Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

} ;	A	For the	2010 cale	endar year, or tax year beginn	ning October 1	, 2010, a	nd ending	Septe	mber 30	, 20 11	
<u>'</u> i	B	Check if	applicable	C Name of organization Oregon	n Natural Resources C	ouncil Fund			D Emplo	yer identification I	number
		Address	change	Doing Business As Oregon V	Wild	·				23-7432820	
		Name ch	ange	Number and street (or P O box if	mail is not delivered to stree	et address)	Room/suite		E Teleph	one number	
,		Initial retu	urn	5825 N. Greeley Ave.				1		503-283-6343	
•	_	Terminati		City or town, state or country, a	nd ZIP + 4		1				
≅ 2 .		Amended	d return	Portland, Oregon 97217					G Gross	receipts \$	892,309
	_		on pending	F Name and address of principa	l officer			H(a) is this	a omun retur	n for affiliates? Ye	s V No
É	_	приносии	on ponding	Megan Gibb, President, 5825	5 N. Greelev Ave . Por	tland. Oregon 97	7217			included? Ye	
		Tay-eyen	npt status) 4947(a)(1) or	527			a list (see instruction	
			•	gonwild org	5 1(5) () 1 (m 5 5 1 m 5	<u>/ </u>	<u> </u>	H(c) Grou	n exemptio	on number	
2					sociation Other		ear of formation			e of legal domicile	Or
3) 		art I	Summ		Sociation Other P		ear of formatic	1974	III Otati	3 Of regal definione	
1				escribe the organization's m	sission or most signif	ficant activities:	Orogon	Mild works	to proto	ct and restore C	togon's
		•		s, wildlife and waters as an e							
	S							**			
	Tal.			lace to live, work, and play. V							:0131011
	le l			o protect the place we call ho	· • • • • • • • • • • • • • • • • • • •		-				
	Activities & Governance			is box ▶ ☐ if the organization of	· · · · · · · · · · · · · · · · · · ·	•	ലാഷാക്കരാ	iis nei assei	1 1	l	10
	8			of voting members of the go					3		10
	es	-		of independent voting mem	_				4		10
	Ξ			nber of individuals employe	=	-		· · · ·	5		18
	뒿			nber of volunteers (estimate					6		51
	٦			elated business revenue fro					7a		0
_		b	Net unrel	lated business taxable incor	me from Form 990-T	, line 34		<i>.</i>	7b		0
~								Prior Ye	ear	Current Ye	ear
71.07 0 1	0	8	Contribut	tions and grants (Part VIII, II	ne 1h)			1	1,719,418		851,389
N.	١	9	Program	service revenue (Part VIII, li	need IEM	1			0	<u> </u>	0
	Revenue	10	Investme	nt income (Part VIII, column	14 Jnes 3, 4, and	(d) (f)			10,049		6,029
_	Œ			enue (Part VIII, celumpat)					6,956		34,891
_3		12	Total reve	enue-add lines & through	(must equal Part VI	A, column (A), lin	ne 12)	1	,736,423		892,309
ವೆ.	_	13	Grants ar	nd similar amounts paid (Pa	ut IX column (A), Infie	es 1-3)	-:-		10,300	1	,064,988
	- 1	14	Benefits i	paid to or for members (Par	t IX. column (A). tine	4	🗀				
\Box	<u>"</u>	15	Salaries, d	other compensation, employe	ee benefits (Part IX. c	olumn (A), lines 5	5–10)		553,846		606,204
붌	Expenses	16a	Professio	onal fundraising fees (Rart IX	Column (A), line 11	le)	· · · · / -				
2	je l			draising expenses (Part							
ロ山ができてい	₩			penses (Part IX, column (A),					238,446		191,627
ک				enses. Add lines 13–17 (mu					802,592	1	,862,819
,,				less expenses Subtract line	•				933,831		970,510)
-	. 07	19	neveriue	less expenses Subtract in	e 16 iroin iine 12 .			inning of Cu		End of Yea	
,	lances	20	Total ass	ate (Dart V. line 16)					,090,370		,962,464
	Bala			, , ,			· · ⊢		·	•	920,039
1	Fund Bal			ilities (Part X, line 26)			· ·		75,830 ,014,540	1	
_	_			ts or fund balances. Subtrac	ct line 21 from line 20	<u> </u>	• • 1		,014,540		,042,425
		rt II		ure Block		 					
				ry, I declare that I have examined the etc. Declaration of preparer (other the						ny knowledge and	belief, it is
_			A COMPIC	to be a proper or former.				1			
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•	ler	e			ns , Exe	cutive	Direct	00			
_			, , ,	or print name and title							
F	Pai	d	Print/Typ	pe preparer's name	Preparer's signature		Date		Check [, if PTIN	
F	Pre	parer	•		<u></u>				self-emp	loyed	
		Only	1	ame 🕨				Firm	's EIN 🕨		
_			Firm's ac	ddress ▶				Pho	ne no		
N	/lay	the IR	S discuss	this return with the prepare	er shown above? (se	e instructions)	<u> </u>			· · 🗌 Ye	
_			ande Danders	Al- Ask Madian and Aba and	anata inaturation-		0-4-41-	1000		, Earn Q	9010

