990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury

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

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<u>A</u> _	FOF TO	ne 2009 ca	_	year, or tax year		Octob		2009, and		Septe	mber 3			
В	Check If	applicable	Please use IRS	C Name of organizat			esources	Council F	una		•	ployer ident		
\perp	Address	s change	label or	Doing Business A				т=			23		743282	0
□ 1	Name c	change	print or type.	Number and street (c		ail is not delivere	d to street addr	ress) Ro	om/suite			phone num		
	nıtıal re	eturn	See	5825 N. Greele	y Ave.						(503	3)	<u> 283-634</u>	3
	Termina	ated	Specific Instruc-	City or town, state	e or country, a	and ZIP + 4					ľ			
	Amende	ed return	tions	Portland, Oreg							G Gros	s receipts \$	1,73	36,423
	Application	on pending	F Nan	ne and address of pri	incipal officer	Gary Gu	ttormsen,	President	:	H(a) Is the	s a group re	eturn for affiliate	es? Yes	V No
		-	5825 N	N. Greeley Ave.,	Portland,	-						es included		
T	Tax-ex	cempt status		501(c) (3)◀ (insert		47(a)(1) or	527			1		halist (see		
J	Webs	ite: ▶ or	eaonwi	ild.ora						H(c) Group		-		,
				oration Trust As	sociation 🔲	Other ►		L Year of f	ormation	1974		e of legal do	omicile O	 r
	rt I									1017	1 •		<u></u>	
	_			Ab			-:6		regon	Wild wo	rks to	nrotect a	nd resta	····
	1	Oregon's	escribe 's wild!	the organization	's mission	or most sig	initicant ac	ctivities:	, ann	rations	iks to	protect a	id lesto	
8		Olegon	5 Wilui	ands, wildlife an	iu waters	as an endu	iiig iegac	y ioi iutui	e gene	rations.				
Activities & Governance														
Ę														
် ဗိ	ı			if the organizatio			-		n 25% of	its net ass		. 1		
92	3	Number	of votin	ng members of th	ne governii	ng body (Pa	art VI, line	1a)			. 🔼	_		10
ies	4	Number	of inde	pendent voting n	nembers o	f the gover	ning body	(Part VI, III	ne 1b)					10
Ĭ	5	Total nur	mber of	f employees (Par	t V, line 2a	1)					5	5		20
Act	6	Total nur	mber of	f volunteers (estir	mate if nec	essary) .					. <u> 6</u>	3		215
	7a	Total gro	oss unre	elated business re	evenue fro	m Part VIII,	column (C), line 12.			. 7	а		0
				usiness taxable ii							. 7	ь		0
										Prior Y	ear	С	urrent Yea	ar
	8	B Contributions and grants (Part VIII, line 1h)										9	1,71	9,418
Revenue				e revenue (Part V								0		0
Ve.				me (Part VIII, col	_						12,78	4		0,049
æ				Part VIII, column					·		9,495			6,956
				dd lines 8 through					√. —		931,23	_		36,423
	1		-								49,00			
)		Grants and similar amounts paid (Part IX, column (A), lines 1-3)												0,300
, 9			•	or for members	•		•					0		0.46
l Se				ompensation, emp	•						688,63		553,846	
Expenses	16a	Profession	onal fun	draising fees (Par	rt IX, colum	n (A), line 1	1e)					0		0
ij	b	Total fund	draising) expenses (Part I)	X, column (I	D), line 25) 🕨	•							
				(Part IX, column				∵ 1	├		<u>237,90</u>			<u> 8,446</u>
)	18	Total exp	penses.	Add lines 13-17	' (must equ	Part IX	column (A)), line 25).			<u>975,53</u>	9	80	2,592
	19	Revenue	less ex	penses. Subtract	line 18 fron	n line 12		<u>.;;;} </u>			(44,301)	1)	93	33,831
Net Assets or Fund Balances				Λ	-	ALIC 4 E	2011	ŏ	Beg	unning of C	urrent Ye	ear E	nd of Yea	<u>r</u>
sets	20	Total ass	sets (Pa	art X, lipe /16).	젊 .	AUG 1	2011		. L		153,47	6	2,09	0,370
a As	21		-	Part X, line 26)	I. <i>Y</i>			1교 :			75,83	0	7	5,830
5 2	22			ind bajances Su	btract line	21 from III	A20UT			1,	080,23	1	2,01	4,540
Pa	irt II	Sign	ature ,	Block .	<u> </u>	0000					·			
		Under pe	enalties of	f perjury, I declare/tha	t I have exam	ined this return	, including ac	companying	schedule	s and state	ments, ar	nd to the be	st of my kr	owledge
		and belie	ef, it is tru	ie, correct, and domp	Tete/ Declarat	ion of preparei	(other than c	officer) is bas	ed on all	information	of which	n preparer h	as any kno	wledge
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He		Sign	nature of	pricer 2						Dat	e O/	1/1/		
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		Type	e or print	name and title	20010		1000	. ,	(
		+	<u> </u>				- 1	Date	Chec	k ıf	Dropers	r'e identifia	number	
		Preparer signature						Date	self-			r's identifying tructions)	number	
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Pre	parer's	Eurolo ac	amo (ar :::	Our h		_				1	<u> </u>			
Use	Only	ıf self-em								EIN	<u> </u>			
			and ZIP			_				Phone n	o ▶ (
Ma	v tha	JPS dieci	use this	return with the	nrongrer e	hown abov	2 (caa inc	tructionel					I Vaa	I No

Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Oregon Wild works to protect and restore Oregon's wildlands, wildlife and waters as an enduring legacy for future generations.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 270,036 including grants of \$ 7,800) (Revenue \$ 270,036) Wildlands-Wilderness-With allies, shepherded the 30,000 acre Devil's Staircase Wilderness legislation through successful House and Senate committee hearings. Reached an historic agreement to protect 58,000 acres of Wilderness in the Wild Rogue area, securing commitment from the timber industry not to oppose legislation. Produced reports outlining the Crater Lake wilderness and Siskiyou Wild Rivers Wilderness proposals and making the case for their protection. Halted logging and development within proposed Mount Hood Wilderness additions. Roadless Backcountry-Introduced the Citizens Alternative to D-Bug timber sale on Umpqua National Forest successfully scaling back 543 acred of logging in roadless back country. Joined conservation allies across the Country in leading excursions to back country hiking areas as part of the first ever Roadless Recreation Week.
4b	(Code:) (Expenses \$ 152,472 including grants of \$) (Revenue \$ 152,472) Wildlands- Pacific Northwest Old Growth Protection and Restoration-Released, along with Senator Ron Wyden, conservation allies, and timber industry representatives, a groundbreaking legislative proposal to protect and restore forests and watersheds across 8.3 million acres east of the Cascades. Continued our historic work watch-dogging the Forest Service and BLM, sparing 4,700 acres of mature and old-growth forests from logging. Released report entitled 9 Logging Mills Stuck in the Past, highlighting timber operators who continue to threaten old-growth forests that belong to the public.
4c	(Code:) (Expenses \$ 86,429 including grants of \$ 2,500) (Revenue \$ 86,429) Waters-After a decade-long campaign, secured a permanent prohibition on gas motor use on Waldo Lake, keeping the lake one of the purest in the world. Partnered with Molalla River Allicance to move legislation to extend Wild & Scenic River protection to 23 miles of the Molalla. Passed House in 2009 and Senate committee in 2010. Galvanized support for protecting the Siskiyou Wild Rivers area from destructive mining, securing supportive letters signed by members of the state legislature, our local outdoor industry, Oregon's faith community and Oregon's congressional delegation. Secured 8,000 acre-feet of water to sustain wetlands in Lower Klamath Lake National Wildlife refuge, which had received almost none since October 2009. Worked with the Forest Service to decommission half the roads (220 miles) in the Collawash watershed, keeping mud out of streams and rivers. Defended drinking water sources for Portland, Corbett, Tualatin, Beaverton, Lake Oswego, Oregon City, The Dalles, Milwaukie, Salem, Eugene and Roseburg. Enhanced protections for lands managed by City of Portland within Bull Run Management Unit.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 99,541 including grants of \$) (Revenue \$ 99,541) Total program service expenses \$ 608.478

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	1	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
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; 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 term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	<u>ر</u>	✓
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	i		
•	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.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	√	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	*
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	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	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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		_ ✓

Pal	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		√
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		✓
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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		1
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	✓	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	-		
38	Part VI	37		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Pai	tV Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	_ [;	ļ	
	U.S. Information Returns. Enter -0- if not applicable	8			
		0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportagaming (gambling) winnings to prize winners?	able	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (sinstructions)	see		! 	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered this return?	by	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	. [3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authorover, a financial account in a foreign country (such as a bank account, securities account, or other finan account)?	cial	4a		✓
b	If "Yes," enter the name of the foreign country: ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba and Financial Accounts.	ank			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	-	5a		√
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		<u>5b</u>		✓
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard Prohibited Tax Shelter Transaction?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did organization solicit any contributions that were not tax deductible?		6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?	s or	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good services provided to the payor?	ods	70		
h	and services provided to the payor?	. -	7a 7b		✓
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1			
	required to file Form 8282?	vas	7с		✓
	If "Yes," indicate the number of Forms 8282 filed during the year				
C	benefit contract?	.	7e		√
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		✓
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	✓	
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C required?		7h	1	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor organization, have excess business holdings at any time during the year?	ing	8		√
9	Sponsoring organizations maintaining donor advised funds.	į			
a	Did the organization make any taxable distributions under section 4966?	.	9a		<u>√</u>
	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		<u> </u>
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12				
	Initiation fees and capital contributions included on Part VIII, line 12				
11	Section 501(c)(12) organizations. Enter.				
	Gross income from members or shareholders			1	
	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104 If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	11?	12a	انکند	

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

<u>Sec</u>	tion A. Governing Body and Management	1	1						
	1 1		Yes	No					
1a	Enter the number of voting members of the governing body								
b	Enter the number of voting members that 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		✓					
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 organizational documents since the prior Form 990 was filed?	<u>4</u> 5		√					
5	Did the organization become aware during the year of a material diversion of the organization's assets?								
6									
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		,					
	of the governing body?	7a		√					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		V					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
	the year by the following:								
	The governing body?	8a	√						
_	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			,					
500	tion B. Policies (This Section B requests information about policies not required by the Inte	9a							
	enue Code.)	si i iai							
1101	5.100 0000,		Yes	No					
100	Dans the average have level shorters broughts as affiliates?	10a	100	1					
	Does the organization have local chapters, branches, or affiliates?	100							
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10b							
11	affiliates, and branches to ensure their operations are consistent with those of the organization?								
•••	form?	11	1	ĺ					
11Δ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	√						
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give								
_	rise to conflicts?	12b	✓						
_									
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓						
13	Does the organization have a written whistleblower policy?	13	✓						
14	Does the organization have a written document retention and destruction policy?	14		✓					
15	Did the process for determining compensation of the following persons include a review and approval by								
- 🕶	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		1					
b	Other officers or key employees of the organization	15b		_√					
_	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	L		L					
	with a taxable entity during the year?	16a	_	✓					
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate								
-	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			L					
	the organization's exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶ Oregon								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s	only)						
	available for public inspection. Indicate how you make these available. Check all that apply.								
	☐ Own website ☐ Another's website ☐ Upon request								
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest						
	policy, and financial statements available to the public								
20	State the name, physical address, and telephone number of the person who possesses the books and recoorganization. ► Scott Schlaes, Executive Director 5825 N.Greeley Ave., Portland, Oregon 97217 503-283	rds o -634 3	f the						

