Form 990			Return of Organization Exempt Fron Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		OMB No. 1545-0047
FOI		00	 Do not enter social security numbers on this form as it may 		
		of the Treasury enue Service	 Information about Form 990 and its instructions is at www 	•	Open to Public Inspection
			ar year, or tax year beginning OCT 1, 2014 and ending		moposition
	heck if		f organization	D Employer identifie	cation number
	Addr		P ROCK ASSOCIATION INC.		
	Name		usiness as	**_*	* * * * * *
	Initia		and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final	η Γ.Ο.	BOX 279	860-	868-9131
_	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,450,685.
			INGTON DEPOT, CT 06794	H(a) Is this a group re	
	Appli tion pend	ing F Name a	nd address of principal officer: PEARY STAFFORD	for subordinates	
<u> </u>		P.0.	BOX 279, WASHINGTON DEPOT, CT 06794	H(b) Are all subordinates in	
			X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or STEEPROCKASSOC.ORG		list. (see instructions)
-		-		H(c) Group exemptio	
_	art I	Summary			State of legal dofficile. CI
	1		be the organization's mission or most significant activities: TO CONSE	RVE ECOLOGICA	LLY AND
Governance	'			ROUND WASHING	
'nai	2		x if the organization discontinued its operations or disposed of r		
ovel	3		-	3	31
Ğ	4		lependent voting members of the governing body (Part VI, line 1b)		31
ss &	5		of individuals employed in calendar year 2014 (Part V, line 2a)		5
Activities	6		of volunteers (estimate if necessary)		260
\cti	7 a		d business revenue from Part VIII, column (C), line 12		528.
_			business taxable income from Form 990-T, line 34		0.
				Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)	1,431,993.	1,436,469.
Revenue	9	Program serv	ce revenue (Part VIII, line 2g)	4,025.	10,663.
Sev.	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	94,709.	249,595.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,530,727.	1,696,727.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
ses			r compensation, employee benefits (Part IX, column (A), lines 5-10)	244,342.	252,846.
Expense			undraising fees (Part IX, column (A), line 11e)	0.	0.
Хр			ing expenses (Part IX, column (D), line 25) • 62,966.	220 270	
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	220,270.	694,967.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	464,612. 1,066,115.	947,813. 748,914.
<u>_ s</u>	19	Revenue less	expenses. Subtract line 18 from line 12		
Net Assets or Fund Balances		Total cont "		Beginning of Current Year 14,011,969.	End of Year 14,442,427.
Asse Bala	20		Part X, line 16)	126,444.	80,868.
Vet / und	21		(Part X, line 26)	13,885,525.	14,361,559.
	22 art II		fund balances. Subtract line 21 from line 20	15,005,525.	17,301,339•
		-	I declare that I have examined this return, including accompanying schedules and sta	tements and to the best of m	v knowledge and helief it is
			. Declaration of preparer (other than officer) is based on all information of which prep		y mowing and bollor, it is
	,				

Sign Here	Signature of officer PEARY STAFFORD, INTERIM EXECUTIVE DIRECTOR Type or print name and title	Date						
	Print/Type preparer's name Preparer's signature	Date Check PTIN						
Paid	FIORITA, KORNHAAS & COMPA	^{IT} self-employed P00638833						
Preparer	parer Firm's name FIORITA, KORNHAAS & COMPANY, PC Firm's EIN **-******							
Use Only	nly Firm's address 146 DEER HILL AVENUE							
	DANBURY, CT 06810 Phone no.203-							
May the IRS discuss this return with the preparer shown above? (see instructions)								
432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2014)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	1990 (2014) STEEP ROCK ASSOCIATION INC. **-**	* * * * *	Page 2
Pa	rt III Statement of Program Service Accomplishments		0
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	STEEP ROCK ASSOCIATION IS A LAND TRUST WHOSE MISSION IS TO CO		
	ECOLOGICALLY AND HISTORICALLY SIGNIFICANT LANDSCAPES IN AND A		
	WASHINGTON, CT AND THE SHEPAUG RIVER VALLEY AND TO ENHANCE TH	E	
	COMMUNITY'S CONNECTION WITH NATURE.		
2	Did the organization undertake any significant program services during the year which were not listed on		37
	the prior Form 990 or 990-EZ?	∐Yes	X No
-	If "Yes," describe these new services on Schedule O.		v .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		X No
	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	•	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tota	l expenses, a	and
4-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 794,395 • including grants of \$ 0 •) (Revenue \$	10	663.)
4a	(Code:)(Expenses \$ 794,395. including grants of \$ 0.) (Revenue \$] IN PURSUING ITS MISSION, STEEP ROCK ASSOCIATION WILL:	10,)
	- USE BEST MANAGEMENT PRACTICES TO MAINTAIN AND MANAGE THE LA	NDG AN	<u>п</u>
	IMPROVEMENTS ENTRUSTED TO IT FOR PASSIVE RECREATION, THE PROT		
	NATIVE FLORA AND FAUNA, AND TO SUPPORT SUSTAINABLE AGRIGULTUR		01
	MILLE I DOWN WE INDIA, WE TO BUILDNI BUBININDER NONIGOLION	<u> </u>	
	- STRIVE TO RAISE ENVIRONMENTAL CONSCIOUSNESS BY ENHANCING TH	E	
	COMMUNITY'S KNOWLEDGE AND APPRECIATION OF NATURE AND ITS AWAR		OF
	STEEP ROCK'S ON-GOING CONTRIBUTIONS TO THE CULTURE AND HISTOR		
	TOWN OF WASHINGTON.		
	- PURSUE LAND-BASED NON-COMMERCIAL ACTIVITIES THAT BENEFIT BO	TH STE	EP
	ROCK AND THE COMMUNITY.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
40			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 794, 395.		
		Earm Q	90 (2014)

 Form 990 (2014)
 STEEP ROCK ASSOCIATION INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		v	
_	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			v
_	Schedule D, Part III	8		x
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?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	10		x
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
~	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
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
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20-	complete Schedule G, Part III	19 202		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
	1 100 to mo zoa, do tro organization attaon a copy of ito addited inancial statements to this fetuint?	L C O D	1	

Form **990** (2014)

 Form 990 (2014)
 STEEP
 ROCK
 ASSOCIATION
 INC.