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: Oregon Wild works to protect and restore Oregon's wildlands, wildlife and waters as an enduring legacy for future generations.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 620,345 including grants of \$ 387,812) (Revenue \$ 0) Wildlands- Worked to secure long term protections for the Molalla Wild and Scenic River, Devil's Staircase Wilderness and the Wild Rogue Wilderness. As part of the Wild Rogue Alliance, we saw our 58,000 acre Wilderness proposal make it on the short list of "Crown Jewels," recommended for protection by Interior Secretary Ken Salazar. With our attorneys at Earthjustice, we stopped the Western Oregon Plan Revisions, as a Portland judge recommended the controversial plan be scrapped. Generated over 1,000 grassroots comments on the proposed National Forest Planning Rule to ensure strong protections for public forests across the country. For the second time in five years, Oregon Wild's collaborative forestry and restoration work was recognized with a Two Chiefs Award, presented by the US Forest Service and the Natural Resource Conservation Service for our pioneering work and partnerships on the Siuslaw National Forest. Led nearly 40 wildflower, mushroom, snowshoe, and old-growth hikes to protected and proposed Wilderness areas across the state, engaging hundreds of supporters in our work. Organized our 7th annual Outdoor Photo Contest with over 90 participants, and expanded our unveiling event to include celebrations in Portland and Eugene.
4b	(Code:) (Expenses \$ 497,469 including grants of \$ 257,171) (Revenue \$ 0) Wildlife- Finalized settlement on Survey and Manage program after winning a key court case that protects hundreds of lesser known yet critically important, species living in public forests. Halted the killing of two Imnaha Pack wolves after challenging the legality of the lethal control section of the state's Wolf Management Plan. Defeated anti-wildlife measures in the Oregon Legislature that would have significantly weakened the state's wolf management plan by taking decisions out of the hands of the wildlife biologists and making it easier for private citizens to kill wolves. Petitioned for Endangered Species Act protections for Klamath spring Chinook, triggering a status review of the population that could lead to potential protections.
4c	(Code:) (Expenses \$ 526,389 including grants of \$ 420,005) (Revenue \$) Waters- Funded projects in the Klamath Watershed to enhance riparian and terrestrial restoration efforts. Joined a coalition of groups defending the Clean Water Act after attacks by an Oregon senator. Moved the Molalla Wild and Scenic proposal closer to passage in Congress with a successful Senate subcommittee hearing. Released the third annual "10 Most Endangered Places" report featuring Klamath wetlands as the #1 most threatened place in Oregon.
	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 1 644 203

Part	IV Checklist of Required Schedules			age
	Control of frequence defression		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	1	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	1	
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		1
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	1	
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		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	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		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	1	
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, XII, and XIII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a		1
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20ь		

Form **990** (2010)

Part	Checklist of Required Schedules (continued)	,		
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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 25	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
	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		1
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	√	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		√
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
	, ,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 8			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			İ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a				
_	Statements, filed for the calendar year ending with or within the year covered by this return 2a 18	ł I	,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		1
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		_
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 (such as a bank account, securities account, or other financial			
	account)?	4a		\
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
Va	organization solicit any contributions that were not tax deductible?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			Ť
-	gifts were not tax deductible?	6b		ĺ
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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	1	1
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		<u> </u>
ě	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
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 and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			,
9	organization, have excess business holdings at any time during the year?	8		<u> </u>
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	•	
10	Section 501(c)(7) organizations. Enter:			
а	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 . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	.	ŀ	
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		I	
b	Enter the amount of reserves the organization is required to maintain by the states in which		İ	
_	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	140		
14a h	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		✓_
b	ii res, nas it med a ronn rzo to report mese payments! Il No, provide arrexplanation in schedule O .		990	(2010)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chang O. See instructions. Check if Schedule O contains a response to any question in this Part VI			
Secti	ion A. Governing Body and Management			
	and the same of th		Yes	No
1a b 2	Enter the number of voting members of the governing body at the end of the tax year	2	:	1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	4 5 6		√ √ √
ь 8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		1
a b 9	The governing body?	8a 8b	V	
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode)	✓_
00011	on B. Foliolog (This Occion B requests information about policies not required by the informal never	<u> </u>	Yes	No
10a b	Does the organization have local chapters, branches, or affiliates?	10a		√
11a	chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?. Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	10b		
b 12a	form?	11a 12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	·
13	Does the organization have a written whistleblower policy?	13	✓	
14 15	Does the organization have a written document retention and destruction policy?	14		/
а	The organization's CEO, Executive Director, or top management official	15a		✓_
b	Other officers or key employees of the organization	15b		<u>✓</u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		√
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Oregon Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3) for public inspection. Indicate how you make these available. Check all that apply.	s only) ava	ilable
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict o and financial statements available to the public.	f ınter	est p	olicy,
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Candice Guth, 5825 N. Greeley Ave., Portland, Oregon 97217 503-283-6343	of the	.	

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

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.

Check this box if neither the organization no	r any relate	d org	aniz	atio	n c	ompe	nsa	ited any currer	nt officer, director	r, or trustee.
(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average hours per week (describe hours for related organizations in Schedule O)	Individual tr	1 1	Officer	a Key employee	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Vic Anantha- Director	1	1			l			o	0	0
(2) Jim Baker- Director	1	1						0	0	0
(3) Pat Clancy- Treasurer	1	1						0	0	0
(4) Shawn Donnille- Director	1	1						0	0	0
(5) Megan Gibb- President	2	1						0	0	0
(6) Leslie Logan- Vice President	1	1			!			0	0	0
(7) Daniel Robertson- Secretary	1	√						0	0	0
(8) Brett Sommermeyer- Director	1	\						0	0	0
(9) William Sullivan- Director	1	1						0	0	0
(10) Jan Wilson- Director	1	√						0	0	0
(11) Scott Shlaes- Executive Director	40			/				12,333	0	5,500
(12) Regna Merritt- Executive Director	40			1				72,073	0.	1,800
(13)										
(14)										
(15)										
(16)										