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not co		any o	curre		OTI	cer, a	irec	tor, or trustee.	(E)	(F)
(A) Name and Title	(B) Average	Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Vic Anantha- Director	1	1						0	0	0
Jim Baker- Director	1	√						0	0	0
Pat Clancy - Director	1	1						0	0	0
Megan Gibb - Treasurer	1	1						O	0	0
Gary Guttormsen - President	2	1						0	0	0
Leslie Logan - Vice President	1	✓						0	0	0
Daniel Robertson- Secretary	1	1						0	0	0
Rand Schenck - Director	1	1						0	0	0
William Sullivan - Director	1	1						0	0	0
Jan Wilson - Director	1	1						0	0	0
Scott Schlaes - Executive Director	40			1				0	0	0
Regna Merritt - Executive Director	40			1				66,465	0	4,956

Ра	rt VII Section A. Officers, Directors, Tru		Emp	loy			a Hig	nesi			
	(A)	(B)	04	/-		C)	that	-6.3	(D)	(E)	(F)
_	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
						<u> </u>					
<u>1b</u>	<u>Total</u>	<u> </u>				<u></u>		•			
2	Total number of individuals (including but i reportable compensation from the organization)		to th	ose ——	list	ed a	above	e) wh	no received mo	ore than \$100,0	
3	Did the organization list any former office employee on line 1a? If "Yes," complete S							oyee	e, or highest o	ompensated	Yes No 3 ✓
4	For any individual listed on line 1a, is the sthe organization and related organizations individual.										4
5	Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes." comu	com _i	pen Sch	sati <i>edu</i>	on on	from <i>I for s</i>	 any such	unrelated org	anızatıon for	5 🗸
Se	ction B. Independent Contractors								,		<u> </u>
1	Complete this table for your five highest compensation from the organization	ompensate	ed ind	epe	ende	ent o	contra	acto	rs that receive	d more than \$1	00,000 of
	(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
No	ne										
								\vdash			
								+			· ·
2	Total number of independent contractors (in more than \$100,000 in compensation from					l to	those	liste	ed above) who	received	

Part	VIII	Statement of Rev	venue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1a	Federated campaigns		1a	12,213				
Contributions, gifts, grants and other similar amounts		Membership dues		1b	86,750				
is, (1c	11,453				
gift Par		Related organizations		1d					
ii š		Government grants (contri	butions).	1e					
rtio		All other contributions, gifts, g							
흊		and similar amounts not include		1f	1,609,002				
<u>a</u>		Noncash contributions include	d in lines 1a-1	1f [.] \$	8,477				
<u>8 0</u>	h	Total. Add lines 1a-1f		<u>.</u>	<u></u> ►	1,719.418			
릭				L	Business Code				
Ē	2a			L					
Program Service Revenue									
<u>ဒို</u>	c								
ě	d								
E	۔ ا			т. Г					
gra	f	All other program service						•	
F	g	Total. Add lines 2a-2f			🕨				
	3	Investment income (inc other similar amounts) Income from investment o	 of tax-exemp	 ot bond	▶ proceeds ▶	9,599			9,599
	5	Royalties	/0 Roal	<u> </u>	(ıi) Personal				
					(II) Personal				
		Gross Rents		2,695					
		Less: rental expenses		2 605					
		Rental income or (loss)		2,695		0.005			2.005
	a	Net rental income or (lo			▶	2,695			2,695
	7a	Gross amount from sales of	(i) Secuntion	es	(ii) Other				
		assets other than inventory			450				
	b	Less cost or other basis							
		and sales expenses .		+	450				
		Gain or (loss)			450	450			450
	a	Net gain or (loss)			•	450			450
Revenue	8a	events (not including \$ of contributions reported	d on line 1	c).					
<u>_</u>		See Part IV, line 18							
Other		Less: direct expenses			rents ▶				
O	6	Net income or (loss) from	m iunura:	sing ev F	ens			_	
	9a	Gross income from gam See Part IV, line 19							
	Ь	Less: direct expenses.							
		Net income or (loss) fro			ies ►				
	10a	Gross sales of inve	entory le	ss [
		returns and allowances							
	lь	Less. cost of goods so							
		Net income or (loss) from			ry >				
		Miscellaneous Rev	enue		Business Code				
	11a	Refunds-prior year ex			541100	2,531	2,531		
	h	Miscellaneous			900099	1,730	1,730		
]					,			
	~	All other revenue					_		1
		Total. Add lines 11a-1			•	4,261			
	12					1,736,423	4,261		12.744

Part IX Statement of Functional Expenses

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

_	All other organizations must complete colu				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	10,300	10,300		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	78,732	59,600	8,503	10,629
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	222 722			
7	Other salaries and wages	396,520	300,049	42,865	53,606
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	37,335	29,056	2,592	5,687
9	Other employee benefits	41,259	32,115	2,864	6,280
10 11	Payroll taxes	*1,200	02,7.10	2,004	0,200
	Management				
b	Legal	4,702	3,202	1,500	0
	Accounting	6,603	757	5,710	136
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	44,619	42,995	725	899
12	Advertising and promotion	5,319	3,110	94	2,115
13	Office expenses	5,702	4,298	707	697
14	Information technology	16,793	11,721	2,638	2,434
15	Royalties				
16	Occupancy	17,008	12,721	1,998	2,289
17	Travel	25,725	24,204	883	638
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	2,532	804	243	1,485
20	Interest				
21	Payments to affiliates	24.544			
22	Depreciation, depletion, and amortization.	24,544	18,523	2,688	3,333
23	Insurance	12,545	7,950	3,637	958
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	Equipment	2,107	1,615	220	272
b	Miscellanous	25,196	17,602	2,470	5,124
С	Printing and postage	39,712	27,755	666	11.291
d	Bank and credit card fees	5,339	101	1,662	3,576
е					
25	All other expenses	802,592	608,478	82,665	111,449
26	Joint costs. Check here ▶ ✓ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	129,439	1	157,435
2	Savings and temporary cash investments	195,307	2	1,181,588
3	Pledges and grants receivable, net	90,000	3	25,000
4	Accounts receivable, net	6,331	4	7,145
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section		-	
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	11,861	8	342
9	Proposed expenses and deferred charges	21,894	9	23,296
10a	Prepaid expenses and deferred charges	21,004		20,200
	Less. accumulated depreciation 10b 242,157	346.225	100	334,228
11 b	•	352,419	11	361,336
12	Investments—publicly traded securities		12	301,330
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets	-	14	
15	Other assets. See Part IV, line 11	-	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,153,476	16	2,090.370
17	Accounts payable and accrued expenses	73,245	17	75,830
18	Grants payable		18	
19	Deferred revenue	-	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			,
	persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	73,245	26	75,830
	Organizations that follow SFAS 117, check here ▶			
27	Unrestricted net assets	939,599	27	942,531
28	Temporarily restricted net assets	140,632	28	1,072,009
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,080,231	33	2,014,540
34	Total liabilities and net assets/fund balances	1,153,476	34	2,090,370

