# Form 990

SCANNED ILM I 5 2016

Firm's address ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

## **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2014

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

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

For the 2014 calendar year, or tax year beginning 2014, and ending 20 15 C Name of organization Oregon Natural Resources Council Fund D Employer identification number Check if applicable Address change Doing business as Oregon Wild 23-7432820 Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name change П Initial return 5825 N Greeley Avenue 503-283-6343 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return Portland, OR 97217 G Gross receipts \$ 1.380.285 F Name and address of principal officer: Sean Stevens H(a) Is this a group return for subordinates? Yes No Application pending 5825 N Greeley Avenue, Portland, OR 97217 H(b) Are all subordinates included? Tes No 501(c)(3) ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) 501(c) ( Tax-exempt status Website: ▶ oregonwild.org H(c) Group exemption number ▶ Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation 1974 M State of legal domicile OR Part I Summary Briefly describe the organization's mission or most significant activities. Oregon Wild works to protect and restore Oregon's wildlands, wildlife, and waters as an enduring legacy for future generations. For over 40 years, we have worked to keep Oregon Activities & Governance a special place to live, work, and play. 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI. line 1a) . . . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 10 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 18 Total number of volunteers (estimate if necessary) . . . . . . 6 70 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) 1,284,866 1,061,673 Program service revenue (Part VIII, line 2g) 6.200 7,511 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 3,358 3,433 Other revenue (Part VIII, column (A), lines 5 50, 8c, 9c, 10c, and 10e) 11 44,637 14,316 Total revenue - add lines 8 through 11 (must edual Part VIII, column (A) 12 1,339,061 1,086,933 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 3.250 0 Benefits paid to or for members (Part IX, column A) 14 0 Salaries, other compensation, employee benefits (Part X, column (A), lines 5-10) 15 712,691 576,955 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 339.645 295,818 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,055,586 872,773 19 Revenue less expenses. Subtract line 18 from line 12 283,475 214,160 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 1,457,118 1,204,734 21 Total liabilities (Part X, line 26) . 117,727 125,398 22 Net assets or fund balances. Subtract line 21 from line 20 1,339,391 1,079,336 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge, and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here Stevens Executive Director ean Type or print name and title Print/Type preparer's name Preparer's signature Date **Paid** Check I if self-employed **Preparer** Firm's name Firm's EIN ▶ **Use Only** 

9-42

Phone no

Cat No 11282Y



☐ Yes ☐ No

Form 990 (2014)

Part	
•	Check if Schedule O contains a response or note to any line 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ \$707,693 including grants of \$ ) (Revenue \$ 2,700)
	Wildlands - only 4% of Oregon is permanently protected as Wilderness, the highest level of protection that Congress can bestow on
	Americas's public lands. We lag far behind our neighbors (CA-15% and WA-10%) in safeguarding these natural treasures and
	Oregon Wild works to fix our Wilderness deficit. To accomplish this, we continued to build momenturm to protect over 500,000 acres
	with the Crater Lake Wilderness campaign. This year saw our list of endorsing businesses grow to over 200 in addition to tens of
	thousands of individual petition signatures. We also launched the Ochoco Mountains National Recreation campaign to protect
	traditional recreation on over 300,000 acres and safeguard over 25,000 acres as Wilderness.
	While we seek to permanently protect special landscapes, we continue to advocate for protections and restoration of Oregon's
	amazing forests. Through our forest watchdog program we stopped proposed logging at the Vista Ridge trailhead on Mount Hood,
	worked with partner groups to scale back proposed logging in Bend's drinking watershed, and won our lawsuit challenging the
	White Castle Timber Sale. Working with partners, we mounted the first serious legislative challenge to Oregon's antiquated Forest
	Practices Act by championing a bill limiting aerial pesticide spraying after logging.
4b	(Code: ) (Expenses \$ 123,613 including grants of \$ ) (Revenue \$ 3,500 )
	Wildlife - In our efforts to protect native species, Oregon Wild safeguards critical habitat and works to ensure federal and state
	agencies manage at-risk wildlife to put them on a path to recovery. In the past year, we launched an effort to reform the
	Oregon Department of Fish and Wildlife to be more accountable to their conservation mission. We supported this initiative by
	organizing and executing our first ever Wildlife Lobby Day, with 40 attendees coming to Salem to meet with legislators and
	advocate for pro-wildlife policy. We also launched Wild Ones, a wildlife activist network and training resource, with 100 members
	and growing.
	We continue our work as the state's leading advocate for gray wolves by tracking implementation of the wolf plan to ensure ODFW
	is following the law and conducting extensive outreach and education, including: hosting the sixth annual Wolf Rendezvous in the
	Wallowa's and a new Wolf Rendezvous near Crater Lake. We also coordinated numerous wolf-themed events and supported the
	classroom education efforts of the Wolfways program.
4c	(Code: ) (Expenses \$ 52,234 including grants of \$ ) (Revenue \$ 0)
	Waters - Our waters are a critical resource. In fact, 60% of our state's drinking water comes from sources located on public lands.
	We work diligently to ensure our water sources remain pure and able to sustain human and wildlife populations.
	In the most years we launched the Organ Browshed B. Alliance that allians concernities let and the housing industry in
	In the past year, we launched the Oregon Brewshed R Alliance that aligns conservationists and the brewing industry in an
	effort to protect the forested watersheds that help make Oregon beer great. We also convinced a U.S. District Court judge
	to hold the U.S. Fish and Wildlife Service accountable by demanding that the agency release a Comprehensive Conservation  Plan for Klamath refuges by August 2016. This could be the last chance in years to reform leaseland commercial farming on
	22,000 acres of refuge land. Finally, we worked with the Governor's office and the Oregon State Parks Department to bring the
	Mollala and Chetco Rivers just a few steps away from State Scenic Waterways protection.
	monaia and discoveration just a few steps away from otate docume traterways protection.
4d	Other program services (Describe in Schedule O.)
•	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 883,540

Part	V 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	7	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	-	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		~
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	,	
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	_	•
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		-
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		•
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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,"			ļ —
	complete Schedule D, Part VI	11a	<b></b>	
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		,
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	116		_
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		~
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		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
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		,
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		1	
	Schedule D, Parts XI and XII	12a	<u> </u>	
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		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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		~
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	_	,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13	<del> </del>	+
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		~
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		~
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	,	
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		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<del> </del>	1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<b>†</b>	1

Part	Checklist of Required Schedules (continued)	-		
٠,	Del the considering and the first of constant and the con		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		~
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			\ \ \
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		•
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		v
b c	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		V
d		24c 24d		~
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		,
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		v
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		,
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 b	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	28a		V
c	Schedule L, Part IV	28b		~
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	~	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		,
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		,
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		V
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	,	_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		~
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		,
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
20	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	~	

art	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			l i
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	{		:
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
20	reportable gaming (gambling) winnings to prize winners?	1c	_	<del></del>
2a	Statements, filed for the calendar year ending with or within the year covered by this return  2a 18			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	~	
þ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
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		Ť
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).	<u>                                     </u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u></u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<del>                                     </del>
D	qifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	05	-	
'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	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			ļ
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		$\vdash$
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the	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?	8		
9	Sponsoring organizations maintaining donor advised funds.	-		<del> </del>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring 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:	ł		Î
a	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40-	against amounts due or received from them.)	120	<u></u>	<del> </del>
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a	<del> </del>	<del> </del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
ıs a	Is the organization licensed to issue qualified health plans in more than one state?	13a	┼──	+-
a	Note. See the instructions for additional information the organization must report on Schedule O.	1.54	<del>                                     </del>	<del>                                     </del>
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			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		V
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ons.
04	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	<u></u>	
Section	on A. Governing Body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year   1a   10	-+		
1a	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<b>'</b>
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		~
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		~
6	Did the organization have members or stockholders?	6		~
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		~
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		,
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		V
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	~	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	,	
13	Did the organization have a written whistleblower policy?	13	~	<u> </u>
14 15	Did the organization have a written document retention and destruction policy?	14	~	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		l	
а	The organization's CEO, Executive Director, or top management official	15a		1
b	Other officers or key employees of the organization	15b	<u> </u>	~
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  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	<u> </u>	~
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Oregon			· <del></del> -
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	(c)(3)s	only)
	✓ Own website ☐ Another's website ☐ Upon request ✓ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Sean Stevens, 5825 North Greeley Avenue, Portland, OR 97217	cords	s: <b>&gt;</b>	