Par	VII Section A. Officers, Directors, Trus	stees, Key	Emple	oye	es, a	and	High	est	Compensated	Employees	(contır	nued)	
	(A)	(B)		,	•	C)			(D)	(E)	_	-	F)
	Name and title	Average hours per		·		r	that ap		Reportable compensation	Reportabl compensation		Estirr amou	nated unt of
		week (describe	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensatemployee	Former	from the	related organizatio	ne	oti	her nsation
		hours for	ecta	盲	4	뺽	est c	_ 4	organization	(W-2/1099-M		fron	the
		related organizations	1 7 2	in the		oye	~ g		(W-2/1099-MISC)	1	İ	organi and re	ization elated
	₹.	ın Schedule	8) ste		"	ens:		-				zations
		O)		ď			nted						
(17)			-										
										_			
(18)]				
(40)								<u></u>			- +		
(19)													
(20)				-			<u> </u>	\vdash			-+		
32-97									•				
(21)	· · · · · · · · · · · · · · · · · · ·							\vdash					
		i											
(22)													
(23)											ľ		
(0.4)													_
(24)													
(25)								_			-		-
120/		:									1		
(26)													
32													
(27)													
(28)	·				l				-				
											 -		
1b	Sub-total	 VII Costini		•	•		•		84,406				7,300
c d	Total (add lines 1b and 1c)			•	•	• •	•	-	84,406		-		7,300
2	Total number of individuals (including but						above) w		ore than \$10	0000	in	
-	reportable compensation from the organic		10 1	030			20010	,	110 10001100 111	oro triair que	,,,,,,,		
													Yes No
3	Did the organization list any former of												
	employee on line 1a? If "Yes," complete S											3	/
4	For any individual listed on line 1a, is the												
	organization and related organizations individual	greater tha				, 11	763	٠,	complete Scri	edule J IOI	Such	4	1
5	Did any person listed on line 1a receive or					fror	n anv	uni	related organiz	ation or indi	 ıvıdual		
3	for services rendered to the organization?											5	1
Section	n B. Independent Contractors		•						<u>-</u>				
1	Complete this table for your five highest of	ompensate	ed ind	ере	ende	ent e	contra	acto	ors that receive	d more than	\$100	,000 of	
	compensation from the organization.												
	(A)								(B)			(C)	han
	Name and business addr	ess							Description of se	ervices	'	Compensat	
NA										1			
		 -											
					-								
	~.								-				
2	Total number of independent contractor	rs (includin	g bu	t no	ot li	mite	ed to	the	ose listed abo	ve) who			
-	received more than \$100,000 in compens												

Par	Part VIII	Statement of Revenue										
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
इ इ	1a	Federated campaigns 1a	11,754									
Contributions, gifts, grants and other similar amounts	b	Membership dues 1b			ĺ							
s, g	С	Fundraising events 1c	14,654			ł						
gift	d	Related organizations 1d										
ž, E	е	Government grants (contributions) 1e										
ar s	f	All other contributions, gifts, grants,										
혈	1	and similar amounts not included above 1f	824,981									
호호	g	Noncash contributions included in lines 1a-1f: \$	6,461			İ						
	h	Total. Add lines 1a-1f		851,389								
Program Service Revenue	ļ		Business Code									
eve	2a	*										
OČ.	Ь					_						
Zi.	С											
Se	d											
Ta T	e	AH										
rog	f	All other program service revenue .				J						
	3	Total. Add lines 2a–2f				<u> </u>	1					
	"		>	6,029			6,029					
	4	Income from investment of tax-exempt b		0,023	-	 	0,023					
	5	Royalties										
	•	(i) Real	(II) Personal			,						
	6a	Gross Rents . 2,675										
	b	Less: rental expenses										
	С	Rental income or (loss) 2,675	;				'					
	d	Net rental income or (loss)		2,675			2,675					
	7a	Gross amount from sales of (i) Secunties	(ii) Other									
		assets other than inventory										
	b	Less cost or other basis and sales expenses .										
	င	Gain or (loss)	 									
	d	Net gain or (loss)										
Revenue	8a	Gross income from fundraising events (not including \$										
		of contributions reported on line 1c).										
Other	_	See Part IV, line 18 a Less. direct expenses b										
ō		Less. direct expenses b Net income or (loss) from fundraising										
!		Gross income from gaming activities.	CVEIRS . P									
		See Part IV, line 19 a										
	b	Less: direct expenses b	···	{								
	c	Net income or (loss) from gaming act					i					
		Gross sales of inventory, less										
		returns and allowances a	1									
	b	Less. cost of goods sold b					1					
	С	Net income or (loss) from sales of invi	entory ►	l								
		Miscellaneous Revenue	Business Code									
	11a	Recovery of prior year expense	541100	31,560	31,560							
	b	Miscellaneous	900099	656	656							
	С											
	d	All other revenue										
	е	Total. Add lines 11a-11d	🟲	32,216								
	12	Total revenue. See instructions .	▶	892,309	32,216		8,704					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete col	umn (A) but are not	required to complet	te columns (B), (C), an	nd (D).
	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 governments and organizations in the U.S. See Part IV, line 21	1,064,988	1,064,988		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	92,243	44,611	22,758	24,874
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	412,324	325,075	38,629	48,620
9	Other employee benefits	48,446	37,643	2,157	8,646
10	Payroll taxes	53,191	38,907	6,485	7,799
11	Fees for services (non-employees):				
a	Management				
b	Legal	5,472	5,472		
C	Accounting	6,624	191	6,284	149
q	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
9	Other	5,982	. 4,935	172	875
12	Advertising and promotion	7,844	7,150	94	600
13	Office expenses	7,357	5,366	1,094	897
14	Information technology	15,732	11,091	2,203	2,438
15	Royalties				
16	Occupancy	18,378	13,410	2,288	2,680
17	Travel	24,598	22,544	576	1,478
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	600	85	465	50
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	25,363	18,556	3,098	3,709
23	Insurance	12,527	7,820	3,684	1,023
24	Other expenses. Itemize expenses not covered		j		
	above (List miscellaneous expenses in line 24f. If		İ		
	line 24f amount exceeds 10% of line 25, column		į		
	(A) amount, list line 24f expenses on Schedule O.)				
a	Postage and shipping	3,482	2,586	409	487
þ	Mailings and newsletter	28,627	20,187		8,440
c	Printing and copying	3,017	1,686	85	1,246
d	Bank and credit card fees	5,514	20	1,531	3,963
e	Events/meetings	14,802	8,873	484	5,445
f	All other expenses	5,708	3,007	1,547	1,154
25	Total functional expenses. Add lines 1 through 24f	1,862,819	1,644,203	94,403	124,573
26	Joint costs. Check here ► ✓ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation	14,656	6,485		8,171

