIGNUP STARTING IN DECEMBER (THE FIRST SUCH OPPORTUNITY SINCE 2013), AND MADE AVAILABLE AN ADDITIONAL 800,000 ACRES IN CRP INITIATIVES THAT BENEFIT WILDLIFE. USDA THEN INVITED TRCP AND OUR PARTNERS TO RECOMMEND POLICY CHANGES TO CRP THAT CAN BE MADE OUTSIDE OF THE RULEMAKING PROCESS. ULTIMATELY, 14 ORGANIZATIONS REPRESENTING A NEW COALITION OF SPORTSMEN, WILDLIFE, WATER QUALITY, AND SUSTAINABLE AND TRADITIONAL AGRICULTURE INTERESTS SUBMITTED JOINT CRP RECOMMENDATIONS TO USDA IN OCTOBER. THESE RECOMMENDATIONS INCLUDED RECOMMENDATIONS ON HOW TO ENSURE SUFFICIENT ACREAGE AVAILABILITY ACROSS THE COUNTRY, STRENGTHEN CRP'S CONTINUOUS SIGNUP, AND ADDRESS CRITICAL WILDLIFE HABITAT AND WATER QUALITY CONCERNS. BASED ON EARLY FEEDBACK FROM THE AGENCY, OUR COMMON SENSE RECOMMENDATIONS HAVE BEEN WELL RECEIVED, AND IT IS POSSIBLE THAT MANY OF THEM WILL BE IMPLEMENTED BY THE CLOSE OF THE ADMINISTRATION.

REGARDING IMPLEMENTATION OF CONSERVATION COMPLIANCE IN FEDERAL CROP

INSURANCE ADMINISTRATION, WE VISITED WITH AND SENT NUMEROUS LETTERS TO

THE USDA ADVOCATING FOR THE USE OF SPRING IMAGERY IN THE WETLANDS

DETERMINATION PROCESS IN THE PRAIRIE POTHOLE REGION (PPR). EARLY

RELEASES OF STATE OFFSITE METHODS (SOSM) FOR PPR WETLAND DETERMINATIONS

DID NOT INCLUDE OUR RECOMMENDATIONS SO THE TRCP HELPED DRAFT, AND

SUBMIT TECHNICAL COMMENTS ON THE SOSM. THESE FORMAL COMMENTS WERE

CO-SIGNED BY 35 NATIONALLY- AND STATE-BASED ORGANIZATIONS. WE ALSO MET

WITH MEMBERS OF THE CROP INSURANCE INDUSTRY, COMMODITY AGRICULTURE

GROUPS, AND KEY CONSERVATION PARTNERS TO DISCUSS AND PREPARE FOR

UPCOMING AGENCY RULES. USDA PUBLISHED THE CONSERVATION COMPLIANCE

INTERIM FINAL RULE IN APRIL, FORMALLY TYING CONSERVATION COMPLIANCE TO

CROP INSURANCE PREMIUM SUBSIDIES AS DIRECTED UNDER THE 2014 FARM BILL

AND WE AWAIT A FINAL VERSION OF THOSE RULES TO BE RELEASED.

CENTER FOR WATER RESOURCES (CWR): THE CWR HAS A POLICY AGENDA

DEVELOPED IN COOPERATION WITH THE WATER WORKING GROUP, THROUGH STAKEHOLDER OUTREACH, AND WITH FEEDBACK FROM THE TRCP POLICY COUNCIL. THE TWO MAIN PILLARS OF THE CENTER AGENDA ARE (1) TO PROMOTE FEDERAL WATER CONSERVATION FUNDING; (2) TO IMPROVE THE ENGAGEMENT OF THE SPORTING COMMUNITY IN FEDERAL DECISION MAKING RELATED TO WATER RESOURCES MANAGEMENT AND, SPECIFICALLY, AROUND SOLUTIONS TO CURRENT AND IMPENDING WATER SUPPLY CHALLENGES; AND 3) EDUCATE AND GENERATE SUPPORT FOR RESTORING PROTECTIONS THAT HAVE BEEN LOST FOR OUR NATION'S WETLANDS, STREAMS, LAKES AND HEADWATERS. IN 2015, WE CONTINUED OUR CAMPAIGN OF COMMUNICATIONS, OUTREACH, GRASSROOTS MOBILIZATION AND MEDIA ENGAGEMENT TO RESTORE CLEAN WATER ACT PROTECTIONS TO WETLANDS AND HEADWATER STREAMS. IN MAY, THIS CAMPAIGN ACHIEVED A MILESTONE VICTORY WHEN THE EPA AND THE ARMY CORPS FINALIZED A RULE WITH STRONG PROTECTIONS FOR HEADWATER STREAMS AND ADJACENT WETLANDS AS WELL AS IMPROVED TREATMENT OF NON-ADJACENT WETLANDS LIKE PRAIRIE POTHOLES. THE FINAL RULE BECAME EFFECTIVE ON AUGUST 28, THOUGH THE 6TH CIRCUIT COURT OF APPEALS TEMPORARILY STAYED THE CLEAN WATER