Par	t XI Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.			لب			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓			
b	Were the organization's financial statements audited by an independent accountant?	2b	✓				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	✓				
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were						
	issued on a consolidated basis, separate basis, or both:						
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	L					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			_			
	the Single Audit Act and OMB Circular A-133?	3a		✓			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b					

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Ore	gon	Natural Res	ources Council	Fund dba Oregon W	/ild				23		7432820		
Pa	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t compl	ete this	part.) Se	e instru	ctions.		
Γhe	orga	ınızatıon is no	ot a private foun	dation because it is:	(For lines	1 throug	gh 11, ch	eck only	one box	.)			
1		A church, co	nvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(A)(i).			
2		A school des	scribed in <mark>sectio</mark>	n 170(b)(1)(A)(ii). (Att	ach Sch	edule E.)							
3		A hospital oi	r a cooperative h	nospital service organ	ization d	escribed	in section	n 170(b)	(1)(A)(iii).				
4			esearch organiza ime, city, and st	tion operated in conj ate:	unction v	with a ho	spital de	scribed i	n sectior	170(b)(1)(A)(iii).	Enter the	9
5		An organizat	-	the benefit of a colle	ge or uni	versity ov	wned or o	operated	by a gov	ernmenta	ıl unıt de	scribed i	n
6				ernment or governme	ental unit	describe	d in sect	ion 170(l	b)(1)(A)(v	۸. ۰			
7			_	receives a substantia				_			the gene	eral publi	c
•		-	-	1)(A)(vi). (Complete P		ouppe)	govonin	ionia am	. 01 110111	tho gone	orar papir	Ĭ
8				in section 170(b)(1)	-	Complete	Part II.)						
9				receives: (1) more that		•	-	m contrib	outions, m	nembersh	ip fees, a	and gross	s
	_			ed to its exempt funct									
				ent income and unre									
			-	after June 30, 1975.				•			•		
10	П	An organizat	tion organized at	nd operated exclusive	elv to tes	t for publ	lic safety	See sec	tion 509	(a)(4).			
11		_	-	nd operated exclusiv	•	•	-			•	r to can	rv out th	e
•	_			olicly supported organ									
				it describes the type									
		a ☐ Type	ı ь□	Type II c	□ Tvo	e III-Fun	ctionally	ıntegrate	d	d□	Type II	II-Other	
е				ify that the organizat	• •		•	•					d
				n managers and other									
		•	section 509(a)(2)	_				• •	Ŭ				
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	a Type	l. Type II	. or Type	e III supr	ortina	
			, check this box									Г	٦
g		•		the organization acce	pted any	aift or c	ontribution	on from a	iny of the)		_	
•		following per		J					•		_		_
		-		indirectly controls, e	ether alo	ne or too	ether wit	th persor	s descril	oed in (ii)		Yes No	_
			-	ning body of the supp		-	•				11g(i)		_
		(ii) A family	member of a pe	rson described in (i) a	above?						11g(ii)		_
				of a person described		(II) above	?				11g(iii)		_
<u>h</u>		Provide the	following informa	ation about the suppo	orted org	anızatıon	(s)						_
(i)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the		nount of	
	org	anization		(described on lines 1-9 above or IRC section		sted in your document?		nization in of your		ion in col zed in the	sup	pport	
				(see instructions))				port?		S ?			
		, , , , , , , , , , , , , , , , , , , 			Yes	No	Yes	No	Yes	No			_
								ļ					_
													_
		<u></u>						-					-
	_	<u> </u>						ļ <u> </u>					_
						[

Total

Par	(Complete only if you check					and 170(b)(1)(A)(vi)
	tion A. Public Support	- · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(0 2222	/	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,170,002	917,711	892,086	908,959	1,719,418	5,608,176
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	1,170,002	917,711	892,086	908,959	1,719,418	5,608,176
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						1,539,742
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						4,068,434
	tion B. Total Support						7,000,434
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	1,170,002	917,711	892,086	908,959	1,719,418	5,608,176
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,717	29,681	22,390	12,784	10,049	106,621
9	Net income from unrelated business activities, whether or not the business is regularly carried on	547					547
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	18,420	6,481	13,838	9,495	6,956	55,190
11	Total support. Add lines 7 through 10 .						5,770,534
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re		d, third, fourth,			
<u>360</u> 14	Public support percentage for 2009 (line			L column (fl)		14	70.5 %
15	Public support percentage for 2009 (inter-			· · · · ·		15	79.5 %
16a							
IVA	and stop here. The organization qualifies						
b	331/3 % support test—2008. If the organization						
_	box and stop here. The organization qua						
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box a	and stop here.	Explain in Part	IV how the
b	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstants"	acts-and-circum	stances" test, c	heck this box a	nd stop here .	Explain in Part	IV how the
18	Private foundation. If the organization did	I not check a bo	x on line 13, 16	a, 16b, 17a, or 1	7b, check this l	box and see ins	tructions 🕨 🔲