Part VII	Compensation of Officers, Di	irectors, Trustees,	Key Employees,	Highest Compensated	Employees, an
	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 nor	any relate	d orga	aniz			ompe	nsa	ted any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	Officer and a director/fractory						(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Former Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)										
Daniel Robertson, President	2	~		~	<u>.</u>					
(2)		,								
Brett Sommermeyer, Vice President	2	~		~	-		_			
(3)	1	<b>,</b>		,			l			
Kate Blazar, Secretary (4)			_	-	<del> </del>			<del> </del>		·
الان الان الان الان الان الان الان الان	2	~		<b>,</b>						
(5) Hillary Barbour, Director		v					-			
(6)										
Megan Gibb, Director	1	"								
(7)										
Danielle Grabiel, Director	1	-								
(8)										
Nathan Kennedy, Director	1	~		_			_			
(9)	1	,								
Mellie Pullman, Director	1	· ·		_	-		-		<del>                                     </del>	<del></del>
(10) Colin Rath, Director	1	,								
(44)	·	<u> </u>	┢	_		-				
Sean Stevens, Executive Director	40				~			55,458		6.456
(12)				-				,,,,,		
(13)										
(14)		-				-				<u> </u>

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	yees			lighe	st C	ompensated E	mployees (co	ntinued	<u> </u>		
•	(A) Name and title	(B) Average				tion more	than o		(D) Reportable	(E) Reportable			F) nated	
		hours per week (list any hours for related organizations below dotted line)	office or directo				Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation fr related organizations (W-2/1099-MIS	;	amou oth compe from organi	unt of her ensation in the iization elated	1
(15)														
(16)														
(17)								-						
(18)											+			
(19)														
(20)														
(21)			-								+			
(22)									<u>-</u> .		+			
(23)											_			
(24)									-					
(25)														
1b c	Sub-total	VII, Section	 on A	<u>.</u>	<u>.                                    </u>		 	<b>▶</b>	55,458		0		-	6,456
<u>d</u>	Total (add lines 1b and 1c)	<u> </u>						<b>▶</b>	55,458	4.	0			6,456
	reportable compensation from the organ			1056	= 1151	ea	above	e) w	no received m	ore than \$100	J,000 C			1
3	Did the organization list any former of							emţ	oloyee, or high	nest compens	sated		Yes	No
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the							on a	 and other comp		n the	3		~
	organization and related organizations individual	greater th	an \$	150,	,000	)? <i>I</i> 	f "Ye 	s,"	complete Sci	hedule J for	such	4		V
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ındiv	/idual	5		~
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Rej year.													ax
	(A) Name and business add	dress							(B) Description of :	services	c	(C) ompens	ation	
							_							
			-			_	_		- · ·					_
					_			$\perp$						
2	Total number of independent contractor							o ti	nose listed ab	ove) who				

Part	VIII	Statement of Reve	enue					-	
		Check if Schedule O	contains	a res	ponse or note to	any line in this I	Part VIII		🔲
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns	3	1a	6,471	-			
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b			i		The state of the s
S, C	C	Fundraising events .		1c	0				1
ā ğ	d	Related organizations		1d					
ış,	е	Government grants (con	•	1e					1
er S	f	All other contributions, gi			<u> </u>				
혈美		and similar amounts not inc		_1f_	1,278,395				
ק קד ק	g	Noncash contributions include			48,105				
	h	Total. Add lines 1a-1	f			1,284,866		<del></del>	
Ē	_				Business Code				
ě	2a	Hikes & Outings	•••••		900099	6,200	6,200		
e e	b								<u></u>
Ξ̈́	C				· · · -			<del></del>	<del> </del>
တ္တ	d								
Jan	f	All other program ser			-				<del>-</del>
Program Service Revenue	g	Total. Add lines 2a-2			•	6,200	t		
_=_	3	Investment income				3,230		· · · · · ·	T
		and other similar amo				3,358	ŀ		3,358
	4	Income from investmen	t of tax-exe	mpt b	ond proceeds ▶	0,000			
	5	Royalties		•	•				
		,	(ı) Rea		(II) Personal			*	}
	6a	Gross rents	,	12,624					
	b	Less: rental expenses							
	С	Rental income or (loss)		2,624					
	d	Net rental income or	(loss) .			12,624			12,624
	7a	Gross amount from sales of	(i) Securi	ties	(ii) Other				
		assets other than inventory							
	b	Less cost or other basis and sales expenses .							
	С	Gain or (loss)							
	d	Net gain or (loss) .			▶			· · · · · · · · · · · · · · · · · · ·	
enue	8a	Gross income from fuevents (not including \$		0					
Other Rever		of contributions reported See Part IV, line 18 .	ed on line 1	•	65,142				
퉏	Ь	Less: direct expenses		. b					
_	С	Net income or (loss) f			events . ►	24,489			
	9a	Gross income from ga							
		See Part IV, line 19 .		-	1				
	b	Less: direct expenses				=		. =	
	C	Net income or (loss) 1	_	-	ivities ►				
	10a	Gross sales of in returns and allowance	•						
	١.								
	b	Less: cost of goods s							<del> </del>
	<u>c</u>	Net income or (loss) t		OI INV	entory . ► Business Code	926	926	<u>-</u>	<del> </del>
	14-			<u>-</u>	+ +			- · -·	
	11a b	Miscellaneous Revenu			900099	6,598	6,598		<del> </del>
	C						<u>-</u>		<del> </del>
	d	All other revenue .				_			<del> </del>
	e	Total. Add lines 11a-		-	•	6,598			1
	12	Total revenue. See				1,339,061	13.724		15 092

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Sectio	n 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	s must complete colu	mn (A).
	Check if Schedule O contains a respons	se or note to any lin	ne in this Part IX .		· · · · <u>·</u> □
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21 .	3,250	3,250		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	٥		1
	<b>,</b>	•	· · · · · ·		
4 5	Benefits paid to or for members Compensation of current officers, directors,				
	trustees, and key employees	69,718	55,392	4,706	9,620
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	536,083	470,998	30,696	34,390
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
•		50.400	50.747	4.054	2 000
9	Other employee benefits	52,483	50,747	-1,254	2,989
10	Payroll taxes	54,407	47,838	3,102	3,467
11	Fees for services (non-employees):				
a	Management	7,122	7,122		
b	Legal	7,122	584	6,781	48
C	Accounting	7,413	304	0,761	40
d	Lobbying				
e	Investment management fees				
f g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	36,800	36,338	338	124
12	Advertising and promotion	21,456	20,118	0	1,338
13	Office expenses	6,258	3,646	2,230	382
14	Information technology	20,035	14,450	1,504	4,081
15	Royalties				
16	Occupancy	27,654	24,078	1,607	1,969
17	Travel	46,139	44,729	732	678
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	599	597	1	1
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	17,607	15,323	1,020	1,264
23	Insurance	11,770	8,064	3,310	397
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Equipment	3,992	3,112	663	216
ь	Printing & publications	26,619	21,355	78	5,187
c	Postage & shipping	2,727	2,366	157	204
d	Bank & credit card fees	11,792	14	2,359	9,419
е	All other expenses Program Expense	91,662	46,419	2,263	42,979
25	Total functional expenses. Add lines 1 through 24e	1,055,586	876,540	60,293	118,753
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ✓ if				
	following SOP 98-2 (ASC 958-720)	10,179	2,561	0	7,618