نا	Part X	Balance Sheet	(A)	Т	(B)
			Beginning of year		End of year
	1	Cash-non-interest-bearing	157,435	1	910,874
	2	Savings and temporary cash investments	1,181 <u>,</u> 588	2	192,212
	3	Pledges and grants receivable, net	25,000	3	145,000
	4	Accounts receivable, net	7,145	4	6,59
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
Assets	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
set	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use	342	8	
	9	Prepaid expenses and deferred charges	23,296		27,623
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 580,771			
	ь	Less: accumulated depreciation 10b 264,839	334,228	10c	315,932
		Investments—publicly traded securities	361,336	11	364,230
	12	Investments—other securities. See Part IV, line 11	· · · · -	12	
	13	Investments—program-related. See Part IV, line 11	-	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,090,370	16	1,962,464
	17	Accounts payable and accrued expenses	75,830	17	78,478
	18	Grants payable		18	841,561
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.			
Ë		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. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	75,830	26	920,039
ę,		Organizations that follow SFAS 117, check here ▶ ☐ and complete			
nce	27	lines 27 through 29, and lines 33 and 34. Unrestricted net assets	942,531	27	869,464
aga	28	Temporarily restricted net assets	1,072,009	28	172,961
8	29	Permanently restricted net assets	1,072,000	29	112,001
Net Assets or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.	-		
Ö	30	Capital stock or trust principal, or current funds		30	
šet	31	Paid-in or capital surplus, or land, building, or equipment fund		31	 ·
ASS.	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et,	33	Total net assets or fund balances	2,014,540	33	1,042,425
Z	34	Total liabilities and net assets/fund balances	2,090,370	34	1,962,464
			2,000,010		Form 990 (201

Page	1	2
гаус	•	-

Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			•	. 🗸
1	Total revenue (must equal Part VIII, column (A), line 12)	ļ		89	2,309
2	Total expenses (must equal Part IX, column (A), line 25)			1,86	2,819
3	Revenue less expenses. Subtract line 2 from line 1			(970	0,510 <u>)</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			2,01	4,54 <u>0</u>
5	Other changes in net assets or fund balances (explain in Schedule O)			(1605)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))			1,04	2,425
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			•	. 🗆
1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain Schedule O.	in		Yes	No
2a b c	Were the organization's financial statements compiled or reviewed by an independent accountant? Were the organization's financial statements audited by an independent accountant?	ght	2a 2b 2c	1	✓
d	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O. If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year we issued on a separate basis, consolidated basis, or both	in	20		
3a	Separate basis Consolidated basis Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133?		3a		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo to required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			For	ո 990	(2010)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization Oregon Natural Resources Council Fund dba Oregon Wild 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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, city, and state: 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). [7] 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.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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) 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 that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III-Functionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) (ii) A family member of a person described in (i) above? . 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . 11g(ni) Provide the following information about the supported organization(s). (i) Name of supported (ii) FIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (vii) Amount of in col (i) listed in your the organization in organization in col troggue organization (described on lines 1-9) governing document? (i) of your (i) organized in the above or IRC section. support? US? (see instructions)) Yes Yes No No Yes No (A) (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2010 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.) Section A. Public Support

Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	917,711	892,086	908,959	819,418	851,389	4,389,563
2	Tax revenues levied for the organization'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	917,711	892,086	908,959	819,418	851,389	4,389,563
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)						1,003,770
6	Public support. Subtract line 5 from line 4.						3,385,793
	on B. Total Support					() 20.0	
	dar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	917,711	892,086	908,959	819,418	851,389	4,389,563
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	29,681	22,390	12,784	10,049	8,704	83,608
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	6,481	13,838	9,495	6,956	32,216	68,986
11	Total support. Add lines 7 through 10						4,542,157
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the						
Sacti	organization, check this box and stop her on C. Computation of Public Support				· · · ·	• • • • •	· · - L
14	Public support percentage for 2010 (line 6			column (fl)	I	14	74.5 %
15	Public support percentage from 2009 Scho	• • •	•		F	15	70 5 %
16a	331/3% support test—2010. If the organiz box and stop here. The organization quali	ation did not d fies as a publi	heck the box on the city supported of	on line 13, and organization	line 14 is 33 ¹ / ₂		. •
	b 331/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
17a	7a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
	10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
18	Private foundation. If the organization did instructions						

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.)