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support					-	
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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	Total. Add lines 1 through 5		<u> </u>			 	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for to organization, check this box and stop	here	<u></u>		-	rear as a section	
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15	Public support percentage for 2009 (lin			•		15	<u> </u>
16	Public support percentage from 2008 S				<u>, , , , , , , , , , , , , , , , , , , </u>	16	%_
	tion D. Computation of Investmer					T .= 1	
17	Investment income percentage for 2009			-	olumn (f)) .	17	<u>%</u> %
18	Investment income percentage from 20					18	
19a	33\% % support tests - 2009. If the orga 17 is not more than 33\% %, check this b						
b	33\% % support tests -2008. If the organ line 18 is not more than 33\% %, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	33½ %. and
20	Private foundation. If the organization		_				

	om 990 or 990-EZ) 200	09				Page 4
Part IV	Supplemental Part II, line 17a	Information. or 17b; and l	Complete this Part III, line 12.	part to provide t Provide any other	he explanations required er additional information	d by Part II, line 10; . See instructions.
	······································			••••••		•

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••••						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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. f the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	_	," to Form 990, Part IV, line 5 (Prox)	/ Tax), then		
	Section 501(c)(4), (5), or (6) orga	nizations Complete Part III.			
	ne of organization			' '	er identification number
		ouncil Fund dba Oregon Wild		23	7432820
Par		organization is exempt unde		•	organization.
1		e organization's direct and indirec	t political campai		
2	Political expenditures .			· · · · · ▶ \$	
3	Volunteer hours			· · · · · ·	
Par	t I-B Complete if the	organization is exempt und	er section 501(c)(3).	
1		xcise tax incurred by the organiza			
2	Enter the amount of any ex	xcise tax incurred by organization	managers under	section 4955 . > \$	
3		l a section 4955 tax, did it file For			🗌 Yes 🔲 No
4a			•		Yes No
b	If "Yes," describe in Part IV	V.			
Par	t I-C Complete if the	organization is exempt und	er section 501(c), except section 5	01(c)(3).
1	Enter the amount directly activities	expended by the filing organization			
2		ing organization's funds contribute			
	527 exempt function activi	ties		▶ \$	
3		penditures. Add lines 1 and 2. Er			
_		<u> </u>			
4		file Form 1120-POL for this year?			
5		and employer identification numbe			
		zation listed, enter the amount paid for			
		vere promptly and directly delivered mmittee (PAC). If additional space is			s a separate segregated
	fund of a political action col	Timittee (FAC). Il additional space is	rieeded, provide i	mormation in Part IV.	1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
					delivered to a separate political organization If
					none, enter -0-

Pa	rt II-A Complete if the organiza under section 501(h)).	tion is exempt under section 501(c)(3) and	filed Form 5768	(election
A B	Check ► ☐ if the filing organization Check ► ☐ if the filing organization	belongs to an affiliated group. checked box A and "limited control" provision	ons apply.	
		obying Expenditures neans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1	Total lobbying expenditures to influen	ce public opinion (grass roots lobbying)	1,987	
ı		21,079		
		1a and 1b)	23,066	
			779,526	
	Total exempt purpose expenditures (a	dd lines 1c and 1d)	802,592	
1		ne amount from the following table in both	145,389	
	If the amount on line 1e, column (a) or (b) is Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	•	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000.		
9	Grassroots nontaxable amount (enter	25% of line 1f)	36,347	
1	Subtract line 1g from line 1a. If zero	or less, enter -0	0	
	Subtract line 1f from line 1c. If zero of		0	
		n either line 1h or line 1i, did the organization file Fo		☐ Yes ☐ No
	4.	for Avenue in Deviced Haden Section 501/h)		

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

Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total					
2a Lobbying nontaxable amount	178,464	162,647	171,331	145,389	657,831					
b Lobbying ceiling amount (150% of line 2a, column (e))					986,746					
C Total lobbying expenditures	15,543	23,134	7,894	23,066	69,637					
d Grassroots nontaxable amount	44,616	40,662	42,833	36,347	164,458					
e Grassroots ceiling amount (150% of line 2d, column (e))					246,687					
f Grassroots lobbying expenditures	2,823	7,937	1,026	1,987	13,773					

Schedule C (Form 990 or 990-EZ) 2009

Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT fi	led F	orm 5	768	
		(a)		(b)	
		Yes	No	Aı	mount	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a b	Volunteers?	\vdash				
C	Media advertisements?					
d e	Mailings to members, legislators, or the public?					
f	Grants to other organizations for lobbying purposes?					
g h	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .					
i	Other activities? If "Yes," describe in Part IV					
j	Total. Add lines 1c through 1i					
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912. If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c)(5), o	r secti	on	
_					Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? .			3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."					ed
1 2	Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poexpenses for which the section 527(f) tax was paid).	 litical				
а	Current year		2a			
b	Carryover from last year		2b		-	
C	Total		2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible lot	of the	İ			
_	and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u></u>	_5_			
Con	pplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, complete this part for any additional information.	line 5;	and	Part II-I	3, line	ə 1ı.
				-		
			·			

	rm 990 or 990-EZ) 2009	Page 4
Part IV	Supplemental Information (continued)	
	······································	
• • • • • • • • • • • • • • • • • • • •		
	•••••••••••••••••••••••••••••••••••••••	
		
	•••••••••••••••••••••••••••••••••••••••	
	······································	
		• • • • • • • • • • • • • • • • • • • •
		
		
		• • • • • • • • • • • • • • • • • • • •

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

20**U9**

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions.