P	art X	Balance Sheet					
	-	Check if Schedule O contains a response or	note	to any line in this Part	tX . <u></u>	. <u></u>	<u> </u>
					(A) Beginning of year		(B) End of year
·	1	Cash-non-interest-bearing			195,238	1	163,982
	2	Savings and temporary cash investments			303,139	2	343,442
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			2,663	4	2,309
	5	Loans and other receivables from current and	former	officers, directors,			
		trustees, key employees, and highest co	mpen	sated employees.			
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified pers	ons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar					
		sponsoring organizations of section 501(c)(9) volum					
şts		organizations (see instructions). Complete Part II of Sche				6	<del></del>
Assets	7	Notes and loans receivable, net				7	4 404
⋖	8	Inventories for sale or use			2,395	8	1,401
	9	Prepaid expenses and deferred charges			18,581	9	25,329
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	400	605,974			
	_	·	10a 10b	325,579	263,755	100	280,395
	11	Less: accumulated depreciation Investments—publicly traded securities			418,963		640,260
	12	Investments—publicly traded securities  Investments—other securities. See Part IV, line	<u> </u>	4.0,000	12		
	13	Investments – program-related. See Part IV, line		13	<del></del>		
	14	Intangible assets		14	<del></del>		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa			1,204,734		1,457,118
	17	Accounts payable and accrued expenses			108,065	17	116,213
	18	Grants payable	17,333	18	1,514		
	19	Deferred revenue			<del></del> .	19	
	20	Tax-exempt bond liabilities		<b> -</b>		20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and for		· ·			
Liabilities		trustees, key employees, highest comper		· · · · · · · · · · · · · · · · · · ·		- <u></u> -	
jab		disqualified persons. Complete Part II of Schedu				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines					
		of Schedule D		· · · · · ·		25	
	26				125,398	-	117,727
		Organizations that follow SFAS 117 (ASC 958					<del> </del>
es		complete lines 27 through 29, and lines 33 an					ı
au	27	Unrestricted net assets		[	1,073,651	27	1,336,956
Bal	28	Temporarily restricted net assets		[	3,250	28	0
ᅙ	29	Permanently restricted net assets			2,435	29	2,435
Ī		Organizations that do not follow SFAS 117 (ASC 9	58), ch	eck here ▶ 🔲 and			'
P		complete lines 30 through 34.		-			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds				30	
SSI	31	Paid-in or capital surplus, or land, building, or e		-		31	
× A	32	Retained earnings, endowment, accumulated in			1,079,336	32	1,339,391
ž	33	Total net assets or fund balances			1,079,336		1,339,391
	34	Total liabilities and fiet assets/fund balances .	· · ·	· · · · · · · · · · · · · · · · · · ·	1,204,734	J-+	Form <b>990</b> (2014)
							FUILI <b>330</b> (2014)

-	-	•
Page	1	4

Part	XI Reconciliation of Net Assets			-	
•	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,061
2	Total expenses (must equal Part IX, column (A), line 25)	_2			5,586
3	Revenue less expenses. Subtract line 2 from line 1	3			3,475
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			9,336
5	Net unrealized gains (losses) on investments	5		-2	3,420
6	Donated services and use of facilities	6			0
7	Investment expenses	7			0
8	Prior period adjustments	8			0
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		1,33	9,391
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u> </u>		_Ц
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	<del></del>	-		
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	plain ir	ן י		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were comreviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		. 2b	~	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audit separate basis, consolidated basis, or both:	ed on a	a	-	
	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 c	versigh	ıt	1	
	of the audit, review, or compilation of its financial statements and selection of an independent according	untant?	2c	~	
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	xplain i	n T		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	forth II	n <b>3a</b>		•
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		e 3b		
			For	m <b>99</b> 0	(2014)

## 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.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No 1545-0047

2014

Open to Public Inspection

	of the organization					Employer identification	
	on Natural Resources Council Fund					23-74	
Par							ns.
	organization is not a private founda						
1	A church, convention of church			ibed in <b>sec</b>	tion 17	U(D)(1)(A)(I).	
2 3	<ul><li>☐ A school described in section</li><li>☐ A hospital or a cooperative ho</li></ul>			n section 1	170/h)/1	\/A\/iii\	
4	A medical research organization						iii). Enter the
•	hospital's name, city, and stat		,			, , , , ,	•
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned or	operate	d by a government	al unit described in
6	A federal, state, or local gover						
7	An organization that normally described in section 170(b)(1)			port from a	a goveri	nmental unit or from	the general public
8	A community trust described in						
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and	functions—subject to unrelated business	certain ex taxable inc	ception	ns, and (2) no more ess section 511 ta:	than 331/3% of its
10	An organization organized and						
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations d	lescribed in <b>section 5</b>	09(a)(1) or :	section	509(a)(2). See secti	<b>on 509(a)(3).</b> Check
а	☐ Type I. A supporting organization(sorganization. You must con	s) the power to re	egularly appoint or ele				
b	Type II. A supporting organic control or management of the organization(s) You must control	e supporting org	ganization vested in th				
С	Type III functionally integra its supported organization(s)						y integrated with,
d	☐ Type III non-functionally in that is not functionally integr requirement (see instructions	ated The organi	zation generally must	satisfy a di	istributi	on requirement and	
е	Check this box if the organiz functionally integrated, or Ty						I, Type III
f	Enter the number of supported	organizations .					
g	Provide the following information	n about the supp	orted organization(s).				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) is the orgalisted in your of docume	governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(see instructions))	Yes	No		
(A)							
(B)							
(C)							
(D)			,				
(E)							
Total		10 (24 (10 He))					

Part	Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1	(A)(iv) and 1	70(b)(1)(A)(vi	
	(Complete only if you checked t						alify under
	Part III. If the organization fails t	o qualify unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
	on A. Public Support	<b>,</b>	<b>+</b>				
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					1	
	include any "unusual grants.")	851,389	634,547	773,098	1,061,673	1,284,866	4,605,573
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	851,389	634,547	773,098	1,061,673	1,284,866	4,605,573
5	The portion of total contributions by						
3	each person (other than a						
	governmental unit or publicly		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	supported organization) included on	· 是 ] 李玉 (1)	المروء المواتين أوياتها		į		
	line 1 that exceeds 2% of the amount		In Mary 19.	23. 204	[		
	shown on line 11, column (f)	The second of the	- يَا الْمُكْمُونِ إِيَّا إِيَّا	1 19			588,720
6	Public support. Subtract line 5 from line 4	150 14713.	18 18 -24 11 - 5				4,016,853
	on B. Total Support	T		1			
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	851,389	634,547	773,098	1,061,673	1,284,866	4,605,573
8	Gross income from interest, dividends,					ŀ	
	payments received on securities loans, rents, royalties and income from similar						
	Sources	8,704	12,822	12,311	14,566	15,982	64,385
9	Net income from unrelated business	5,104	12,022	12,011	14,000	10,502	
	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.) .	32,216	4,791	6,258	3,881	10,182	57,328
11	Total support. Add lines 7 through 10	ૄૣૢૹ૽ૣ૽ૡૼૹૻ૽ૡ૽ૡ <u>ૼ</u>					4,730,286
12	Gross receipts from related activities, etc			•	[	12	
13	First five years. If the Form 990 is for the	-			-		
<del></del>	organization, check this box and stop he				• •		<u>· · ▶ [</u>
	on C. Computation of Public Suppo			d 1 (6)	ı		949.9/
14	Public support percentage for 2014 (line		-		ŀ	14	84.9 %
15 16a	Public support percentage from 2013 Sc 33 <sup>1</sup> / <sub>3</sub> % support test—2014. If the organi					15   3% or more, ch	80.3 %
100	box and <b>stop here.</b> The organization qua						. ► <b>□</b>
ь	331/3% support test-2013. If the orga			=			
_	check this box and stop here. The organ						. ▶ □
17a	10%-facts-and-circumstances test-2	<b>014.</b> If the orga	anization did no	ot check a box	on line 13, 16a	a, or 16b, and I	ine 14 is
	10% or more, and if the organization me					-	•
	Part VI how the organization meets the "	facts-and-circu	ımstances" tes	st. The organiza	ation qualifies	as a publicly su	pported
	organization				•	-	. ▶ □
b	10%-facts-and-circumstances test-2						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in	neets the "tacts	s-and-circums	iances" test. II	ne organization	ı qualifies as a	publicly
18	supported organization Private foundation. If the organization d		hov on line 12	16a 16b 17a	or 17h chaol	this boy and t	. – 📙
10	i ilitate ibunibationi. Il tile organization d	in the chieck a	POV OIL IIIE 19	, ,oa, ,ou, i/a	, J. 170, UIEC	vario bux anu s	J-C

Part III	Support Schedule for	Organizations Described i	n 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.)