Name of the organization THEODORE ROOSEVELT CONSERVATION PARTNERSHIP

Employer identification number 04-3706385

RULE NATIONWIDE ON OCTOBER 9TH. THE TRCP ALSO LED SPORTSMEN OPPOSITION TO TWO PIECES OF LEGISLATION DERAILING THE CLEAN WATER RULE AND UNDERMINING THE CLEAN WATER ACT IN NOVEMBER. THROUGH OUR ADVOCACY, WE SECURED ENOUGH VOTES TO SUSTAIN A SENATE FILIBUSTER AND PRESIDENTIAL VETO, MEANING THE ONLY TRUE LEGISLATIVE THREAT TO THE CLEAN WATER RULE WILL BE IN MUST-PASS END-OF-THE-YEAR SPENDING BILLS. THE TRCP IS ADDRESSING WATER QUANTITY AND USE ISSUES. IN JULY, THE WHITE HOUSE HOSTED A DROUGHT SYMPOSIUM (AN IDEA FIRST PROPOSED BY US IN 2014) WITH THE NATIONAL DROUGHT RESILIENCE PARTNERSHIP, A NINE-AGENCY FEDERAL PARTNERSHIP TO HELP COMMUNITIES BETTER PREPARE FOR DROUGHTS AND REDUCE THE IMPACTS OF DROUGHT EVENTS. APPROXIMATELY 40 DIVERSE STAKEHOLDERS PARTICIPATED AND DISCUSSED THE FEDERAL GOVERNMENT'S ROLE IN BUILDING DROUGHT RESILIENCE INTO WATER MANAGEMENT SYSTEMS, AS WELL AS STEPS THAT FEDERAL AGENCIES SHOULD TAKE TO FORESTALL FUTURE DROUGHT CRISES. TRCP COORDINATED FOLLOW UP INPUT TO THE NDRP THAT LISTED 20 SPECIFIC RECOMMENDATIONS FROM SPORTSMEN'S GROUPS FOR FEDERAL ACTION. THE RECOMMENDATIONS WERE ALSO SHARED WITH THE SENATE ENERGY AND NATURAL RESOURCES COMMITTEE TO INFORM DEVELOPMENT OF A SENATE WEST-WIDE DROUGHT BILL. THE CWR RELEASED A REPORT RELEASED ENTITLED "SNAPSHOTS OF SUCCESS: PROTECTING AMERICA'S WATERSHEDS, FISH AND WILDLIFE, AND THE LIVELIHOODS OF SPORTSMEN" TO HIGHLIGHT POSITIVE STORIES OF WATER CONSERVATION ISSUES. THE REPORT FEATURES PROMINENT WATER CONSERVATION EFFORTS FROM AROUND THE COUNTRY LED BY SPORTSMEN THAT ARE MODELS OF SUCCESS IN ACHIEVING ON-THE-GROUND RESULTS. PROJECTS SUCH AS THOSE FEATURED IN THE REPORT SHARE IMPORTANT CHARACTERISTICS AND CAN BE REPLICATED FOR FUTURE MEANINGFUL SUCCESS. THE REPORT HAS BOLSTERED OUR EFFORTS ON BEHALF OF FEDERAL CONSERVATION FUNDING INVESTMENTS.

CENTER FOR MARINE FISHERIES (CMF): THE TRCP CENTER FOR MARINE FISHERIES HAS TAKEN A LEADERSHIP ROLE IN THE EFFORTS TO ENSURE THE LONG-TERM HEALTH OF OUR OCEAN RESOURCES AND THE SPORTING TRADITIONS THAT RELY ON OUR MARINE FISHERIES. THE CMF ALSO IDENTIFIES AND ENGAGES IN ISSUES THAT ARE IMPORTANT TO MARINE RECREATIONAL ANGLERS AND WORKS WITH TRCP PARTNERS TO BRING SPORTSMEN'S VOICES TO THE POLICY DISCUSSION (E.G., GULF OIL SPILL RECOVERY, FEDERAL MANAGEMENT OF RECREATIONAL FISHERIES, ETC.).