0	non Netural Basevice Council Fund dhe Osean Mild	20 - Zancon
	gon Natural Resource Council Fund dba Oregon Wild	23 7432820
Pai	Organizations Maintaining Donor Advised Funds or Other Similar F the organization answered "Yes" to Form 990, Part IV, line 6.	unds or Accounts. Complete if
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	w. <u>.</u>
5	Did the organization inform all donors and donor advisors in writing that the assets he funds are the organization's property, subject to the organization's exclusive legal con	eld in donor advised itrol? Yes . No
6	Did the organization inform all grantees, donors, and donor advisors in writing that granteed only for charitable purposes and not for the benefit of the donor or donor advisor purpose conferring impermissible private benefit?	or, or for any other
Par	Conservation Easements. Complete if the organization answered "Yes" t	o Form 990 Part IV line 7
		o i oiiii ooo, i art iv, iiile i.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		of an historically important land area
		n of a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribut	on in the form of a conservation
	easement on the last day of the tax year.	
		Held at the End of the Tax Yea
а	Total number of conservation easements	
b	Total acreage restricted by conservation easements	. 2b
C	Number of conservation easements on a certified historic structure included in (a) .	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d
3	Number of conservation easements modified, transferred, released, extinguished, or to	erminated by the organization during
•	the tax year ▶	similated by the organization during
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	
	violations, and enforcement of the conservation easements it holds?	·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation	
	▶	on eacomornic daming the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ea	sements during the year
-	▶\$	dements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	o of neather
0	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? $\dots \dots \dots \dots \dots$	
_		
9	In Part XIV, describe how the organization reports conservation easements in its reverbalance sheet, and include, if applicable, the text of the footnote to the organization's	financial statements that describes
	the organization's accounting for conservation easements.	mancial statements that describes
Par	t III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets
ļ G	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	Other Olithiai Assets.
	The state of the s	
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue s	statement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or re	
	provide, in Part XIV, the text of the footnote to its financial statements that describes to	these items.
b	If the organization elected, as permitted under SFAS 116, to report in its revenue state	ment and balance sheet works of art
	historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	earch in furtherance of public service
	(i) Revenues included in Form 990, Part VIII, line 1	. > \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	
	following amounts required to be reported under SFAS 116 relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	
þ	Assets included in Form 990, Part X	• \$

Dage	2
raue	-

Par	t III	Organizations Maintaini	ng Collections	of Art, H	istorical	Treasures,	or Other Similar	Assets (c	ontin	ued)
3	Using	g the organization's acquisition, ction items (check all that apply	accession, and o	other reco	rds, chec	k any of the f	ollowing that are a	a significan	t use (of its
а	Ц	Public exhibition		d	Ц ь	an or exchan	ge programs			
þ	Ц	Scholarly research		е	□ 01	ther				
C		Preservation for future generat	ions							
4	Provi Part	de a description of the organization.	ation's collections	s and exp	laın how	they further the	he organization's (exempt pu	rpose	ın
5	Durin asset	g the year, did the organization s s to be sold to raise funds rather	solicit or receive do than to be mainta	onations o ained as p	f art, histo art of the	orical treasures organization's	s, or other similar collection?	. 🗆 Y	es 🗌] No
Par	t IV	Escrow and Custodial A IV, line 9, or reported an a					swered "Yes" to	Form 990,	Part	
	ınclu						ns or other assets		'es □	No
b	If "Ye	es," explain the arrangement in	Part XIV and con	nplete the	following	g table:				
								Amount		
C	Begii	nning balance					1c			
d		tions during the year					1d			
е	Distr	butions during the year .					1e			
f	Endi	ng balance								
	If "Y	the organization include an amores," explain the arrangement in	Part XIV.					<u> </u>	es L	. No
Par	t V	Endowment Funds. Co	mplete if the or	ganizatio	n answe	ered "Yes" to	Form 990, Part	IV, line 1	0.	
			(a) Current year	(b) Pro		(c) Two years b	ack (d) Three years b	ack (e) Fou	ır years	back
1a	Begi	nning of year balance	355,392	;	351,101					
b		ributions	15,000							
С	Net	investment earnings, gains, losses	478		4,291					
d		ts or scholarships								
e		r expenditures for facilities								
•		programs								
f		inistrative expenses								
g		of year balance	370,870	;	355,392					
2	Prov	ide the estimated percentage o	f the vear end ba	lance hele	d as.					
а		d designated or quasi-endowm	-							
b		nanent endowment >								
c		endowment ▶%								
_		here endowment funds not in th		he organiz	ation that	are held and	administered for the	he		
Ju		nization by:	5 p0000000011 01 ti	organiz	CHOI WIE	. a.o noid und	adminiotorou for the		Yes	No
	-	nrelated organizations		_	_			3a(i)		1
		elated organizations						3a(ii		1
b		es" to 3a(II), are the related orga	anizations listed a	as require	d on Sch	edule R? .		. 3b		
4	Desc	ribe in Part XIV the intended us	ses of the organiz	zation's er	ndowmer	it funds.				
Par	t VI	Investments—Land, Bu	ildings, and Eq	uipment	t. See Fo	orm 990, Par	t X, line 10.			
		Description of investment	(a) Cost or of (investment)			t or other (other)	(c) Accumulated depreciation	(d) Bo	ok value	•
12	Land					42,700			42	2,700
ia b		ings				438,135	164,793			,342
		ehold improvements					10-1,100			,
		endia improvements				95,550	77,364	<u> </u>	18	3,186
e	Othe		: 				77,004			,
		lines 1a through 1e. (Column (d)	must equal Form 9	90, Part X	, column i	B), line 10(c).)			33/	.228
_			•					·		

Part VII Investments—Other Securities	s. See Form 990, Part	X, line 12.	Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments—Program Relate	d. See Form 990, Part	X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
			