Sect	ion A. Public Support	under the te	oto noted bei	ow, picase o	ompiete i art		•
Caler	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants.")					i	
2	Gross receipts from admissions, merchandise			-		·	
	sold or services performed, or facilities furnished in any activity that is related to the			Ì			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513		L.				
4	Tax revenues levied for the						
	organization's benefit and either paid	İ					
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the				İ		
_	organization without charge						
6	Total. Add lines 1 through 5		<u> </u>				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .				İ		
L	• •	-		-	 		
b	Amounts included on lines 2 and 3 received from other than disqualified		1				
	persons that exceed the greater of \$5,000		•				
	or 1% of the amount on line 13 for the year		,	-	_		
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,			ı			
	payments received on securities loans, rents,	ı					
	royalties and income from similar sources .						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975			,			
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or		-				
_	loss from the sale of capital assets						
	(Explain in Part IV.)					ļ	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for th	-			-		
<u></u>	organization, check this box and stop her				· · · · ·		· · > []
	on C. Computation of Public Suppor				-	145	
15	Public support percentage for 2010 (line 8					15	<u>%</u>
16 Section	Public support percentage from 2009 Schon D. Computation of Investment Inc			· · · · · · · · · · · · · · · · · · · 		16	<u>%</u>
17	Investment income percentage for 2010 (li			/ line 13 colum	nn (fl)	17	%
18	Investment income percentage from 2009					18	
19a	33 ¹ /3% support tests—2010. If the organization						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests - 2009. If the organization		_			_	_
-	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did						

,	-
Page	4

Part IV	Supplemental Information. Complete this part to 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).
Part II Sec	tion A, Line 1- Unusual grant
An "unusu	ial" one-time award of \$900,000 was received in 2009 for mitigation and restoration efforts in the Fremont Winema area of Oregon.
This was p	part of a settlement agreement.
Part II Sec	tion B, Line 10
Other inco	me includes miscellaneous revenue.
	,

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

20**10**

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B

	00 /(0)(0) 0. 94/.424010		20, 000.00. 00. (,).	••p	p
	•	that have NOT filed Form 5768 (election		• • •	•
_		s," to Form 990, Part IV, line 5 (Proxy	Tax) or Form 990-i	EZ, Part V, line 35a (Proxy 1	Tax), then
	on 501(c)(4), (5), or (6) orga rganization	anizations: Complete Part III		Employer ide	ntification number
	· ·	cil Fund dba Oregon Wild		Linployer ide	23-7432820
Part I-A		e organization is exempt und	er section 501/	c) or is a section 527	
	•	the organization's direct and indire			oi gainzation.
					a d
					0
• •	namoor nouro		· · · · ·		
Part I-B	Complete if th	e organization is exempt und	er section 501(c)(3).	
1 En		excise tax incurred by the organization			0
2 En	section 4955 . 🕨	0			
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?					🗌 Yes 🗸 No
	🗌 Yes 📝 No				
b If '	"Yes," describe in Part				
Part I-C		e organization is exempt und			(c)(3).
		y expended by the filing organization			
		filing organization's funds contrib)
	exempt function activi	•	_		;
3 Tota	al exempt function ex	penditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
line	17b			🕨 🖇	
4 Did	the filing organization	file Form 1120-POL for this year?			Yes 🗌 No
5 Ente	er the names, addresse	es and employer identification num	ber (EIN) of all se	ection 527 political organi	zations to which the filing
		nts. For each organization listed, e			
		ntributions received that were pron			
as a	separate segregated	fund or a political action committee	PAC). If addition	nai space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
-	7.			· · ·	delivered to a separate
					political organization If none, enter -0-
(1)					
(2)					
(3)	•				
·					
(4)					
					
(5)					
(6)	<u>`</u>				
14/				1	I

Pai	t II-A Complete if the organization section 501(h)).	n is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
	Check ► ☐ if the filing organization be	• •		
<u>B</u>		ecked box A and "limited control" provisions a	ipply.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1:	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	1,114	
1	Total lobbying expenditures to influence	a legislative body (direct lobbying)	10,827	
	Total lobbying expenditures (add lines 1a	a and 1b)	11,941	
•	Other exempt purpose expenditures .		1,850,878	
•	Total exempt purpose expenditures (add	lines 1c and 1d)	1,862,819	
1	Lobbying nontaxable amount. Enter to columns.	the amount from the following table in both	243,141	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
ç	Grassroots nontaxable amount (enter 25	% of line 1f)	60,785	
ŀ	Subtract line 1g from line 1a. If zero or le	ss, enter -0	0	
i	Subtract line 1f from line 1c. If zero or les	s, enter -0	0	·-·
	If there is an amount other than zero reporting section 4911 tax for this year?	on either line 1h or line 1i, did the organization	file Form 4720	☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying nontaxable amount	162,647	171,331	145,389	243,141	722,508	
b	Lobbying ceiling amount (150% of line 2a, column (e))			3		1,083,762	
С	Total lobbying expenditures	23,134	7,894	23,066	11,941	66,035	
d	Grassroots nontaxable amount	40,662	42,833	36,347	60,785	180,627	
е	Grassroots ceiling amount (150% of line 2d, column (e))					270,941	
f	Grassroots lobbying expenditures	7,937	1,026	1,987	1,114	12,064	

Schedule C (Form 990 or 990-EZ) 2010

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768	3	
		(a)			(b)	
		Yes	No	4	Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
Ь	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?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
į :	Other activities? If "Yes," describe in Part IV					
j	Total. Add lines 1c through 1:					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	H				
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part		1/5)	NE SA	ction		
ı aı c	501(c)(6).	,,,, ,	,, 30	Ction		
			-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	 	t
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	1	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Part 1	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, I "Yes." Dues, assessments and similar amounts from members				ed	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of	•			
а	Current year	. [2 a			
b	Carryover from last year		2b	_		
С	Total	. [2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	. [3	٠		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing				
	and political expenditure next year?		4			
. 5	Taxable amount of lobbying and political expenditures (see instructions)	•	5			
Part						
	lete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	and Pa	art II-	B, line	11. Ais	šO,
compi	ete this part for any additional information.					

	m 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information (continued)	
_		
		·
		·
	•	-
*		