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
 Contin

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes,"			
		26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		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			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
~-	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		- 17
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		
	Note. All Form 990 filers are required to complete Schedule O	38	х	

Form **990** (2014)

1a Enter the number of porms W-2G included in line 1a. Enter -0 if not applicable 1a 2 b Enter the number of Forms W-2G included in line 1a. Enter -0 if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b X b If "Yes," enter the name of the foreign country: Image to a prohibited tax shelter transaction at any time during the tax year? 5a X b If "Yes," to line 3a or phibited tax shelter transaction at any time during the tax year? 5a X b If "Yes," to line 3a or phibited tax shelter transaction at any time during the tax year? 5a X b If "Yes," to line 5a or 5b, did the organization fi	e 5
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 1b 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 0 c Did the organization compty with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a 3b b If if 'Yes,' has it filed a Form 990-T for this year? If 'No, 'to <i>line 3b, provide an explanation in Schedule O</i> 3a 3b 4 At any time during the calendar year, did the organization have an intrerest in, or a signature or other authority over, a 3b 3b 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax y	
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1a 2 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 2d X b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a 4a 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 X 5b Did any taxable party notify the organization file Form 8886-T? 5a X 5b X 6a X Se instructions for filing requirements 886-T? 6a X	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Ib 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	lo
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2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 5 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a 3a X 3b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5W b Id any taxable party notify the organization file Form 886-T? 5c 5c 5c 6a X 5c 5c <t< th=""><th></th></t<>	
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) 3a 3a 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a <t< th=""><th></th></t<>	
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See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Xas b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Xas c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 5c <th><u>< </u></th>	<u>< </u>
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d If "Yes," indicate the number of Forms 8282 filed during the year 7d	7
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	7
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>x</u>
	<u> </u>
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	
sponsoring organization have excess business holdings at any time during the year?	
9 Sponsoring organizations maintaining donor advised funds.	
 a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 	
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	
11 Section 501(c)(12) organizations. Enter:	
a Gross income from members or shareholders 11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against	
amounts due or received from them.)	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	
a Is the organization licensed to issue qualified health plans in more than one state?	
Note. See the instructions for additional information the organization must report on Schedule O.	
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	
c Enter the amount of reserves on hand	
14a Did the organization receive any payments for indoor tanning services during the tax year?	ζ
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	

				Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b	31				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other					
	officer, director, trustee, or key employee?		2	X			
3	Did the organization delegate control over management duties customarily performed by or under t						
-	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				X		
5	Did the organization become aware during the year of a significant diversion of the organization's a		·····		X		
6	Did the organization have members or stockholders?				X		
- 7а	Did the organization have members, stockholders, or other persons who had the power to elect or a		···· •				
74	more members of the governing body?						
h	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
D.			7b		x		
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the y						
			80	x			
a k	The governing body?			X			
b	Each committee with authority to act on behalf of the governing body?						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		9		x		
800	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		- 22		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I	levenue Code.)		V.	N		
10-	Did the exercite the level charters branches as efficience		100	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?		<u>10a</u>		- 23		
D	If "Yes," did the organization have written policies and procedures governing the activities of such and have about the procedures to account a write the supervised as a supe		104				
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?			x			
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ay before filing the form	n? 11a				
b			12a	x			
12a							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		12b	X			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If		10-	x			
40	in Schedule O how this was done			X			
13	Did the organization have a written whistleblower policy?			X			
14 15	Did the organization have a written document retention and destruction policy?		14				
15	Did the process for determining compensation of the following persons include a review and appro						
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision		45-		х		
	The organization's CEO, Executive Director, or top management official		15a 15b		X		
D	Other officers or key employees of the organization				- 23		
16 -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange		10-		x		
	taxable entity during the year?		<u>16a</u>				
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		101				
<u> </u>	exempt status with respect to such arrangements?		16b				
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CT						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	1 (Section 501(C)(3)S 0	niy) availal	JIE			
	for public inspection. Indicate how you made these available. Check all that apply.						
		in Cohody (c. O)					
40	X Own website X Another's website X Upon request Other (explai	n in Schedule O)					
19			r, and finar	ncial			

Form 990 (ASSOCIATION			**_****	Page
Part VI	Governance, N	lanagem	ent, and	I Disclosure For eac	h "Yes" respo	onse to lines 2 through	7b below, and for a "	No" response
	to line 8a, 8b, or 10	b below, des	scribe the	circumstances, process	es, or change	es in Schedule O. See ir	nstructions.	

	s, processes, or ena
Check if Schedule O contains a response or note to an	y line in this Part VI

Section A. Governing Body and Management

X

Page 6

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.

• 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.