<u> </u>	A Dublic Command				<u> </u>		
	on A. Public Support	1 1 2010	<u> </u>	(-) 0010	(4) 0010	(-) 0014	(A Tatal
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants")  Gross receipts from admissions, merchandise				_		
2	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose		-		_	-	
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513				-		
4	Tax revenues levied for the						
	organization'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	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3				· ·	-	
7a	received from disqualified persons .	l					
L	· · · · · · · · · · · · · · · · · · ·					<del>                                     </del>	<del></del>
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						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		ą.				
	line 6)		<sub>2</sub>				
Secti	on B. Total Support		·				
Calen	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6 .			,			
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b		<u> </u>				
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					1.	
12	(Explain in Part VI.)	<del></del>	-	<u> </u>	-	<del> </del>	
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)				}		
14	First five years. If the Form 990 is for the	ne organization	n's first secon	d third fourth	or fifth tax v	ear as a section	n 501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line			3, column (f))		15	%
16	Public support percentage from 2013 Sci		-			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2014 (			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2013	3 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2014. If the organ	ization did not	check the box	k on line 14, a	nd line 15 is n		
	17 is not more than 331/3%, check this box	and stop here.	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . 🕨 🗌
b	331/3% support tests - 2013. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

## 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.)

Secti	ion A. All Supporting Organizations		1	
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
•	documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	-	
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> 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.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	* .	-
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		anna es
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		kų,
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	ļ.—ţ	1
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 <b>Part VI.</b>	6	1 47 1 47 1 48 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	1 . -	
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)	. T.	",	
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 <b>Part VI</b> .	پرسپس 9a	*23Fintari	, .
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 <b>Part VI.</b>	9b		
	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 <b>Part VI</b> .	9с		
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.	10a		
h	Did the organization have any excess business holdings in the tay year? (Lise Schedule C. Form 4720 to	1 .		

determine whether the organization had excess business holdings.)

10b

Part	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	ļ <u></u> -	
	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.  on B. Type I Supporting Organizations	1116		
Secu	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	1.10
•	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			۱ ۱
	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			<u> </u>
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	1		1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		_
	supervised, or controlled the supporting organization.	2		<u> </u>
Secti	on C. Type II Supporting Organizations		V	- N-
	Many a management of the appropriation? Appropriate on the plant of the description of the advisory of the adv		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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	-		
	the supported organization(s).	1	Ì	· '
Secti	on D. All Type III Supporting Organizations		L	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		. 15	
	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		-	- 3
_	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		, - -	1 .
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2	2	1-35
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		<u> </u>
J	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		ļ	•
	supported organizations played in this regard.	3		-
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ction	s)·
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
c	☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see ins	structi	ons)
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
•	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>	ا بيد	ļ.,	
	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	<u></u>	ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the	. 4	, 4	
	reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		ļ	
_	•	2b	<u> </u>	ļ
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the expanization have the power to regularly appoint or elect a majority of the officers, directors, or	١.	٠.	
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? <i>Provide details in Part VI.</i>	3a		ļ!
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	38	<u> </u>	<del> </del>
р	of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard	3h	·	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	izations					
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.							
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain	1						
2 Recoveries of prior-year distributions	2						
3 Other gross income (see instructions)	3						
4 Add lines 1 through 3	4						
5 Depreciation and depletion	5						
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or							
maintenance of property held for production of income (see instructions)	6						
7 Other expenses (see instructions)	7		<u> </u>				
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8						
Section B - Minimum Asset Amount	1	(A) Prior Year	(B) Current Year (optional)				
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).	o, i o Na j						
a Average monthly value of securities	1a						
<b>b</b> Average monthly cash balances	1b						
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d	<u> </u>					
e Discount claimed for blockage or other factors (explain in detail in Part VI):	જ્યોં ક						
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d	3						
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by .035	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C - Distributable Amount			Current Year				
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1						
2 Enter 85% of line 1	2	, <sup>र</sup> ूशे <del>त्</del> रूट र्					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	In the second se					
4 Enter greater of line 2 or line 3	4	, h. 14 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /					
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 instructions)	y-ın	tegrated Type III supporti	ng organization (see				

Part		s) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets		<u>.</u>	
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	th the organization is res	ponsive	
_	(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			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			,
3	Excess distributions carryover, if any, to 2014			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
а				
b				1
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount	-		
i	Carryover from 2009 not applied (see instructions)			}
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			1
4	Distributions for 2014 from Section			
	D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015 Add lines 3j			
	and 4c			,
8	Breakdown of line 7:			
а				}
b	من ه د په هند چرې د د يا د د د د د د د د د د د د د د د د	mater from the		
С	2.00	,		
d	Excess from 2013			
e	Excess from 2014			

	orm 990 or 990-EZ) 2014	Page (
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or Part III, line 12. Also complete this part for any additional information. (See instructions.)	17b; and
Part II, Sec	tion B, line 10: This includes miscellaneous revenue and sales of merchandise.	
		***************************************
		·•

## 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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► Complete if the organization is described below. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

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

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

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

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

	organization answered "Yes	," to Form 990, Part IV, line 5 (Proxy	Tax) (see separate	instructions) or Form 990-	EZ, Part V, line 35c (Proxy
, ,	ection 501(c)(4), (5), or (6) orga				
	of organization	<del></del>		Employer iden	tification number
Orego	on Natural Resources Counc	cil Fund dba Oregon Wild			23-7432320
Part	I-A Complete if the	e organization is exempt unde	er section 501(d	c) or is a section 527 o	organization.
1	Provide a description of t	the organization's direct and indire	ct political campa	ign activities in Part IV.	
2	Political expenditures .			\$	N/A
3	Volunteer hours				N/A
Part		e organization is exempt unde			
1		excise tax incurred by the organiza			
2		excise tax incurred by organization			0
3	•	ed a section 4955 tax, did it file For	•		
4a					Yes No
<u>b</u>	If "Yes," describe in Part			-\	(-)(0)
Part		e organization is exempt unde			(C)(3).
1		ly expended by the filing organiz			
2		filing organization's funds contrib		_	
2	527 exempt function acti	vities		\$	
3		expenditures. Add lines 1 and 2.			
4	Did the filing organization	n file <b>Form 1120-POL</b> for this year?	?		Yes No
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, o ontributions received that were proi I fund or a political action committe	enter the amount property	paid from the filing organi delivered to a separate p	zation's funds. Also enter political organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
(1)					
(2)			,		
(3)					
(4)					
(5)					
(6)					

d Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Sched	lule C (Form 990 or 990-EZ) 2014					Page 2
	t II-A Complete if the organization 501(h)).	•			•	
<b>A</b> (	Check ► ☐ if the filing organization to name, address, EIN, exp					oup member's
вС	Check 🕨 🗌 if the filing organization of	hecked box A a	nd "limited conti	rol" provisions a	pply.	
	Limits on Lo (The term "expenditures"	bbying Expenditu means amounts <sub>l</sub>			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence	ce public opinion (	grass roots lobbyi	ng)	2,852	
b	Total lobbying expenditures to influence	ce a legislative boo	dy (direct lobbying	)	32,917	-
c	Total lobbying expenditures (add lines	1a and 1b)			35,769	
d	Other exempt purpose expenditures .				1,019,817	
е	Total exempt purpose expenditures (a	dd lines 1c and 1c	i)		1,055,586	
f	Lobbying nontaxable amount. Ente columns.	r the amount fro	om the following	table in both	180,559	
	If the amount on line 1e, column (a) or (b)	is: The lobbying r	nontaxable amount	is:	•	
	Not over \$500,000	20% of the am	ount on line 1e.			}
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	er \$1,500,000		
	Over \$17,000,000	\$1,000,000.				
g	Grassroots nontaxable amount (enter	25% of line 1f) .			45,140	
h	Subtract line 1g from line 1a. If zero or	less, enter -0			0	
i	Subtract line 1f from line 1c. If zero or	· , - · · · · · · ·	. <b></b> .		0	·
j	If there is an amount other than zer reporting section 4911 tax for this year		1h or line 1i, did	~		Yes No
	(Some organizations that made a s	ection 501(h) ele	Period Under sect ction do not have uctions for lines 2	to complete all	of the five columi	ns below.
	Lobbyi	ng Expenditures	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	( <b>d)</b> 2014	(e) Total
28	Lobbying nontaxable amount	141,753	152,650	155,916	180,559	630,878
t	Lobbying ceiling amount (150% of line 2a, column (e))					946,317
•	: Total lobbying expenditures	13,571	29,072	22,365	35,769	100,777

35,438

1,082

38,163

3,271

157,720

9,164

45,140

2,852

38,979

1,959

Schedu 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	P	age S
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)	
	iption of the lobbying activity.	Yes	No	An	nount	
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?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
9	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
İ	Other activities?				-	
j 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		l			
za b	If "Yes," enter the amount of any tax incurred under section 4912		$\vdash$			
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	and the second of the second o					
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	)(5), (	or sec	ction		
	501(c)(6).					
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year? .			3		
	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."		Part		line (	3, is
1 2	Dues, assessments and similar amounts from members	of	1			
а	Current year		2a			
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			
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 lobb and political expenditure next year?	ying				
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
	t IV Supplemental Information		3			
Provid	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro instructions); and Part II-B, line 1. Also, complete this part for any additional information.	oup lis	t); Par	t II-A, li	nes 1	an