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_		~ /

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Orego	on Natural Resources Council Fund dba Oregon Wild	23-7432820
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Fundamental organization answered "Yes" to Form 990, Part IV, line 6.	nds or Accounts. Complete if the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year) .	
3	Aggregate 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 h	
	funds are the organization's property, subject to the organization's exclusive legal control	ol? ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grantees	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or f	• •
	conferring impermissible private benefit?	
Par		to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	- · · · · · · · · · · · · · · · · · · ·
	-	f a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution	on in the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
_	Total months of a construction and a	<u> </u>
a	Total number of conservation easements	. 2a
þ	Total acreage restricted by conservation easements	
c d	Number of conservation easements included in (c) acquired after 8/17/06, and not	
	historic structure listed in the National Register	· · 2d
3	Number of conservation easements modified, transferred, released, extinguished, or terr	
•	tax year ►	rimated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, ins	pection, handling of
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	easements during the year
	•	•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ease	ments during the year
	▶\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of	of section 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?	· · · · · · · 🗌 Yes 🗌 No
9	In Part XIV, describe how the organization reports conservation easements in its revenue	
	balance sheet, and include, if applicable, the text of the footnote to the organization's fin	ancial statements that describes the
	organization's accounting for conservation easements.	
Part	Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Similar Assets.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed	
	public service, provide, in Part XIV, the text of the footnote to its financial statements that	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	
D	works of art, historical treasures, or other similar assets held for public exhibition, ed	
	public service, provide the following amounts relating to these items:	deation, or research in fartherance of
	(i) Revenues included in 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 treasures, or other similar	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these-to-	_ ·
а	Revenues included in Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	
		· · · · · · · · · · · · · · · · · · ·

Par	Organizations Maintaining								
3	Using the organization's acquisition, collection items (check all that apply)		her records	, chec	k any of the	follov	ving that are a sig	gnificant	use of its
a	Public exhibition		d 🛄		an or exchang	-	-		
b	Scholarly research		e □	Oth	ner 				
C	Preservation for future generation			6 4	h 6 4 h 4 h				na in Dawl
4	Provide a description of the organization XIV.	ition's collections a	ano expiain	now t	ney turtner th	e org	anization's exem	pt purpo:	se in Pan
5	During the year, did the organization	solicit or receive	donations o	of art	historical trea	SUITE	s or other similar		
	assets to be sold to raise funds rathe								s 🗌 No
Pari									
	line 9, or reported an amour	nt on Form 990, I	Part X, line	21.					•
1a	Is the organization an agent, trustee							1	
	included on Form 990, Part X?							☐ Yes	s 🗌 No
þ	If "Yes," explain the arrangement in P	art XIV and comple	ete the follo	wing t	able:				
						<u></u>		nount	
C	Beginning balance					1c	 -		
d	Additions during the year					1d	********		
e f	Distributions during the year					1e			
2a	Ending balance					<u> </u>		□ Vac	s □ No
	If "Yes," explain the arrangement in P		an A, In 16 2 1	٠.		٠.			S □ 140
Par			ation answ	ered	"Yes" to For	m 99	0. Part IV. line	10.	
		(a) Current year	(b) Prior ye		(c) Two years b		(d) Three years back		ears back
1a	Beginning of year balance	370,870	35	55,392	351	,101		-	
b	Contributions	28,138	1	5,000					
C	Net investment earnings, gains, and								
	losses	27,761		478	4	,291			
d	Grants or scholarships					\rightarrow			
e	Other expenditures for facilities and					1		•	
	programs	68,243							····
f	Administrative expenses	358,526		0,870	255	,392			
9 2	End of year balance	<u> </u>		0,670	333	,352			
a	Board designated or quasi-endowmen								
b	Permanent endowment >	%	2 70						
c	Term endowment ▶ %								
3a	Are there endowment funds not in the	e possession of th	e organizatı	on tha	at are held an	d adr	ninistered for the		
	organization by:								es No
	(i) unrelated organizations							3a(i)	✓
	(ii) related organizations							3a(ii)	/
b	If "Yes" to 3a(II), are the related organ							3b	
4	Describe in Part XIV the intended uses								
Part						· (=) A		(d) Doole	
	Description of investment	(a) Cost or oth (investme	1 ' '		r other basis ther)		ccumulated preciation	(d) Book	value
	Land		· -		42,700				42,700
b	Buildings				438,135		179,804		258,331
C	Leasehold improvements								<u>. </u>
ď	Equipment				99,936		85,035		14,901
е_	Other								
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	0, Part X, co	olumn	(B), line 10(c)	.) .	•		315,932

Part VII	Investments—Other Securities	See Form 990, Part X,	line 12.	
(8	Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financia	derivatives			
	neld equity interests			
(3) Other				
(A)				
(B)				··-
(C) (D)				
(E) -			- /	
····(F)				
(Ġ)				
(H)				
(I)				
Total. (Column	b) must equal Form 990, Part X, col. (B) line 12) 🕨	.,,,		
Part VIII	Investments-Program Related	I. See Form 990, Part X,	, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of va	
			Cost or end-of-year r	market value
_(1)				
(2)				
(3)				
_(4)				
<u>(5)</u>				
(6)				
<u>(7)</u>				· · · · · · · · · · · · · · · · · · ·
(8)				*****
(10)				
	b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets. See Form 990, Pa	rt X, line 15.		
	(a)	Description		(b) Book value
(1)				
(2)				
(3) ~		·	• -	=
(4)				
(5)				
<u>(6)</u> <u>(7)</u>	····		•	
(8)				
(9)				
(10)			-	
Total. (Colu	mn (b) must equal Form 990, Part X, co			
Part X	Other Liabilities. See Form 990,			
1.	(a) Description of liability	(b) Amount		
	income taxes	., .,	·	
(2)				
(3)				
(5)	***			
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 (AS	SC 740) Footnote. In Part XIV, provide t		he organization's financial staten	nents that reports the
organization	's liability for uncertain tax positions un	der FIN 48 (ASC 740).	- <u>-</u>	