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

Name and Title Average hours per live and biols Description and attraction more biols Deportable and attraction and period Reportable compensation from organization Estimated automation from the organization (1) KIRSTEN J PELDMAN 4.00 X X 0. 0. (1) KIRSTEN J PELDMAN 4.00 X X 0. 0. 0. (1) KIRSTEN J PELDMAN 4.00 X X 0. 0. 0. (2) BUGENE 4.00 X X 0. 0. 0. (3) NATALE H DYER 4.00 X X 0. 0. 0. (3) NATALE H DYER 4.00 X X 0. 0. 0. (3) SECRETANY X 0. 0. 0. 0. 0. (4) MULLAM FARDEL 4.00 X X 0. 0. 0. (3) SECRETAN X 0. 0. 0. 0. 0. ((A)	(B)			(0	C)			(D)	(E)	(F)
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TRUSTEE X 0. <th< td=""><td></td><td></td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td>0.</td><td>0.</td></th<>			Х						0.	0.	0.
(17) MICHAEL LLOYD 2.00 X 0. <td>(16) ELIOT JOHNSON</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>_</td>	(16) ELIOT JOHNSON	2.00									_
TRUSTEE X 0. 0. 0.			X						0.	0.	0.
		2.00									_
	TRUSTEE		X						0.	0.	

Form	990	(201)	4
1 01111	000	(201	-

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an		compensation	amount of
	week (list any			uau		linus	(66)	from	from related	other
	hours for	directo				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)		organization
	organizations	l trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	For			
(18) MARK LYON - EX OFFICIO	2.00	.,							0	0
TRUSTEE	2 00	X				<u> </u>		0.	0.	0.
(19) ERIC MADOFF	2.00	x						0.	0.	0.
TRUSTEE	2.00	<u>^</u>				-		0.	0.	0.
(20) AUDREY HEFFERNAN MEYER	2.00	x						0.	0.	0.
TRUSTEE (21) ALAN MNUCHIN	2.00	<u>^</u>				-		0.	0.	0.
TRUSTEE	2.00	x						0.	0.	0.
(22) BEN NICKOLL	2.00	<u>^</u>				\vdash		0.	0.	0.
TRUSTEE	2.00	x						0.	0.	0.
(23) REESE OWENS	2.00								••	<u> </u>
TRUSTEE		x						0.	0.	0.
(24) KIRSTEN PECKERMAN	2.00							•••		
TRUSTEE		x						0.	0.	0.
(25) WHITNEY M RAITH	2.00									
TRUSTEE		x						0.	0.	0.
(26) RAYMOND W REICH	2.00									
TRUSTEE		X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no r	received more than \$100	,000 of reportable	
compensation from the organization										0
										Yes No
3 Did the organization list any former officer,			e, ke	y en	nplo	byee	or	highest compensated e	mployee on	
line 1a? If "Yes," complete Schedule J for s										3 X
4 For any individual listed on line 1a, is the su	-		-						-	4 X
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					-			ted organization or indivi	Idual for services	5 X
Section B. Independent Contractors	piele Schedui	eji	UI SL	icn	pers	SON .				5 21
1 Complete this table for your five highest co	mpensated in	dene	ende	nt c	ont	racto	ors .	that received more than	\$100,000 of compense	ation from
the organization. Report compensation for	•	•							· ·	
(A)	ine calendar y	<u>our</u>		ig i		0. 11		(B)		(C)
Name and business	address							Description of s	ervices	Compensation
O&G INDUSTRIES										
112 WALL ST, TORRINGTON, CT 06790						CONSTRUCTION		197,958.		
SEATTLE BRIDGE LLC										
4714 BALLARD AVE , SEATTLE, WA 98107							CONSTRUCTION		169,606.	

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

Form 990 STEEP ROCK ASSOCIATION INC.								**_****				
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nployees, and Highest (ligh	est	Compensated Employ	ees (continued)			
(A)	(B)			(0	C)			(D)	(E)	(F)		
Name and title	Average			Pos				Reportable	Reportable	Estimated		
	hours	(cl	neck	k all i	that	app	ly)	compensation	compensation	amount of		
	per					0		from	from related	other		
	week (list any	Jo				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the		
	hours for	direct				d em		(W-2/1099-MISC)	(1033-10100)	organization		
	related	tee or	istee			en sate		(and related		
	organizations	ul trus	nal tru		loyee	omp(organizations		
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
	line)	pul	lns	θŧ	Key	Hig	For					
(27) THOMAS M RICKART	2.00											
TRUSTEE		Х						0.	0.	0.		
(28) ALLISON RUBLER	2.00											
TRUSTEE		Х						0.	0.	0.		
(29) JOHN SANTOLERI	2.00											
TRUSTEE		Х						0.	0.	0.		
(30) ANNE-CECILIE ENGELL SPEYER	2.00								_	-		
TRUSTEE		Х						0.	0.	0.		
(31) DENISE TREVENEN	2.00											
TRUSTEE		Х						0.	0.	0.		
(32) EDMUND J WHITE	2.00											
TRUSTEE		Х						0.	0.	0.		
(33) JOHN A MILLINGTON	1.00											
HONORARY TRUSTEE		Х						0.	0.	0.		
		1										
	1		I		I							
Total to Part VII, Section A, line 1c		<u></u>	<u></u>	<u></u>	<u></u>	<u></u>	<u></u>					

Pa	rt VII	Statement of Reve	nue					
		Check if Schedule O con	tains a response	or note to any lir				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c f g h 2 a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, grant similar amounts not included abor Noncash contributions included in lines Total. Add lines 1a-1f MAP SALES HIKERS CHALLENC All other program service reverted Total. Add lines 2a-2f	1b 1c 1d tions) 1e nts, and 1f 1f	Business Code 813312 813312 813312 813312	1,436,469. 7,718. 2,485. 460. 10,663.	7,718. 2,485. 460.		
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties	g dividends, inter ax-exempt bond p	est, and proceeds	40,512.		528.	39,984.
	b c	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) .						
		Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 963,041. 753,958.					
	d	Gain or (loss) Net gain or (loss)			209,083.			209,083.
Other Revenue		Gross income from fundraisir including \$ contributions reported on line Part IV, line 18	of e 1c). See a					
ŧ		Less: direct expenses						
		Net income or (loss) from fun Gross income from gaming a	ctivities. See	····· ►				
		Part IV, line 19 Less: direct expenses	b					
	10 a b	Net income or (loss) from gar Gross sales of inventory, less and allowances Less: cost of goods sold Net income or (loss) from sale	s returns a					
		Miscellaneous Reven	ue	Business Code				
	11 a b c							
	d e	All other revenue						
	12	Total revenue. See instructions.		►	1,696,727.	10,663.	528.	249,067.