Schedule C (For	m 990 or 990-EZ) 2014	Page 4
Part IV	Supplemental Information (continued)	
•		
••		·
		••••

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name o	f the organization		Employer id	entification number
Orego	n Natural Resouces Council Fund dba Oregon Wild			23-7432820
Par	Organizations Maintaining Donor Adv	vised Funds or Other Similar Fun	ds or Ac	counts.
	Complete if the organization answered	"Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor	advisors in writing that the assets h	eld in don	or advised
	funds are the organization's property, subject to the			
6	Did the organization inform all grantees, donors, a	and donor advisors in writing that gra	nt funds ca	an be used
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or f	or any oth	er purpose
	conferring impermissible private benefit?	<u> </u>		· · · 🔲 Yes 🗌 No
Par	Conservation Easements.			
	Complete if the organization answered	"Yes" 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., recrea	ition or education) 🔲 Preservation o	f a historic	ally important land area
	☐ Protection of natural habitat	☐ Preservation o	f a certified	historic structure
	☐ Preservation of open space			
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	on in the fo	rm of a conservation
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easemen	ts	2t	
C	Number of conservation easements on a certified			;
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	on a	
	historic structure listed in the National Register .			
3	Number of conservation easements modified, tran	sferred, released, extinguished, or ter	minated by	the organization during the
	tax year ▶			
4	Number of states where property subject to conse			
5	Does the organization have a written policy re			
	violations, and enforcement of the conservation ea	asements it holds?		· · · 🔲 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, in	nspecting, and enforcing conservatior	n easement	s during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspe	cting, and enforcing conservation eas	ements du	ring the year
	▶\$			
8	Does each conservation easement reported on line	e 2(d) above satisfy the requirements o	f section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			· · · 🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports			
	balance sheet, and include, if applicable, the text		nancial stat	tements that describes the
	organization's accounting for conservation easem			
Par	Organizations Maintaining Collection	· · · · · · · · · · · · · · · · · · ·		imilar Assets.
	Complete if the organization answered			
1a	If the organization elected, as permitted under SF			
	works of art, historical treasures, or other similar			
	public service, provide, in Part XIII, the text of the			
b	If the organization elected, as permitted under S			
	works of art, historical treasures, or other similar		ducation, o	or research in furtherance of
	public service, provide the following amounts rela-			
	(i) Revenue included in Form 990, Part VIII, line 1			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			▶ \$
2	If the organization received or held works of art	t, historical treasures, or other simila	ır assets fo	or financial gain, provide the
	following amounts required to be reported under \$			
а	Revenue included in Form 990, Part VIII, line 1			<b>&gt;</b> \$
L	Assets included in Form 000 Part Y			<b>▶</b> ♦

Part	III Organizations Maintaining	Collections of	Art, Historical 1	reasures, or	r Other Similar As	sets (continued)
3.	Using the organization's acquisition, collection items (check all that apply):	accession, and ot				
а	☐ Public exhibition		d 🗌 Loan	or exchange p	programs	
b	☐ Scholarly research		e 🗌 Other			
С	☐ Preservation for future generations	3				
4	Provide a description of the organizat XIII.	tion's collections a	nd explain how the	hey further the	e organization's exer	mpt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather	than to be mainta				ar 🔲 Yes 🗌 No
Part						-
	Complete if the organization 990, Part X, line 21.				•	
1a	Is the organization an agent, trustee, included on Form 990, Part X?					ot
b	If "Yes," explain the arrangement in Pa	•			A	mount
C	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amoun					
	If "Yes," explain the arrangement in Pa	art XIII. Check here	if the explanation	n has been pro	ovided in Part XIII .	<u> </u>
Par			<b>_</b>			
	Complete if the organization					
		(a) Current year	(b) Prior year	(c) Two years ba		
1a	Beginning of year balance	419,110	363,878	361,	·	
b	Contributions	244,627	55,632	2,	,435 4,10	28,138
С	Net investment earnings, gains, and losses	-23,798	-400		107 -1,29	2 27,761
đ	Grants or scholarships		-			
е	Other expenditures for facilities and programs					-68,243
f	Administrative expenses					
g	End of year balance	639,939	419,110		,878 361,33	358,526
2	Provide the estimated percentage of t	he current year en	d balance (line 1g	, column (a)) h	neld as:	
а	Board designated or quasi-endowmer	nt ▶ 99.4	<u>.</u> %			
b	Permanent endowment	.6 %				
C	Temporarily restricted endowment ▶	<u></u> %				
	The percentages in lines 2a, 2b, and 2					
3a	Are there endowment funds not in the	e possession of th	e organization tha	at are held and	d administered for th	ne
	organization by:					Yes No
	(i) unrelated organizations					3a(i) 🗸
	(ii) related organizations					3a(ii) ✓
b	If "Yes" to 3a(ii), are the related organi					3b
4	Describe in Part XIII the intended uses		n's endowment fu	unds.		
Part	VI Land, Buildings, and Equip Complete if the organization		' to Form 990, P	art IV, line 1	1a. See Form 990,	Part X, line 10.
	Description of property	(a) Cost or oth		r other basis ther)	(c) Accumulated depreciation	(d) Book value
1a	Land			42,700		42,700
b	Buildings			465,355	235,676	229,679
С	Leasehold improvements					
d	Equipment			97,919	89,903	8,016
е	Other		1			
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 99	00 Part X column	(B) line 10c)		280 395

(A) (B) (C) (D) (E) (G) (H) Otal. (Column (b)	(a) Description of security or category (including name of security)  derivatives		(b) Book value		nod of valuation of-year market value
2) Closely-he 3) Other (A) (B) (C) (D) (E) (G) (H) Otal. (Column (b)	eld equity interests				
(A) (B) (C) (D) (E) (G) (H) Otal. (Column (b)	•		-		
(A) (B) (C) (D) (E) (F) (G) (H) Otal. (Column (b)					
(A) (B) (C) (D) (E) (F) (G) (H) Otal. (Column (b)					
(C) (D) (E) (F) (G) (H) Otal. (Column (b)					
(D) (E) (F) (G) (H) Otal. (Column (b)					
(E) (F) (G) (H) otal. (Column (b) Part VIII			•		
(F) (G) (H) otal. (Column (b) Part VIII					
(G) (H) otal. (Column (b) Part VIII					
(H) otal. (Column (b) Part VIII					
otal. (Column (b) Part VIII			<del></del>		
Part VIII	) must equal Form 990, Part X, col. (B) line 12.) ▶				
	Investments—Program Related.				
	Complete if the organization answ		n 990 Part IV line	11c See Form	990 Part X line 13
	(a) Description of investment	100 10101	(b) Book value		hod of valuation
	(a) Secondarion of investment		(2) 200 12.20		of-year market value
(1)			<del></del>		<del>-</del>
2)		<del></del>			·
3)					· -
4)					
5)					
6)					
7)					
8)		_			
(9)					
	) must equal Form 990, Part X, col. (B) line 13)				· · · · · · · · · · · · · · · · · · ·
	Other Assets.				
	Complete if the organization answ		n 990, Part IV, line	e 11d. See Form	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)			<del></del>		<u>-</u>
(5)					
(6)					
(7)					
(8)		<del>-</del> -			
9) otal. <i>(Colum</i>	nn (b) must equal Form 990, Part X, coi	(B) line 15.)			
Part X	Other Liabilities.	, (2)			
	Complete if the organization answ	ered "Yes" to For	m 990. Part IV. line	e 11e or 11f. See	Form 990, Part X.
	line 25.		,,		
<del></del>	(a) Description of liability	(b) Book value			· · ·
(1) Federal inc	come taxes				
2)					
3)					
4)					
5)					
(6)					
(7)					
(8)					
(9)					
otal. (Column (b)	must equal Form 990, Part X, col. (B) line 25 )				