	•					,
	~		· -			,
	le D (Form 990) 2010					Page 4
	XI Reconciliation of Change in Net Assets from Form 990 to A					
1	Total revenue (Form 990, Part VIII, column (A), line 12)			_	1	892,309
2	Total expenses (Form 990, Part IX, column (A), line 25)				2	1,862,819
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3	(970,510)
4	Net unrealized gains (losses) on investments				4	(1,605)
5	Donated services and use of facilities				5	
6	Investment expenses				6	
7	Prior period adjustments			-	7	
8	Other (Describe in Part XIV)			· -	8	(4.000)
9	Total adjustments (net). Add lines 4 through 8			-	9	(1,605)
10 Bow	Excess or (deficit) for the year per audited financial statements. Combine			_	10 Detru	(972,115)
	XII Reconciliation of Revenue per Audited Financial Stateme	ents	with Revenue	per	netur	920,593
1	Total revenue, gains, and other support per audited financial statements	•				920,593
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments	ا م	1 4	COE)		
a	•	2a 2b		,605) 9,888		
b	Donated services and use of facilities		2:	7,000		
C	Recoveries of prior year grants	2c		1	ł	
d	Other (Describe in Part XIV.)	2d				20.204
e	Add lines 2a through 2d			•	2e	28,284
3	Subtract line 2e from line 1	i ·		•	3	892,309
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	·			
b	Other (Describe in Part XIV.)		1		4-	
С 5	Add lines 4a and 4b				4c	892,309
Part						
1			With Expense	_	1	1,892,708
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•		1,032,700
a	Donated services and use of facilities	2a	1 20	3,888,6		
b	Prior year adjustments	2b		,,000		
C	Other losses	2c				
d	Other (Describe in Part XIV.)	2d		1		
-	Add lines 2a through 2d		<u> </u>		2e	29.889
е 3	Subtract line 2e from line 1			•	3	1,862,819
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	 		•	-	1,002,013
•	Investment expenses not included on Form 990, Part VIII, line 7b	40				
a		4a 4b				
D					4c	
5	Add lines 4a and 4b				5	1,862,819
	XIV Supplemental Information	- 10.)	<u> </u>	•	3	1,002,013
	lete this part to provide the descriptions required for Part II, lines 3, 5, and	Q. Pai	rt III. lines 1a and	4· P	art IV	lines 1h and 2h:
	, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII,					
	Iditional information.		24 4114 40. 71100	JO.111p	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no part to provido
-	Line 4- Intended uses of the organization's endowment funds- Gifts will be inve	hatza	in nernetuity unle	ss of	herwis	e directed by the
ait v	Line 4- interiored uses of the organization's endowment funds- onts will be any	CSICO	in perpetuity unic	33 00		c directed by the
Roard	of Directors. Funds used will be for special needs and programs, mission caus	ses an	proved by the Bo	ard. a	nd as	cash flow for
	Of Directors, 1 and 3 asce with as 101 Special fields and programs, mission date		<u> </u>	,		
lener	al opeating needs as defined in the Investment Policy	•	-			
,0,161	a opening rooms to worrow in the investment tomey					
art Y	ll and Part XIII- Rounding					
	ll and Part XIII- Rounding					

Schedule D (Fo		Page 5
Part XIV	Supplemental Information (continued)	
	·······	

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••••		

Schedule D (Form 990) 2010

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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$\overline{\mathbb{Q}}$	

OMB No. 1545-0047

Open to Public Inspection

° U (h) Purpose of grant or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II Employer identification number Watershed Impvts. ø Waters protection Land protection Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to ✓ Yes 23-7432820 Wetland impvt. Habitat ımpvt. Habitat impvt. Restoration Restoration Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash cash assistance 35,000 45,430 44,550 5,000 200,000 140,000 456,375 138,633 Enter total number of section 501(c)(3) and government organizations (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance can be duplicated if additional space is needed. 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) 501(c)(3) Oregon Natural Resources Council Fund dba Oregon Wild 93-6002195 94-3138410 27-2927649 53-0242652 93-1214580 93-1215231 27-1024747 46-0472154 (p) EIN (7) Soda Mountain Wilderness Coun (5) Deming Ranch Land & Cattle, LL (2) Klamath Watershed Partnership (1) Klamath Basin Rangeland Trust 1 (a) Name and address of organization (3) Klamath Lake Land Trust (6) The Nature Conservancy Klamath Falls, Oregon 97601 Klamath Falls, Oregon 97601 Klamath Falls, Oregon 97601 Klamath Falls, Oregon 97601 (4) City of Klamath Falls or government Portland, Oregon 97214 Ashland, Oregon 97520 Washington, DC 20002 Name of the organization Auburn, Ca. 95603 (8) The Larch Co. (12) Part Part II 5 E

Schedule I (Form 990) (2010)

Cat. No 50055P

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

Enter total number of other organizations

<u></u>

Schedule I (F	Schedule I (Form 990) (2010)					60	9
Part III	Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990. Part IV. line 22	lividuals in the L	Jnited States. Con	nplete if the organiz	ation answered "Yes" to		8
	Part III can be duplicated if additional spa	space is needed.	Τi				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, Description of non-cash assistance	1 .