STEEP ROCK ASSOCIATION INC.

Form 990 (2014)

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Page **9**

Part IX Statement of Functional Expenses

STEEP ROCK ASSOCIATION INC.

	Check if Schedule O contains a respons			(C)	L
	include amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Gr	ants and other assistance to domestic organizations				
an	d domestic governments. See Part IV, line 21				
2 G	rants and other assistance to domestic				
in	dividuals. See Part IV, line 22				
3 G	rants and other assistance to foreign				
or	ganizations, foreign governments, and foreign				
in	dividuals. See Part IV, lines 15 and 16				
1 Be	enefits paid to or for members				
5 C	ompensation of current officers, directors,				
	ustees, and key employees				
	ompensation not included above, to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)	233,191.	196,815.	10,068.	26,308
	ther salaries and wages	,			
	ension plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
	ther employee benefits				
		19,655.	16,569.	855.	2,23
	ayroll taxes	17,055.	10,505.	055.	2,23.
	ees for services (non-employees):				
	anagement	7,511.	3,981.	3,530.	
	egal	7,300.	5,901.	7,300.	
		7,300.		7,300.	
	bbbying				
	ofessional fundraising services. See Part IV, line 17	15 200		15 200	
	vestment management fees	15,280.		15,280.	
-	ther. (If line 11g amount exceeds 10% of line 25,	1 - 010		1.61	
	lumn (A) amount, list line 11g expenses on Sch 0.)	15,218.	14,757.	461.	
	dvertising and promotion	22 01 5	16 600	10 1 50	
	ffice expenses	33,915.	16,688.	10,150.	7,07
l In	formation technology	773.		773.	
i Ro	oyalties				
0	ccupancy	24,578.	5,280.	19,298.	
7 Tr	avel	60.	60.		
B Pa	ayments of travel or entertainment expenses				
fo	r any federal, state, or local public officials				
) C	onferences, conventions, and meetings	50.		50.	
In	terest	407.		407.	
	ayments to affiliates				
	epreciation, depletion, and amortization	24,165.	23,469.	696.	
ln	surance	28,397.	6,813.	21,584.	
ab	her expenses. Itemize expenses not covered ove. (List miscellaneous expenses in line 24e. If line le amount exceeds 10% of line 25, column (A)				
an	nount, list line 24e expenses on Schedule O.) (
	TEWARDSHIP GENERAL	471,991.	471,991.		
-	EVELOPMENT EXPENSE	27,350.			27,35
	TEWARDSHIP-WHIP GRANTS	13,400.	13,400.		
dМ	EMBERSHIP SERVICES	12,198.	12,198.		
e Al	l other expenses	12,374.	12,374.		
Тс	otal functional expenses. Add lines 1 through 24e	947,813.	794,395.	90,452.	62,96
	int costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
	lucational campaign and fundraising solicitation.				
	eck here ► if following SOP 98-2 (ASC 958-720)				

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Total net assets or fund balances

Total liabilities and net assets/fund balances

Form	n 990 ()	2014) STEEP ROCK ASSOCIATION INC.		**_	****** Page 11		
	rt X	Balance Sheet	F1				
		Check if Schedule O contains a response or note to any line in this Part X					
			(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing	118,257.	1	120,340.		
	2	Savings and temporary cash investments	391,173.	2	317,396.		
	3	Pledges and grants receivable, net	•	3	, ,		
	4	Accounts receivable, net	3,098.	4	325.		
	5	Loans and other receivables from current and former officers, directors,					
		trustees, key employees, and highest compensated employees. Complete					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disqualified persons (as defined under					
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing					
		employers and sponsoring organizations of section 501(c)(9) voluntary					
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6			
Assets	7	Notes and loans receivable, net	112,500.	7	0.		
◄	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges	4,623.	9	8,390.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D 10a 11,831,387.	44 499 495		44 680 050		
	b	Less: accumulated depreciation 10b 158,037.	11,438,497.		11,673,350.		
	11	Investments - publicly traded securities	1,874,936.	11	1,741,235.		
	12	Investments - other securities. See Part IV, line 11		12	0.		
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14	E01 201		
	15	Other assets. See Part IV, line 11	68,885. 14,011,969.	15	581,391. 14,442,427.		
	16	Total assets. Add lines 1 through 15 (must equal line 34)	13,944.	16 17	80,868.		
	17	Accounts payable and accrued expenses	13,744.	17	00,000		
	18 19	Grants payable Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21			
es	22	Loans and other payables to current and former officers, directors, trustees,					
		key employees, highest compensated employees, and disqualified persons.					
Liabiliti		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	112,500.	24	0.		
	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	100 444	25	00.000		
	26	Total liabilities. Add lines 17 through 25	126,444.	26	80,868.		
		Organizations that follow SFAS 117 (ASC 958), check here ► X and					
ces	07	complete lines 27 through 29, and lines 33 and 34.	13,773,926.	07	14,312,224.		
Fund Balances	27 28	Unrestricted net assets Temporarily restricted net assets	111,599.	27 28	49,335.		
ЧВ	20 29	Permanently restricted net assets	,,	20	19,000		
'n		Organizations that do not follow SFAS 117 (ASC 958), check here					
ъ		and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds		30			
Asse	31	Paid in or capital surplus, or land, building, or equipment fund		31			
et /	32	Retained earnings, endowment, accumulated income, or other funds		32			
z	22	Total not apparts or fund halanges	13 885 525.	22	14 361 559		

14,361,559. 14,442,427.