Complete if the organization answered "Yes" to Form 990, F  Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments  Donated services and use of facilities  Recoveries of prior year grants			1	1,323,313
<ul> <li>2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:</li> <li>a Net unrealized gains (losses) on investments</li> <li>b Donated services and use of facilities</li> </ul>	2a			1,525,515
<ul> <li>a Net unrealized gains (losses) on investments</li> <li>b Donated services and use of facilities</li> <li></li></ul>				
<b>b</b> Donated services and use of facilities		-23,420		
		7,672		
	2c	7,072		
d Other (Describe in Part XIII.)	2d			
e Add lines 2a through 2d			2e	-15,748
3 Subtract line 2e from line 1			3	1,339,061
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	i i			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,339,061
Part XII Reconciliation of Expenses per Audited Financial Staten			r Retu	rn.
Complete if the organization answered "Yes" to Form 990, I				
Total expenses and losses per audited financial statements			1	1,063,258
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	7,672		
<b>b</b> Prior year adjustments	2b			
<b>c</b> Other losses	2c			
d Other (Describe in Part XIII.)	2d		<u> </u>	
e Add lines 2a through 2d			2e	7,672
3 Subtract line 2e from line 1			3	1,055,586
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> Other (Describe in Part XIII.)	4b		<b> </b>	
			4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information.	e 18.) .		5	1,055,586
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part Part V, Line 4 - Intended use of the organization's endowment funds. Endowment as	to provid	le any additional in ude unrestricted ne	formation	on.
Board of Directors and permanently restricted net assets designated by the donor.  of unrestricted net assets as a reserve fund for operations, special needs and program as determined by the Board. The Board also holds assets in a permanent endowment	ams, and	other needs		ctors with
the goal of providing stability of funding for future operations. This endowment is f				
not designated by the donor for current operations or programs, as well as gifts spe	cifically r	estricted to the end	owment	by the donor.
The principal of the endowment fund shall be invested in perpetuity, and the earning	s are uni	estricted.		
The Board has adopted an investment policy for the permanent endowment that atte	mpts to i	maintain and grow t	he purch	asing power of the
endowment assets over the long term while generating income. The assets are inv	ested in a	well-diversified ass	set mix	
with a focus on environmental and social responsibility. Once the permanent endo	vment fur	nds reaches \$200,00	0, up to	75% of the 3 year
rolling average earnings will be available for operating purposes.				
			·	

Schedule D (Fo	om 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	
-		
•		
·		
·		
•••••		
		***************************************
		·····
	······································	
·		

## **SCHEDULE G** (Form 990 or 990-EZ)

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Name of the organization Oregon Natural Resources Cour  Fundraising Act	tivities. Complete if its are not required ganization raised fund collectations  ns ve a written or oral again Form 990, Part VII) nest paid individuals of 5,000 by the organiza	the organize to complete s through an e f g g g greement with or entity in correction.	eation ansvethis part. y of the folk Solicitate Solicitate Special to	vered "Yes" to Fowing activities. Con of non-governion of government fundraising events dual (including off with professional f	Employer identification 23- Form 990, Part IV, Theck all that applyment grants a grants ficers, directors, trusticular individual in	-7432820 line 17.
Part I Fundraising Act Form 990-EZ file Indicate whether the org Indicate whether the org Internet and email so In-person solicitations In-person solicitations In-person solicitation	tivities. Complete if its are not required ganization raised fund colicitations  ns ve a written or oral again Form 990, Part VII) nest paid individuals of 5,000 by the organiza	the organizato completes through an e f g g largement with or entity in correntities (fur entities (fur custody contre	e this part.  y of the folk  Solicitati  Special f  any individual  connection wandraisers) pure	owing activities. Come of non-governed on of government fundraising events dual (including off with professional fursuant to agreem	form 990, Part IV, theck all that applyment grants t grants ticers, directors, trustiundraising services thents under which the	stees ?
Fundraising Act Form 990-EZ file  Indicate whether the org  A Mail solicitations  Internet and email so  Phone solicitations  In-person solicitation	tivities. Complete if its are not required ganization raised fund colicitations  ns ve a written or oral again Form 990, Part VII) nest paid individuals of 5,000 by the organiza	the organizato completes through an e f g g largement with or entity in correntities (fur entities (fur custody contre	e this part.  y of the folk  Solicitati  Special f  any individual  connection wandraisers) pure	owing activities. Come of non-governed on of government fundraising events dual (including off with professional fursuant to agreem	heck all that apply. heck all that apply. ment grants grants icers, directors, trus fundraising services hents under which the	stees ?
Form 990-EZ file  Indicate whether the org  A Mail solicitations  Internet and email so  Phone solicitations  In-person solicitation  In-person solicitations  In-	ganization raised fund plicitations ns ve a written or oral ag in Form 990, Part VII) nest paid individuals of 5,000 by the organiza	to complete s through an e [ f   g   greement wit or entity in correction.  (iii) Did fucustody contr	e this part.  y of the folk  Solicitati  Special f  any individual  connection wandraisers) pure	owing activities. Come of non-governed on of government fundraising events dual (including off with professional fursuant to agreem	heck all that apply. ment grants grants it grants icers, directors, trus fundraising services nents under which the	stees ? <mark>U Yes  ☑ No</mark> ne fundraiser is to be
1 Indicate whether the organ in Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitation 2a Did the organization has or key employees listed b If "Yes," list the ten high compensated at least \$  (i) Name and address of individing or entity (fundraiser)	ganization raised fund olicitations ns ve a written or oral ag in Form 990, Part VII) nest paid individuals of 5,000 by the organiza	s through an e   f   g   greement wit or entity in correction.  (iii) Did furcustody contre	y of the folk Solicitate Solicitate Special for any individual connection wandraisers) pre- marked presented of solicitate solicitat	ion of non-governion of government fundraising events dual (including off with professional fursuant to agreem	ment grants i grants iicers, directors, trus iundraising services nents under which the	? Yes V No ne fundraiser is to be
a Mail solicitations b Internet and email so c Phone solicitations d In-person solicitation 2a Did the organization har or key employees listed b If "Yes," list the ten high compensated at least \$  (i) Name and address of individ or entity (fundraiser)	olicitations  ns ve a written or oral aç in Form 990, Part VII) nest paid individuals of 5,000 by the organiza	g   g   greement with or entities (function.  (iii) Did function or entities (function)	Solicitati Solicitati Special in any individual connection with a series of the series of control of indutions?	ion of non-governion of government fundraising events dual (including off with professional fursuant to agreem	ment grants i grants iicers, directors, trus iundraising services nents under which the	? Yes V No ne fundraiser is to be
b  Internet and email so  Phone solicitations  In-person solicitation  Did the organization has  or key employees listed  If "Yes," list the ten high compensated at least \$  (i) Name and address of individe  or entity (fundraiser)	ns ve a written or oral ag in Form 990, Part VII) nest paid individuals of 5,000 by the organiza	g   g   greement wit or entity in our entities (full tion.	Solicitative Special for any individual sers) production with the series of the series	fundraising events dual (including off with professional f ursuant to agreem	icers, directors, trus fundraising services nents under which the	? Yes V No ne fundraiser is to be
c Phone solicitations d In-person solicitation 2a Did the organization has or key employees listed b If "Yes," list the ten high compensated at least \$  (i) Name and address of individ or entity (fundraiser)	ns ve a written or oral ag in Form 990, Part VII) nest paid individuals of 5,000 by the organiza	preement wit or entity in or or entities (fur tion.	Special for any individual connection was a connection with a connection was a connection with a connection was a control of the control of the connection was a control of the connection was a connection with a connection was	fundraising events dual (including off with professional t ursuant to agreem	icers, directors, trus fundraising services nents under which the (v) Amount paid to (or retained by)	? Yes V No ne fundraiser is to be
2a Did the organization has or key employees listed b If "Yes," list the ten high compensated at least \$  (i) Name and address of individe or entity (fundraiser)  1 2 3	ve a written or oral ag in Form 990, Part VII) nest paid individuals o 5,000 by the organiza	or entity in correction.  (iii) Did fucustody	n any individual connection values. produced the control of individual control control of individual control con	dual (including off with professional t ursuant to agreen	icers, directors, trus fundraising services nents under which th (v) Amount paid to (or retained by)	? Yes V No ne fundraiser is to be
or key employees listed b If "Yes," list the ten high compensated at least \$  (i) Name and address of individ or entity (fundraiser)	in Form 990, Part VII) nest paid individuals of 5,000 by the organiza	or entity in correction.  (iii) Did fucustody	ndraisers) production values and assert have or control of buttons?	with professional to ursuant to agreem	rundraising services' nents under which the services (v) Amount paid to (or retained by)	? Yes V No ne fundraiser is to be
b If "Yes," list the ten high compensated at least \$  (i) Name and address of individ or entity (fundraiser)  1	nest paid individuals of 5,000 by the organiza	(iii) Did fu custody contr	ndraisers) production of the p	ursuant to agreem	(v) Amount paid to (or retained by)	ne fundraiser is to be
(i) Name and address of individ or entity (fundraiser)  1 2	5,000 by the organiza	(iii) Did fu custody contr	ndraiser have or control of ibutions?	(iv) Gross receipts	(v) Amount paid to (or retained by)	
1 2 3	ual (ii) Activity	custody	or control of ibutions?		(or retained by)	(vi) Amount paid to
3		Yes	No		fundraiser listed in col. (i)	(or retained by) organization
3				<u> </u>		
3				]		
						1
4						
	-					
5			-			
6						
7						
8				:		
9						<del> </del>
10						
Total			•	i		
3 List all states in which registration or licensing.	the organization is req	gistered or li	censed to s	olicit contribution	s or has been notifi	ed it is exempt from