	(a) Type of grant or assistance	(b) Number of		(d) Amount of	(e) Method of valuation (book,	(f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
-						
8						
က						
4						
S						
9						
7	L		,			
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional inform Contract agreements with all subgrantees detail the work that is expected, and subgrantees are required to report on their compliance with the terms of the contract	te this part to pro	wide the information	n required in Part I, quired to report on their	urt to provide the information required in Part I, line 2, and any other additional information. opered, and subgrantees are required to report on their compliance with the terms of the contract	litional information.
Grants ar	Grants are for habitat protection, and stream and land restoration	storation and enhancement	rcement.		,	
1. 700 Ma	1. 700 Main St., Suite 201a					
2. 205 RM	2. 205 Riverside Drive, Suite C					
3. PO Box 5142	x 5142					
4. 226 S.	4. 226 S. 5th St., PO Box 237					
5. 100 Olc	5. 100 Old Airport Road					
6. 821 SE	6. 821 SE 14th Ave.					
7. PO Box 512	x 512					
8. 313 10th St. NW	th St. NW					

Schedule I (Form 990) (2010)

SCHÈDULE O (Form 990 or 990-EZ)

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.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990 or 990-EZ.

Oregon Natural Resources Council Fund dba Oregon Wild 23-7432820 Form 990- Part VI Section B Policies 11b Process used by organization to review this form 990: A copy of the 990 and all schedules are e-mailed to the full Board at least two weeks prior to filing. Board members are asked to review the forms and ask any questions they may have about them. In addition, the Finance Committee reviews and discusses the form 990 prior to filing. -. 12c Description of how the organization regularly and consistently monitors and enforces compliance with the Conflict of Interest Policy: All Board members are asked to sign a statement acknowledging receiving, reading and complying with the conflict of interest policy. An annual review of the policy is scheduled for the September Board meeting when the annual budget is adopted. Form 990- Part VI Section C Disclosure 19 Describe whether, and if so how, the organization makes its governing documents, conlict of interest policy, and financial statements available to the public: Requests for this information are considered on a case by case basis, considering the reasons for the request Form 990- Part XI Line 5 Other changes in net assets or fund balances are unrealized loss on investments.

SCHEDULE R (Form 990)

Oregon Natural Resources Council Fund dba Oregon Wild

Partl

Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545-0047	2010

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

Related Organizations and Unrelated Partnerships

► See separate instructions. ► Attach to Form 990. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Employer identification number 23-7432820

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income		(e) End-of-year assets	(f) Direct controlling entity	Bull
(1)							
(2)							
(6)				!			
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(9)							
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	Complete if the organie tax year.)	zation answered	"Yes" to Fo	orm 990, Part IV	/, line 34 becau	ise it had	
(a) Name, address, and EIN of related organization Pri		(c) Legal domicile (state Exempt C or foreign country)	(d) Exempt Code section P ((e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(9) Section 512(b)(13) controlled entity?	2(b)(13) illed
						Yes	S
(1) Oregon Natural Resources Council Action dba Oregon Wild Conservation Leaders Fund 5825 N. Greeley Ave., Portland, Or. (2) 97217 93-1179070	Oregon	-	501(c)4		NA		
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Cat. No 50135Y			Schedule	Schedule R (Form 990) 2010	0) 2010

Schedule R (Form 990) 2010	01							:				Page 2
Part III Identifi becaus	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" because it had one or more related organizations treated as a partnership during the tax year.)	d Organiz ore related	ations Taxa I organizatic	ible as a Pa ons treated a	rtnership (C Is a partners	complete if the caring the table to	organization ans ax year.)	swered "Ye	s" to Form 990, Part IV, line 34	990, Part	: IV, line	2 2
, (a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportonale allocations?	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) General or managing partner?	(k) Percentage ownership
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Part IV Identifi	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	d Organiz	ations Taxa related org	able as a Co	orporation c	or Trust (Completor or trust	ete if the organiust during the ta	zation ansv ax year.)	vered "Yes"	to Form	990, Pa	π Ιν,
Name, addr	(a) Name, address, and EIN of related organization	ırganızatıon	<u> </u>	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(C corp. S corp.	Share of to	(f) Share of total income	(g) Share of end-of-year assets	of r assets	(h) Percentage ownership
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									<u></u>	Sched	ule R (For	Schedule R (Form 990) 2010

Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) Schedule R (Form 990) 2010

Part V Transactio

Recept of (i) interest (ii) annutes (iii) obtained organizations glass in any of the following transactions with one or more eleited organizations (iii) of fig. grant, or captal combination to other organization(s). If a control of grant or captal combination to other organization(s). Loans or lean guarantees to ord or other organization(s). Sale of assets to order organization(s). Lease of facilities, equipment, or other assets to other organization(s). Performance of assets from other organization(s). Performance of services or membership or functioning solicitations for other organization(s). Performance of services or membership or functioning solicitations by other organization(s). Performance of services or membership or functioning solicitations by other organization(s). Performance of services or membership or functioning solicitations by other organization(s). Performance of services or membership or functioning solicitations by other organization(s). Performance of services or membership or functioning solicitations by other organization(s). Performance of services or membership or functioning solicitations by other organization(s). Performance of services or membership or functioning solicitations by other organization(s). Performance of services or membership or functioning solicitations by other organization(s). Performance of services or membership or functioning solicitations by other organization(s). Performance of services or membership or functioning solicitations by other organization(s). Performance of services or membership or functioning solicitations by other organization(s). Performance of services or membership or functioning solicitations by other organization(s). Performance of cash or property to other organization(s). Performance of cash or property to other organization(s). Performance organization for organization for information or with organization for their organization for engineering and performance organization for organization for organization for engin	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_	Yes No	ا و
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	-	(c) Amount involved	(d) Method of del amount inv	iterminin volved	

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second	30 101 101	Vestilient pa	uleranips.	4		[
Name, address, and EIN of entity	Primary activity		Are all partners	Share of	Disproportionate		General or	al or
		(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets	allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	er?
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Schedule R (Form 990) 2010

Schedule R ((Form 990) 2010	Page 5
Part VII	Supplemental Information Complete this part to provide additional information for responses to questions on Schedule R (see instructions).	
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