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13,885,525. 14,011,969.

Form	990 (2014)

Form	1990 (2014) STEEP ROCK ASSOCIATION INC.	**_**	* * * * *	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,69		
2	Total expenses (must equal Part IX, column (A), line 25)	2	94	7,8	13.
3	Revenue less expenses. Subtract line 2 from line 1	3			14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,88		
5	Net unrealized gains (losses) on investments	5	-27	2,8	80.
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	14,36	1,5	59.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				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 reviewer	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?		2 b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X 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 audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
3a	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2014)

Department of the Treasury

(Form	990	or	990-EZ)
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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.

Open to Public
Inspection

OMB No. 1545-0047

14

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Name of the o	organization
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Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <u>www.irs.gov/form990</u> .							Inspection						
Nan								identification number					
			STEE	P ROCK ASS	OCIATION INC	•			*	*_***			
Pa	rt I	Reason	for Public	Charity Status (A	All organizations must co	omplete th	is part.) Se	ee instructions.					
The	organ	nization is not a	a private found	dation because it is: (For lines 1 through 11, c	check only	one box.)						
1		A church, co	nvention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1)(A)(i).					
2													
3													
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		-	-	Complete Part II.)	0 ,		, ,						
6				• •	nental unit described in	section 17	70(b)(1)(A)	(v).					
7				-	intial part of its support 1				e general	public described in			
		-		omplete Part II.)		5			5	1			
8					(1)(A)(vi). (Complete Par	t II.)							
9	Х				than 33 1/3% of its sup		contributi	ons. membersł	nio fees. a	nd aross receipts from			
					ct to certain exceptions,								
					(less section 511 tax) fr					-			
				mplete Part III.)	, , , , , , , , , , , , , , , , , , ,		•	, ,		,			
10				• •	ively to test for public sa	afety. See s	section 50	09(a)(4).					
11		-	-	-	ively for the benefit of, to	•			ry out the	purposes of one or			
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	r section &	509(a)(2).	See section 50	09(a)(3). C	heck the box in			
		lines 11a thro	ough 11d that	describes the type of	of supporting organizatio	n and com	nplete lines	s 11e, 11f, and	11g.				
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), ty	pically by	giving			
					gularly appoint or elect a	•							
			-	complete Part IV, Se									
b		7 7		-	l or controlled in connec	tion with it	s support	ed organizatior	n(s), by ha	ving			
					anization vested in the s			-		•			
			-	at complete Part IV,		·				•			
с		7 7		-	g organization operated	in connec	tion with, a	and functionall	y integrate	ed with,			
			-		s). You must complete l								
d		-	-		orting organization oper				ed organi	zation(s)			
		that is not	functionally in	tegrated. The organiz	zation generally must sa	tisfy a disti	ribution re	quirement and	an attenti	iveness			
		requiremer	nt (see instruct	tions). You must con	nplete Part IV, Sections	s A and D,	and Part	V .					
е		Check this	box if the org	anization received a	written determination fro	om the IRS	that it is a	a Type I, Type I	I, Type III				
		functionally	y integrated, o	r Type III non-functio	nally integrated support	ing organiz	zation.						
f	f Enter the number of supported organizations												
g	Prov	vide the follow	ing information	n about the supporte	ed organization(s).								
	((i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the o		(-)		(vi) Amount of			
								other support (see					
	(see instructions)) Yes No Instructions) Instruction					Instructions)							

Schedule A	(Form 990	or 990-EZ) 2014
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Page **2**

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e	e) 2014	(f) Tota	al
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
	ction B. Total Support		•	•	•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Tota	
7	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties								
	and income from similar sources								
9	 Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	Total support. Add lines 7 through 10								
	Gross receipts from related activities,	etc. (see instructi	ions)			12		<u>ı</u>	
	First five years. If the Form 990 is for	•	,				c)(3)		
	organization, check this box and stop							►	•
Sec	ction C. Computation of Publ		ercentage						
14	Public support percentage for 2014 (I	ine 6, column (f) d	livided by line 11,	column (f))		14			%
	Public support percentage from 2013					15			%
	6a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n				►	•
b	33 1/3% support test - 2013. If the c	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/3%	6 or mo	ore, check tl	nis box	
	and stop here. The organization qual	ifies as a publicly	supported organi	zation				►	
17a	10% -facts-and-circumstances tes								
	and if the organization meets the "fac								
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization			►	
b	10% -facts-and-circumstances tes								
	more, and if the organization meets th	ne "facts-and-circu	umstances" test, o	check this box and	stop here. Explai	n in Par	t VI how the	e	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anizatio	on	►	·[]
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see	instruction	is Þ	·[_]

Schedule A (Form 990 or 990-EZ) 2014 STEEP ROCK ASSOCIATION INC.

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.)