Τ	gross receipts greater than	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Social + Auction (event type)	(event type)	(total number)	(add col. (a) through col (c))
1	Gross receipts	65,142			65,142
2	Less: Contributions				
3	Gross income (line 1 minus line 2)	65,142		_	65,142
4	Cash prizes	0			(
5	Noncash prizes	31,812			31,81
6	Rent/facility costs	4,425			4,42
7	Food and beverages	1,701			1,70
6 7 8	Entertainment	315			315
9	Other direct expenses .	2,400			2,40
l l					
10 11 art II		ct line 10 from line 3, co	olumn (d)	<u> ▶  </u>	24,48
11 art II	Net income summary. Subtra	ct line 10 from line 3, co	olumn (d)	<u> ▶  </u>	24,48
11 art II	Net income summary. Subtra Gaming. Complete if the	ct line 10 from line 3, co organization answer 00-EZ, line 6a.	olumn (d) ed "Yes" to Form 99  (b) Pull tabs/instant	▶ 0, Part IV, line 19, or r	24,48 reported more (d) Total gaming (add
art II	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 99  Gross revenue	ct line 10 from line 3, co organization answer 00-EZ, line 6a.	olumn (d) ed "Yes" to Form 99  (b) Pull tabs/instant	▶ 0, Part IV, line 19, or r	24,48 reported more (d) Total gaming (add
art II	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 99  Gross revenue	ct line 10 from line 3, co organization answer 00-EZ, line 6a.	olumn (d) ed "Yes" to Form 99  (b) Pull tabs/instant	▶ 0, Part IV, line 19, or r	24,48 reported more (d) Total gaming (add
11 art II 2 3 4	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 99  Gross revenue	ct line 10 from line 3, co organization answer 00-EZ, line 6a.	olumn (d) ed "Yes" to Form 99  (b) Pull tabs/instant	▶ 0, Part IV, line 19, or r	(d) Total gaming (add
11 art II 2 2 3	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 99  Gross revenue	ct line 10 from line 3, co organization answer 90-EZ, line 6a. (a) Bingo	ed "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo	O, Part IV, line 19, or r	24,489 reported more (d) Total gaming (add
11 art II 2 3 4	Net income summary. Subtra  Gaming. Complete if the than \$15,000 on Form 99  Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs	ct line 10 from line 3, co organization answer 00-EZ, line 6a.	olumn (d) ed "Yes" to Form 99  (b) Pull tabs/instant	▶ 0, Part IV, line 19, or r	24,48 reported more (d) Total gaming (add
11 art II 2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Other direct expenses	ct line 10 from line 3, co organization answer 90-EZ, line 6a.  (a) Bingo	olumn (d) ed "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No	O, Part IV, line 19, or r	24,489 reported more (d) Total gaming (add
11 art II 2 3 4 5 6	Gross revenue	ct line 10 from line 3, corganization answer 20-EZ, line 6a.  (a) Bingo  Yes %  No  d lines 2 through 5 in co	olumn (d) ed "Yes" to Form 99  (b) Pull tabs/instant bingo/progressive bingo  Yes%  No	O, Part IV, line 19, or r	24,48 reported more (d) Total gaming (add
11 art II 2 3 4 5 6 7 8 9 a	Rent/facility costs	ct line 10 from line 3, corganization answer 90-EZ, line 6a.  (a) Bingo  Yes %  No  d lines 2 through 5 in corr. Subtract line 7 from line ganization conducts gain and ct years and conduct gaming activities	olumn (d)	O, Part IV, line 19, or r	24,48 reported more  (d) Total gaming (add col (a) through col (c))

Schedu	le G (Form 990 or 990-EZ) 2014 Page 3
11 12-	Does the organization conduct gaming activities with nonmembers?
13	Indicate the percentage of gaming activity conducted in:
a b 14	An outside facility
	records: Name ▶
	Address►
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	□ Director/officer □ Employee □ Independent contractor
17 a	Mandatory distributions:  Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).
••••	
•••••	

## SCHEDULE M (Form 990)

## **Noncash Contributions**

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Name of the organization Oregon Natural Resources Council Fund dba Oregon Wild Employer identification number 23-7432820

Part	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(cethod of c sh contri			
1	Art—Works of art	h							
2	Art - Historical treasures								
3	Art-Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods			6,174					
6	Cars and other vehicles								
7	Boats and planes							. —	
8	Intellectual property								
9	Securities—Publicly traded					<u></u>			
10	Securities — Closely held stock .								
11	Securities—Partnership, LLC, or trust interests								
40									
12 13	Securities – Miscellaneous Qualified conservation								
13	contribution—Historic								
	structures								
14	Qualified conservation								
• •	contribution—Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies		_						
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► ( Software License )	~	1	15,000					
26	Other ► ( Food & Beverage )	<i>V</i>	2	615					
27	Other ► ( Auction Prizes )		50	26,316					
28 29	Other ► ( ) Number of Forms 8283 received	by the or	anization during the tax i	year for contributions for	- т				
29	which the organization completed				29		0		
				agomont	29			Yes	No
30a	During the year, did the organization	tion receive	by contribution any prope	erty reported in Part I lines	1 thro	ugh [		-	
004	28, that it must hold for at least th								
	to be used for exempt purposes to					-	30a		
b	If "Yes," describe the arrangemen					۲			i
31	Does the organization have a		tance policy that require	es the review of any no	n-stan	dard		ļ	. [
	contributions?						31	~	
32a	Does the organization hire or use								
	contributions?					. [	32a		~
b	If "Yes," describe in Part II.					Γ			
33	If the organization did not report at describe in Part II.	n amount ir	column (c) for a type of pro	operty for which column (a)	s chec	ked,			

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
••	

### SCHEDULE 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.

20**14** 

Open to Public Inspection

Employer identification number

Department of the Treasury internal Revenue Service

Name of the organization

► 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.

Oregon Natural Resources Council Fund dba Oregon Wild	23-7432820
Form 990-Part VI Section B Policies	
Line 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990	<u> </u>
A copy of the 990 and all schedules are emailed to the full Board of Directors at least 2 weeks prior	to filing. Board members are asked
to review the form and ask any questions they may have. In addition, the Finance Committee and	Executive Director, review the 990 prior
to filing.	
Line 12c Did the organization regularly and consistently monitor and enforce compliance with the po	licy? Describe how this was done.
Board members are asked to sign a statement acknowledging receiving, reading and complying w	ith the Conflict of interest Policy. A
review of this policy is scheduled for the September Board meeting when the annual budget is add	pted.
Form 990-Part VI Section C Policies	
Lines 18 and 19 Describe in Schedule O whether (and if so, how), the organization made its govern	ling documents, conflict of interest
policy and financial statements available to the public during the year.	
Financial statements and Form 990 are posted in a public section of the organization's web site. G	overning documents and Conflict of
Interest policy are available upon request.	
	·····
<del></del>	

Schedule O (Form 990 or 990-EZ) (2014)	•	Page 2
Name of the organization	Employer identification number	
-	<u> </u>	
		<del>-</del>
	••••	
·		

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Partl

Oregon Natural Resources Council Fund dba Oregon Wild

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

2014	Open to Public Inspection

OMB No. 1545-0047

Employer identification number

23-7432820

(9) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2014 (f)
Direct controlling
entity ş 7 Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Yes (f)
Direct controlling antity (e) End-of-year assets ₹ Public charity status (if section 501(c)(3)) (d) Total income • (d) Exempt Code section 501(c)4 (c)
Legal domicile (state
or foreign country) Cat No 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity 8 (b)
Primary activity (1) Oregon Natural Resources Council Action dba Oregon Wild Conservation Leaders Fund, 5825 N Greeley Ave, Portland, OR 97217 Lobbying For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a) Name, address, and EIN (if applicable) of disregarded entity (a) (ame, address, and EIN of related organization (2) #93-1179070 Part II (1) 2 € ⊗ ල € <u>©</u> 9 ල Ð 9 Ε