			· · · · · · · · · · · · · · · · · · ·
	- 		
			
		-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Pa	rt X. line 15.		
<u></u>	(a) Description		(b) Book value
-		•	
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 15.)		
Part X Other Liabilities. See Form 990,	Part X, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

Reconciliation of Change in Net Assets from Form 990 evenue (Form 990, Part VIII, column (A), line 12)	oine lines 3 and	i 9	1 2 3 4 5 6 7 8 9 10	
expenses (Form 990, Part IX, column (A), line 25) or (deficit) for the year. Subtract line 2 from line 1 realized gains (losses) on investments d services and use of facilities nent expenses eriod adjustments Describe in Part XIV.) djustments (net). Add lines 4 through 8 or (deficit) for the year per audited financial statements. Comb Reconciliation of Revenue per Audited Financial Statements included on line 1 but not on Form 990, Part VIII, line 12: realized gains on investments	one lines 3 and atements Wit	h Revenue	2 3 4 5 6 7 8 9 10 per Retu	802,592 933,831 478 478 478 934,309
expenses (Form 990, Part IX, column (A), line 25) or (deficit) for the year. Subtract line 2 from line 1 realized gains (losses) on investments d services and use of facilities nent expenses eriod adjustments Describe in Part XIV.) djustments (net). Add lines 4 through 8 or (deficit) for the year per audited financial statements. Comb Reconciliation of Revenue per Audited Financial Statements included on line 1 but not on Form 990, Part VIII, line 12: realized gains on investments	one lines 3 and atements Wit	h Revenue	3 4 5 6 7 8 9 10 per Retu	933,831 478 478 478 934,309
or (deficit) for the year. Subtract line 2 from line 1	one lines 3 and atements Wit	h Revenue	4 5 6 7 8 9 10 per Retu	478 478 934,309 rn
realized gains (losses) on investments d services and use of facilities nent expenses eriod adjustments Describe in Part XIV.) djustments (net). Add lines 4 through 8 or (deficit) for the year per audited financial statements. Comb Reconciliation of Revenue per Audited Financial Statements included on line 1 but not on Form 990, Part VIII, line 12: realized gains on investments	one lines 3 and atements Wit	h Revenue	5 6 7 8 9 10 per Retu	478 934,309 rn
d services and use of facilities	oine lines 3 and atements Wit		6 7 8 9 10 per Retu	934,309 rn
nent expenses eriod adjustments Describe in Part XIV.) djustments (net). Add lines 4 through 8 or (deficit) for the year per audited financial statements. Comb Reconciliation of Revenue per Audited Financial Statements included on line 1 but not on Form 990, Part VIII, line 12: realized gains on investments	oine lines 3 and atements Wit	i 9	7 8 9 10 per Retu	934,309 rn
Period adjustments	oine lines 3 and atements Wit		8 9 10 per Retu	934,309 rn
Describe in Part XIV.) djustments (net). Add lines 4 through 8 or (deficit) for the year per audited financial statements. Comb Reconciliation of Revenue per Audited Financial Statements, and other support per audited financial statements included on line 1 but not on Form 990, Part VIII, line 12: realized gains on investments	one lines 3 and atements Wit	 19 h Revenue	9 10 per Retu	934,309 rn
djustments (net). Add lines 4 through 8 or (deficit) for the year per audited financial statements. Comb Reconciliation of Revenue per Audited Financial Statements, and other support per audited financial statements included on line 1 but not on Form 990, Part VIII, line 12: realized gains on investments	oine lines 3 and atements Wit	 1 9 h Revenue	10 per Retu	934,309 rn
or (deficit) for the year per audited financial statements. Comb Reconciliation of Revenue per Audited Financial Statements, and other support per audited financial statements included on line 1 but not on Form 990, Part VIII, line 12: realized gains on investments	oine lines 3 and atements Wit	h Revenue	per Retu	rn
evenue, gains, and other support per audited financial statements included on line 1 but not on Form 990, Part VIII, line 12: realized gains on investments	nts			
ts included on line 1 but not on Form 990, Part VIII, line 12: realized gains on investments	1		1	
realized gains on investments	22			1,770,598
	22			
d services and use of facilities	_2a	478	3	
d services and use of facilities	2b			
eries of prior year grants	2c	33,697		
Describe in Part XIV.)	2d			
es 2a through 2d			2e	34,175
ct line 2e from line 1			3	1,736,423
ts included on Form 990, Part VIII, line 12, but not on line 1:				
nent expenses not included on Form 990, Part VIII, line 7b .	4a			
	_4b			
			4c	
				1,736,423
	tatements Wi	ith Expense	 	
·			1	836,289
	1.0.1			
		33,697		
	+			
· · · · · · · · · · · · · · · · · · ·			00	22.607
ee 2a through 2d			2e	33,697
				000 500
ct line 2e from line 1			3	802,592
ct line 2e from line 1			3	802,592
ct line 2e from line 1	4a		3	802,592
ct line 2e from line 1				802,592
ct line 2e from line 1	4a 4b		3 4c 5	802,592 802,592
	Describe in Part XIV.) es 2a through 2d ct line 2e from line 1 ts included on Form 990, Part VIII, line 12, but not on line 1 nent expenses not included on Form 990, Part VIII, line 7b Describe in Part XIV.) es 4a and 4b evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line Reconciliation of Expenses per Audited Financial S xpenses and losses per audited financial statements its included on line 1 but not on Form 990, Part IX, line 25: dd services and use of facilities ear adjustments Describe in Part XIV.)	Describe in Part XIV.) des 2a through 2d cot line 2e from line 1 ts included on Form 990, Part VIII, line 12, but not on line 1 dener expenses not included on Form 990, Part VIII, line 7b Describe in Part XIV.) des 4a and 4b devenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With the surface on line 1 but not on Form 990, Part IX, line 25: ded services and use of facilities dear adjustments Describe in Part XIV.)	Describe in Part XIV.) es 2a through 2d ct line 2e from line 1 ts included on Form 990, Part VIII, line 12, but not on line 1 nent expenses not included on Form 990, Part VIII, line 7b Describe in Part XIV.) es 4a and 4b evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expense xpenses and losses per audited financial statements its included on line 1 but not on Form 990, Part IX, line 25: discribes and use of facilities ear adjustments Observices and use of facilities Describe in Part XIV.)	Describe in Part XIV.) Des 2a through 2d Ct line 2e from line 1 St included on Form 990, Part VIII, line 12, but not on line 1 Describe in Part XIV.) Describe in Part XIV.) Des 4a and 4b Describe in Part XIV.) Describe in Part XIV.) Des 4a and 4b Describe in Part XIV.) Describe in Part XIV.) Describe in Part XIV.) St Describe in Part XIV.)