See	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1850684.	332,999.	467,189.	588,493.	1436469.	4675834.
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				4,025.	10,663.	14,688.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	1850684.	332,999.	467,189.	592,518.	1447132.	4690522.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	260,532.	40,473.	146,784.	162,845.	389,923.	1000557.
b	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	612,880.			103,330.		
c	Add lines 7a and 7b	873,412.	72,973.	173,741.	266,175.	838,599.	2224900.
	Public support (Subtract line 7c from line 6.)						2465622.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011 332,999.	(c) 2012 467,189.	(d) 2013 592,518.	(e) 2014 1447132.	(f) Total
9	Amounts from line 6	1850684.	332,999.	467,189.	592,518.	1447132.	4690522.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	33,020.	28,819.	31,124.	33,097.	39,984.	166,044.
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	33,020.	28,819.	31,124.	33,097.	39,984.	166,044.
11					3,098.	528.	3,626.
12	Other income. Do not include gain						
	or loss from the sale of capital	7,581.	3,839.	5,673.			17,093.
13	assets (Explain in Part VI.)	1891285.	365,657.	503,986.	628,713.	1487644.	4877285.
	First five years. If the Form 990 is for	r the organization's	-	-		n 501(c)(3) organiz	ation,
_	check this box and stop here						▶∟_
	ction C. Computation of Publ						
15	Public support percentage for 2014 (I			olumn (f))		15	50.55 %
16	Public support percentage from 2013					16	54.87 %
See	ction D. Computation of Inves		¥				2 40
17							
18	Investment income percentage from 2					18	4.21 %
19a	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2013. If the	-					
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th			
4320	23 09-17-14				Sch	edule A (Form 99	0 or 990-EZ) 2014

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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.
- 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.
- **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.*
- **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.*
- **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* **P***art* **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- **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.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.*
 - **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.)

	Yes	No
1		
2		
3a		
Зb		
30		
3c		
4a		
41-		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
5		
7		
8		
9a		
9b		
9c		
10a		
iva		
10b		

Schedule A (Form 990 or 990-EZ) 2014 STEEP ROCK ASSOCIATION INC. Part 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		
	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		
	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		100	110
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
<u>Sec</u>	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. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
U	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		
<u>Soc</u>	tion E. Type III Functionally-Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		,	
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
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		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 STEEP ROCK ASSOCIATION INC.

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

 1
 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All

other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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			
	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		
7	Check here if the current year is the organization's first as a non-functional	v-integrate	ed Type III supporting or	nanization (see

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

Schedule A (Form 990 or 990-EZ) 2014 STEEP ROCK ASSOCIATION INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)			
Section	on D - Distributions		<u> </u>	Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes				
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	IS			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the	he organization is responsive	e			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2014 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount	i				
		(i)	(ii)	(iii)		
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable		
			Pre-2014	Amount for 2014		
-	Distributable amount for 2014 from Section C, line 6					
	Underdistributions, if any, for years prior to 2014					
-	(reasonable cause required-see instructions)					
	Excess distributions carryover, if any, to 2014:					
<u>a</u>						
b						
<u> </u>						
d	Firen 0040					
	From 2013					
-	Total of lines 3a through e					
	Applied to underdistributions of prior years Applied to 2014 distributable amount					
-	Carryover from 2009 not applied (see instructions)					
-	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
-	Distributions for 2014 from Section D,					
	line 7: \$					
-	Applied to underdistributions of prior years					
	Applied to 2014 distributable amount					
-	Remainder. Subtract lines 4a and 4b from 4.					
	Remaining underdistributions for years prior to 2014, if					
	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).					
-	Remaining underdistributions for 2014. Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	instructions).					
7						
	and 4c.					
8	Breakdown of line 7:					
а						
b						
с						
d	Excess from 2013					
•	Excess from 2014					

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

	HEDULE D n 990)		al Financial Statements ganization answered "Yes" to Form 990,		OMB No. 1545-0047
•		Part IV, line 6, 7, 8, 9, 10), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
	ment of the Treasury I Revenue Service	Information about Schedule D (Fo	Attach to Form 990. rm 990) and its instructions is at <u>www.irs.gov</u> /	form990.	Inspection
Nam	e of the organizati		-	Employe	r identification number * * _ * * * * * * *
Pa	rt I Organiza		ed Funds or Other Similar Funds or <i>I</i>	Accounts.	Complete if the
		n answered "Yes" to Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at er	nd of year			
2		of contributions to (during year)			
3		of grants from (during year)			
4		t end of year			
5			writing that the assets held in donor advised fur	nds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only	
			or donor advisor, or for any other purpose confe		
					. Yes No
Pa		-	ganization answered "Yes" to Form 990, Part IV	, line 7.	
1		servation easements held by the organizat			
		n of land for public use (e.g., recreation or			
	X Protection o		Preservation of a certified h	istoric struct	ture
	X Preservation				
2	•	• •	ified conservation contribution in the form of a c	onservation	easement on the last
	day of the tax yea	r.			
					at the End of the Tax Year 107
a				2a	2,694.00
b			·····	2b	2,094.00
C L			ructure included in (a)	2c	0
d			after 8/17/06, and not on a historic structure	2d	0
3			eleased, extinguished, or terminated by the orga		
0	year 🕨	0		Inzation duri	
4		where property subject to conservation ea			
5	٠.	tion have a written policy regarding the pe	rriodic monitoring, inspection, handling of it holds?		X Yes No
6			, and enforcing conservation easements during		143
7			enforcing conservation easements during the y		3,600.
8			ve satisfy the requirements of section 170(h)(4)(· · ·	
-					Yes No
9			ion easements in its revenue and expense state		
		•	tion's financial statements that describes the o		
	conservation ease	ements.		-	-
Pa	rt III Organiza	ations Maintaining Collections o	of Art, Historical Treasures, or Other	Similar A	ssets.
	Complete it	f the organization answered "Yes" to Form	1990, Part IV, line 8.		
1a	If the organization	elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue statement a	and balance :	sheet works of art,
	historical treasure	s, or other similar assets held for public ex	hibition, education, or research in furtherance o	f public servi	ce, provide, in Part XIII,
		tnote to its financial statements that descr			
b	-		SC 958), to report in its revenue statement and		
			ducation, or research in furtherance of public se	ervice, provic	le the following amounts
	relating to these it			. .	
	.,				
2			easures, or other similar assets for financial gain	, provide	
		unts required to be reported under SFAS 1			
а					
b	Assets included in	n Form 990, Part X		🕨 💲 🔄	