THE CENTER FOR MARINE FISHERIES ALSO CONTINUES TO STRENGTHEN RELATIONSHIPS WITH SPORTSMEN'S ORGANIZATIONS AND CONSERVATION GROUPS THROUGHOUT THE GULF, SERVING ON ADVISORY COMMITTEES AND ORGANIZING EVENTS AND MEETINGS WITH GROUPS LIKE DUCKS UNLIMITED. COASTAL CONSERVATION ASSOCIATION, THE NATURE CONSERVANCY, NATIONAL WILDLIFE FEDERATION AND MANY OTHERS.

IN THE GULF OF MEXICO, TRCP HAS CONTINUED TO EXCEL AT ATTRACTING MEDIA ATTENTION AND BEING THE VOICE OF RECREATIONAL FISHING AS PROJECTS TO HELP THE REGION RECOVER FROM THE OIL SPILL AND ENHANCE HABITAT, FISHERIES MANAGEMENT AND THE FISHERIES-BASED ECONOMY CONTINUE TO BE SELECTED. IN 2015, WE WORKED WITH THE NATURE CONSERVANCY TO CONDUCT AN OPINION POLL OF 800 GULF REGION VOTERS TO GAUGE CONCERNS OVER THE ONGOING IMPACTS OF THE OIL SPILL AS WELL AS HOW PENALTIES SHOULD BE DIRECTED. THE RESULTS OF THE POLL SHOWED OVERWHELMING SUPPORT FOR HABITAT RESTORATION ESPECIALLY AMONG THOSE IDENTIFYING THEMSELVES AS SPORTSMEN AND REPUBLICANS. THE FINDINGS WERE RELEASED AT THE ICAST MEDIA SUMMIT AND DISTRIBUTED IN A JOINT PRESS RELEASE FROM TRCP AND TNC AND WERE WIDELY REPORTED REGIONALLY AND NATIONALLY. TRCP ALSO ENGAGED

Name of the organization THEODORE ROOSEVELT CONSERVATION PARTNERSHIP

Employer identification number 04-3706385

WITH REGIONAL NEWSPAPERS, MAGAZINES, RADIO AND TELEVISION PROGRAMS TO ILLUSTRATE AND EXPLAIN THE RECREATIONAL FISHING COMMUNITY'S ECOSYSTEM RESTORATION, SCIENCE AND MANAGEMENT PRIORITIES AND GOALS. THE CMF CONDUCTED FOUR MEDIA EVENTS IN 2015 TO RAISE AWARENESS OF CONSERVATION PRIORITIES AS WELL AS WRITING MONTHLY ARTICLES AND FREQUENT BLOGS

FORM 990, PART VI, 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.

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.

Employer identification number 04-3706385

B. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE, IF APPROPRIATE, APPOINTS A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.

- C. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE DETERMINES WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST.
- D. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE DETERMINES BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER 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.

FORM 990, PART VI, SECTION B, LINE 15A:

AT THE DISCRETION OF THE CHAIRPERSON OF THE BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE OF THE BOARD WILL OBTAIN THIRD PARTY ASSISTANCE IN DETERMINING THE APPROPRIATE COMPENSATION FOR THE PRESIDENT/CEO. PROCESS USED WILL BE CONDUCTED BY THE EXECUTIVE COMMITTEE, AND DOCUMENTED IN THE BOARD MINUTES. COMPARABILITY DATA WAS NOT USED IN 2015 SINCE THIS IS NOT NECESSARY TO DO EVERY YEAR.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: 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

FORM 990, PART VI, SECTION C, LINE 19:

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization THEODORE ROOSEVELT CONSERVATION PARTNERSHIP	Employer identification number 04-3706385
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROGRAM CONSULTANTS:	
PROGRAM SERVICE EXPENSES	526,564.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	526,564.
TEMPORARY SERVICES:	
PROGRAM SERVICE EXPENSES	2,104.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,104.
MEMBER FULFILLMENT:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,027.
TOTAL EXPENSES	1,027.
PROFESSIONAL SERVICES - GIS/MAPPING:	
PROGRAM SERVICE EXPENSES	2,988.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,988.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 532212 09-02-15 Sche	532,683. edule O (Form 990 or 990-EZ) (2015)

Name of the organization		LT CONSERVATION	Employer identification number 04-3706385
EODM 000 DAE	RT XII, LINE 2C:		
		OM PREVIOUS YEARS.	
FORM 990 PAGE	E 1		
THE 2015 FORM	1 990 WAS AMENDED	TO REFLECT CURRENT PE	OCEDURES RELATED TO
THE COMPENSAT	TION REVIEW OF THE	PRESIDENT/CEO IN PAR	T VI, SECTION B,
LINE 15A.			
		· · · · · · · · · · · · · · · · · · ·	
			
	 		
			