Schedule R (Form 990) 2014

(a) (b) Name, address, and EIN of Primary activity related organization			2			;	1	"		
··· -	(c) Legal domicile (state or foreign	(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) Disproportionate allocations?	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing 1 partner?	<del>-</del> 1	<b>(k)</b> Percentage ownership
						Yes		Yes	2	
								-		
Identification of Dalated Organizations Tayah	Toucit	o as a Comparation or Trust Complete if the organization answered "Yee" on Form 990 Part IV	tair T	att the	Organizatio	a de la companya de l		66	N ted	
line 34 because it had one or more related organi	elated organizat	zations treated as a corporation or trust during the tax year.	a corporation	or trust duri	ng the tax y	ear.				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d)  Direct controlling entity		(e) Type of entity (C corp., S corp. or trust)	Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	12(b)(13) siled y?
									Yes	ş
							•			

Yes No

	:		1	1a	<b>1</b>	1	14	<b>1</b>	<b>;</b>	19	<b>1</b> h	=	<b>-</b>	Barry J.	4	=	£1	1	10	10
	.96							•										•		
	izations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.												•		•		•	-	-	
l	5b,		⋛	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	
	4, 3		-L																	
- 1	e 3,		Part	•																
1	, Iin		<u>=</u>	•	•	•	•	٠		•	•	•	•		•	•	•	•	•	
	٦ ×		istec						•											
	Pa		ige in any of the following transactions with one or more related organizations listed in Parts II-IV?	•	•	•	-									•				
	990,		zatic	•	•	•	•	•	•	•	•	•	•		•	•	•	•	•	
	m S		Jan!																	
	Θ		ò		•	•	•			•									•	
	o.		latec	•	•	•	•	•	•	•	٠	•	•		•	•	•	•	•	
	'es'		e re																	
	9		ğ	-			•	•					•					•	•	
	/ere		ō	•	•	•	•	•	•	•	•	•	•		•		•	•	•	
	ns∧		ĕ													on(s	s)uo			
	n a		٧it		•											ızatı	ızati	(S)		
	atio		Suc	Ę	•	•	•	•	•	•	•	•	•		•	gan	gan	atio	•	
	aniz		actic	ert												ğ	ρ	or other assets with related organization(s)		
	org		rans		-	-						-			<i>∞</i>	slate	late	org		
	ţ.	릙	ng t	ğ	•	•	•	•	•	•	•	•	(S)		on(s	5	y re	ated	•	
	e if	ş.	<u>8</u>	a S									tion		izati	ns f	nsk	ē		
	olet	iss	할	ē		_				•		•	ıniza		rgan	tatio	tatic	ξ		
	E O	of £	ţ	ent f	(S)	S)uo	•	•	•	•	•	•	orga		o D	olici Si	号	sets	•	
	S	≥ّا	Ş	ž <b>∑</b>	tion	ıızatı	anization(s)						to related organization(s)		from related organization(s)	g	ngs	r as	(S)	
	ij	<u> </u>	<u>.</u> ⊑	or (	nıza	gan	zati	(S)					rela		Ē	aisii	aisii	the	ızation(s)	
	iza	=,	age	les,	orga	ğ	gani	atio		•	<u>(S)</u>	<u>(S</u>	s t			ğ	ğ			
	gan	Part	eng	yall	ğ	elate	p	aniz			atio	zi jo	sset		sset	o f	ģ	ists,	rga	,
	ō	.⊑	ij	⊒	relat	E	late	org	· 6	(S)	niza	ıniz	er as		er a	ä	άř	g	g	
	ted	stec	niza	.S.	5	150	e .	ted	jon(s	atior.	orga	orgs	듐		ŧ	bers	bers	mail	elat	
١	ela	<u>:≅</u>	rgal	utte	tio	įį	or fc	rela	izat	ıniza	fed	fed	ŗ,		ŗ,	mer	Jem	Ĕ,	뱤	
	Æ	ŧ	heo	ann	t p	trib	ğ	ý	rgan	orga	rela	rela	neu		neut	0.1	이디	ome o	S.	
	⋚	∫ē	ä	$\equiv$	S	8	tees	tees	ō	ted	E	ŧ	ij		ij	Ses	ces	ğ	ò	
	Suc	≓ ar	ar, c	rest	oital	ital	aran	aran	elate	rela	ts fr	ets v	eq.		θ,	ě	ě.	98, 6	ğ	
4	Ċţ	٩	×ye	Infe	cag	g	ğ	ğ	, Ĕ	s to	asse	asse	ities		ities	ofs	ofs	i	ld e	
0) 50	nsa	e E	e ta	É	j.	ŗ.	loar	oa	s fro	sset	þ	o o	facil		facil	<u> </u>	nce.	of fa	of pa	
66 m	Transactions With Related Organi	) ple	During the tax year, did the organization enga	Receipt of (i) interest, (ii) annuties, (iii) royalties, or (iv) rent from a controlled entity	Gift, grant, or capital contribution to related organization(s)	Gift, grant, or capital contribution from related organization(s)	Loans or loan guarantees to or for related org	Loans or loan guarantees by related organization(s)	Dividends from related organization(s)	Sale of assets to related organization(s)	Purchase of assets from related organization(	Exchange of assets with related organization(	Lease of facilities, equipment, or other assets		Lease of facilities, equipment, or other assets	Performance of services or membership or fundraising solicitations for related organization(s)	Performance of services or membership or fundraising solicitations by related organization(s)	Sharing of facilities, equipment, mailing lists,	Sharing of paid employees with related organ	ì
Ē		[등	<u>Lri</u>	ece	ìlf,	iff,	oan	oau	<u>Š</u>	ale	urct	xc	ease		ease	erfo	erfo	han	hari	
Jule F	<b>&gt;</b> t	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	۵	œ	9	9				S	<u>а</u>	ш	ت			<u>а</u>	E	S	S	
Schedule R (Form 990) 2014	Part V	ž	-	æ	•	O	O	Φ	-	. o		-	-		¥	_	=	=	0	
ا رد		•																		

7

Fi | >

₽ 2 1р

Reimbursement paid to related organization(s) for expenses . Reimbursement paid by related organization(s) for expenses .

۵ ت

Other transfer of cash or property to related organization(s)
 Other transfer of cash or property from related organization(s)

4

> 7

2	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	omplete this line, inclu	uding covered relation	ships and transaction thresholds.
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
£				
8				;
ල				
€				
2				
9				
1				Schedule R (Form 990) 2014

Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on 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 aross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Primary activity Legal dominical Predominant Area (Pelated, School Country) Information (State of Penature) Information (State	(a)	Q.	(0)	(p)	(e)		(6)	ε	8	6	
Sections 5 (2-5-14) (Ves No.	d EIN of entity	Primary activity	e rg	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportionate allocations?	10	General or managing partner?	Percentage ownership
				sections 512-514)	Yes No			Yes No		Yes No	Τ_
(2) (4) (6) (6) (7) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	(1)										
(3)       (4)       (6)       (7)       (7)       (8)       (7)       (8)       (7)       (8)       (7)       (8)       (7)       (8)       (7)       (8)       (7)       (8)       (7)       (8)       (7)       (8)       (8)       (7)       (8)       (	(2)										
(4) (5) (6) (7) (7) (7) (8) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(6)										
(9) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(4)									ı	!
(6) (7) (8) (9) (9) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	(9)										
(6) (9) (1) (1) (1) (1) (2) (3) (4)	(9)										
(9) (9) (1) (1) (2) (3) (4) (4)	ω								-		
(9) (10) (11) (12) (13) (14) (14)	(8)							-			
13)     14)       15)     16)       16)     17)       17)     18)       18)     18)       19)     19)	(6)										
1)         2)         3)         4)         5)         5)	(0)										
3) 4) 5)	1)				_						
3)	2)										
5)	3)										_
(9	(4)										
	(9										
(16)	(9)					<del></del>					

Schedule R (I	(Form 990) 2014	Page 5
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	
		-
	·	·
	······································	
	, 	
<del>-</del>		