Sche	dule D (Form 990) 2014 STEEP R	OCK ASSOCI	ATIO	N INC.			*	*_**	* * * * *	F Page 2
Pai	t III Organizations Maintaining (Collections of A	rt, His	torical Tr	easures, o	or Othe	r Simila	r Asse	e ts (contin	ued)
3	Using the organization's acquisition, access (check all that apply):	ion, and other record	ds, chec	k any of the	following tha	at are a sig	gnificant u	se of its	collection	items
а	Public exhibition	c	a 🗌	Loan or exc	hange progra	ams				
b	Scholarly research	e			0,0					
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how th	ney further tl	he organizati	ion's exerr	npt purpos	se in Pai	t XIII.	
5	During the year, did the organization solicit	or receive donations	of art, hi	storical trea	sures, or oth	er similar a	assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's co	ollection?			L	Yes	No No
Pa	t IV Escrow and Custodial Arrar		ete if the	e organizatio	n answered	"Yes" to F	⁻ orm 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custoo		-					_	-	
	on Form 990, Part X?							L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:						
-									Amount	
	Beginning balance									
	Additions during the year									
f	Ending balance									
2a	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XIII									
Pa	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" to Fo	rm 990, Part	IV, line 10).			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back 🛛 🕻	d) Three ye	ars back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
-	End of year balance Provide the estimated percentage of the cu		 1	a oolump (a						
2	Board designated or quasi-endowment	rent year end baland	%	g, column (a	a)) Heiu as.					
	Permanent endowment	%								
	Temporarily restricted endowment	%								
-	The percentages in lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the poss		ation that	at are held a	nd administe	ered for th	e organiza	ation		
	by:	-					-			Yes No
	(i) unrelated organizations								. 3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Scheo	dule R?					3b	
4	Describe in Part XIII the intended uses of the		owment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere									
	Description of property	(a) Cost or o		.,	or other (othor)		cumulated		(d) Book	value
4 -	Land	basis (investi	ment)		(other) 4,150.	depi	reciation	1	1 20/	,150.
	Land				$\frac{4}{4}, \frac{1}{326}$		50,15			,172.
	Buildings Leasehold improvements			0	-,520•		50,15	· · · ·	т.,	., . / 4 •
	Equipment			12	3,263.		61,56	3.	61	.,700.
	Other				9,648.		46,32			3,328.
	Add lines 1a through 1e. (Column (d) must of		t X, colur		-					3,350.

Schedule D (Form 990) 2014

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.						
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value				
(1) Financial derivatives						
(2) Closely-held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)						

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost 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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990 Part X col (B) line 15)	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Sche	dule D (Form 990) 2014 STEEP ROCK ASSOCIATION INC	•		**_	****** Page 4
	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per R	leturr).
-	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,423,847.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-272,880.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-272,880.
3	Subtract line 2e from line 1			3	1,696,727.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,696,727.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents Wi	th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	947,813.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			-
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	947,813.
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			
b	Other (Describe in Part XIII.)	4b			-
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) T XIII Supplemental Information.			5	947,813.

Provide 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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

Employer identification number

_***

OMB No 1545-0047

STEEP ROCK ASSOCIATION INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE SHEPAUG RIVER VALLEY AND TO ENHANCE THE COMMUNITY'S CONNECTION WITH

NATURE.

FORM 990, PART VI, SECTION A, LINE 2:

THE BOARD OF TRUSTEES REQUIRES ALL BOARD MEMBERS TO SUBMIT A CONFLICT OF INTEREST FORM EACH YEAR WHICH IS REVIEWED BY THE EXECUTIVE COMMITTEE. A NUMBER OF TRUSTEES ARE ENGAGED IN PROFESSIONAL RELATIONSHIPS AS ATTORNEYS, REAL ESTATE AND INSURANCE BROKERS AND CONTRACTORS WITH CLIENTS WHO INCLUDE OTHER TRUSTEES AT NORMAL COMMERCIAL RATES AND TERMS. NO TRUSTEES OR RELATED PARTIES THERETO PERFORMED PAID PROFESSIONAL SERVICES FOR THE ASSOCIATION IN FISCAL YEAR 2013, OR SUCH WORK WAS PROVIDED WITH FULL DISCLOSURE TO THE BOARD AND AT NORMAL COMMERCIAL RATES AND TERMS.

FORM 990, PART VI, SECTION B, LINE 11:

THE ASSOCIATION'S PROCESS FOR FILING FORM 990 IS TO HAVE THE EXECUTIVE

DIRECTOR AND MEMBERS OF THE AUDIT COMMITTEE REVIEW A DRAFT COPY FOR

FINANCIAL INFORMATION REPORTED AND INFORMATION ON THE ASSOCIATION'S

PROGRAMS AND SERVICES, AND OVERALL MISSION STATEMENT.

FORM 990, PART VI, SECTION B, LINE 12C:

STEEP ROCK ASSOCIATION REQUIRES AN ANNUAL REVIEW AND DISCLOSURE OF

CONFLICTS OF INTEREST BY AND BETWEEN MEMBERS OF THE BOARD OF TRUSTEES AND EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 18:

Page 2

STEEP ROCK'S FORM 990 IS AVAILABLE ON THE ASSOCATION'S WEBSITE, AT

GUIDESTAR.ORG AND AT THE STEEP ROCK OFFICE UPON REQUEST.