SCHEDULE ! (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part | General Information on Grants and Assistance

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number 7432820 23 ▶ Attach to Form 990. Oregon Natural Resources Council Fund dba Oregon Wild

✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance?

% □

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to

1 (a) Name and address of organization or novement of organization or novement of control of the	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of gran: or assistance
The Larch Co 313 10th St.NE					oiner		
Washington, DC 20002	93-1214580		\$7,500				Conservation work
							de la constantina della consta
						d delay der	il.
				-			-
				-			-
2 Enter total number of section 501(c)(3) and government organizations	01(c)(3) and govern	ment organizations		•	•		0

Schedule I (Form 990) 2009

Cat No. 50055P

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

3 Enter total number of other organizations

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

7432820

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Oregon Natural Resources Council Fund dba Oregon Wild

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information,

► Attach to Form 990.

23

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Oregon Natural Resources Council Fund dba Oregon Wild

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. See separate instructions. Attach to Form 990. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

2009

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 7432820 23

(f)
Direct controlling
entity (f) Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it ٤ (e)
Public chanty status
(if section 501(c)(3)) (e) End-of-year assets (d) Exempt Code section 501 (c) (4) (d) Total income (c)
Legal domicile (state or foreign country) (c)
Legal domicile (state
or foreign country) Oregon Primary activity Primary activity had one or more related tax-exempt organizations during the tax year.) Lobbying 5825 N. Greeley Ave., Portland, Oregon 97217 93-1179070 Oregon Natural Resources Council Action dba Oregon Wild Conservation Leaders Fund (a)
Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity Part II

Schedule R (Form 990) 2009

Cat. No. 50135Y

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Page 2	4	(i) General or managing partner?	Yes No	<u> </u>					<u>,</u> ,≥	(h) Percentage ownership					10) 2009
	line 3.		12), Part	-		-			96 mio
	990, Part IV,	(f) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)							to Form 990	(9) Share of end-of-year assets					Schedule R (Form 990) 2009
	orm	rtionate	2			-			Υes'				 	 	
	" to F	(h) Disproportionate allocations?	Yes				-		ed.	соте					
	answered "Yes	(g) Share of end-of-year assets							anization answee tax year.)	(f) Share of total income					
	organization ax year.)						_		ete if the organst ust during th	(e) Type of entity (C corp, S corp, or trust)					
	nplete if the o	(f) Share of total income							rust (Comple	(d) Direct controlling entity					
	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	(e) Predominant income (related, unrelated, excluded from tax under	512-514)	:	:				Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(c) Legal domicile (state or foreign country)					
	s Taxable as a l	(d) Direct controlling entity							s Taxable as a ((b) Primary activity					
	janization: lated orga	(c) Legal domicile (state or foreign							anizations more relate	c					
	of Related Orgone or one or	(b) Primary activity							of Related Org it had one or	of related organizatio					
rm 990) 2009	Identification of because it had	(a) Name, address, and EIN of related organization							Identification ((a) Name, address, and EIN of related organization					
Schedule R (Form 990) 2009	Part III	Name, ad: related							Part IV	Ž					

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note . Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule			Yes	ŝ
Divine the foreign and an in an of the fall and the foreign and the first first foreign with an ar man all the first firs	2/2			
	(S IT S			•
a Receipt of (i) interest (ii) annuities (iii) rovalties or (iv) rent from a controlled entity		1a		>
h Giff grant or capital contribution to other organization(s)		9		>
c Girt, grant, or capital contribution from other organization(s)		2	1	>
d Loans or loan quarantees to or for other organization(s)		P		>
		10		>
e Loans of Joan guarantees by other organization(s)				-
				•
f Sale of assets to other organization(s)	•	=		>
a Purchase of assets from other organization(s)		10		>
		÷		>
			ļ	-
i Lease of facilities, equipment, or other assets to other organization(s)		=	>	
i lease of facilities equinoment or other assets from other organizations		÷		>
		;	ļ	
k Performance of services or membership or fundraising solicitations for other organization(s)		=	>	ŀ
I Performance of services or membership or fundraising solicitations by other organization(s)		=		>
m Sharing of facilities, equipment, mailing lists, or other assets		Ę	>	
a Charles of maid amalaires		7	>	
n Sharing of paid employees			-	
o Reimbursement paid to other organization for expenses	•	10	/	
p Reimbiursement paid by other organization for expenses		10	>	
		•	Ì	ŀ
		9		>
r Other transfer of cash or property from other organization(s)		-		>
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.	nships and transa	ction th	resho	olds.
(4)	æ	(2)		
organization	Transaction type (a-r)	Amount involved	nvolvec	70
(1)				
(2)				
(3)				
(4)				
. (2)				
(9)				
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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

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

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	structions regarding exc	lusion for certain in	vestment p	artnersnips.				
(e)	æ .	છ :	ⓒ :		£ '		€ (
Name, address, and EIN of entity	Frimary activity	Legal domicile (state or foreign country)	Are all parmers section 501(c)(3) organizations?	ers Snare of end-of-year assets	Usproportionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ج م و
			Yes No		Yes No		Yes No	او
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