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

STEEP ROCK ASSOCIATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE BY PROVIDING

COPIES ON REQUEST AND INSPECTION AT ITS PRIMARY OFFICE.

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990 C o n v Unadjusted Cost Or Basis Reduction In Beginning Accumulated Ending Accumulated Date Bus Section 179 **Basis For** Current Current Year Asset No. Line No. Life Description Method Acquired % Expense Basis Depreciation Sec 179 Deduction Excl Depreciation Expense Depreciation LAND LAND - 6.83 ACRES DONATED BY 12/27/13 L 25 SNOW 843,500. 843,500, 0. 1 LAND 01/01/90 L 7,974,759, 7,974,759 0. 13 LAND 01/01/08 L 537,119 537,119, 0. 14 LAND 07/29/10 L 610,000, 610,000 0. 01/09/11 L 15 LAND 1,328,772, 1,328,772, 0. * 990 PAGE 10 TOTAL LAND 11294150 11294150 Ο. 0. 0. * 990 PAGE 10 TOTAL -11294150, 11294150 Ο. 0. Ο. OTHER 2 LAND IMPROVEMENTS 01/01/92 SL 30.00 16 64,326. 64,326. 48,010, 2,144 50,154, 12 REICH BRIDGE 03/27/07 SL 16 30.00 138,000, 138,000 36,800, 4,600 41,400 20 BRONSON PARKING LOT 05/25/13 SL 10.00 16 4,147. 4,147. 553. 415 968 21 BRONSON BOARDWALK 09/30/14 SL 10.00 16 5,100 510 5,100 510 26 HAUSER BRIDGE WALKWAY 11/30/14 SL 30,00 16 70,951. 70,951. 1,971. 1,971 27 REICH BRIDGE WALKWAY 06/01/15 SL 30.00 16 129,507 129,507 1,439 1,439 28 BRONSON BOARDWALK 07/31/15 SL 10.00 16 1,943. 1,943. 32. 32. * 990 PAGE 10 TOTAL OTHER 413,974 413,974 85,363. 11,111 96,474. * 990 PAGE 10 TOTAL -413,974 413,974. 85,363. 11,111 96,474.

428111 05-01-14

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

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	00 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURE & FIXTURES														
30	CHAIRS (8) BOARDROOM	01/21/15	SL	7.00	1	L6	1,040.				1,040.			99.	99.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						1,040.				1,040.	٥.		99.	99.
	MACHINERY & EQUIPMENT														
3	EQUIPMENT	01/01/95	SL	7.00	1	16	5,976.				5,976.	5,976.		0.	5,976.
5	BUSH HOG ROTARY CUTTER	08/31/04	SL	10.00	1	L6	2,650.				2,650.	2,650.		0.	2,650.
6	BRUSH MOWER	11/26/04	SL	10.00	1	L6	668.				668.	668.		0.	668.
7	TRACTOR	01/27/06	SL	10.00	1	16	24,882.				24,882.	22,392.		2,490.	24,882.
8	TRAILER	02/24/06	SL	10.00	1	L6	4,495.				4,495.	4,049.		446.	4,495.
9	BACKHOE	03/26/07	SL	10.00	1	L6	8,600.				8,600.	6,880.		860.	7,740.
10	COPIER	04/25/07	SL	10.00		L6	2,000.				2,000.	1,600.		200.	1,800.
11	TRACTOR SICKLE BAR	04/30/07	SL	10.00	1	16	3,312.				3,312.	2,648.		331.	2,979.
16	POWER EQUIPMENT	12/06/12	SL	5.00	1	L6	770.				770.	282.		154.	436.
17	PORTABLE WINCH	03/12/13	SL	5.00	1	L6	1,462.				1,462.	463.		292.	755.
18	COMPUTER	12/07/12	SL	5.00	1	L 6	2,905.				2,905.	1,065.		581.	1,646.
19	COPIER	11/01/12	SL	5.00	1	L6	5,200.				5,200.	1,993.		1,040.	3,033.
22	DELL OPTIPLEX 3010 DT PC (SERVER)	11/25/13	SL	5.00	1	L6	775.				775.	129.		155.	284.
23	DELL LATITUDE E6530 (LAPTOP)	11/25/13	SL	5.00	1	L6	1,150.				1,150.	192.		230.	422.

428111 05-01-14

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

2014 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

RM 990 PAGE 10									990								
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation		
24	HUSQVARNA 345FR BRUSH CUTTER 576XP	, 09/29/14	SL	5.00		16	1,800.				1,800.			360.	360.		
31	COMBINATION, KING KUTTER ANGLE FRAME DISC HARROW	10/03/14	SL	7.00		16	1,141.				1,141.			163.	163.		
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						67,786.				67,786.	50,987.		7,302.	58,289.		
	TRANSPORTATION EQUIPMENT																
4	(D)TRUCK	11/23/05	SL	10.00		16	24,764.				24,764.	22,286.		2,478.			
29	2015 FORD F550 TRUCK	03/13/15	SL	10.00		16	54,437.				54,437.			3,175.	3,175.		
	* 990 PAGE 10 TOTAL TRANSPORTATION EQUIPMENT						79,201.				79,201.	22,286.		5,653.	3,175.		
	* 990 PAGE 10 TOTAL -						148,027.				148,027.	73,273.		13,054.	61,563		
	* GRAND TOTAL 990 PAGE 10 DEPR						11856151.				11856151.	158,636.		24,165.	158,037.		

428111 05-01-14