* . E. 4

2949317310917 OMB No. 1545-0047

Return of Organization Exempt From Income Tax

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

2017

Department of the Tressury

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

Open to Public

Inte	rnal Reve	enue Service	Go to www.i/s	.gov/rom990 for instruction				100 ,	liisbeci	
A	For th	e 2017 cále	ndar year, or tax year beginnin		, 2017, and	d ending	Septer		20 18	<u> </u>
B	Check	if applicable:	C Name of organization Oregon N	atural Resources Council I	-und			D Employer Id	entification n	TILIDEL.
	Addres	s change	Doing business as Oregon Wil	d					3-74 <u>32820</u>	
	Name o	change *	Number and street (or P.O. box if	mail is not delivered to street add	tress) F	Room/suite		E Telephone n	umber	٠.
	Initial re	eturn .	5825 N. Greeley Avenue	·				50	3-283-6343	
$\bar{\Box}$	Final ret	turn/terminuted								
Ħ			Portland, OR 97217		•			G Gross receip	ta S	
Ħ		tion pending	Hia) is this a or	oup return for subor	dingtes? Yes	☑ No				
_	عبالوب ،		5825 N. Greeley Avenue, Porti		-	<i>-</i>		ubordinates inc		
_	Tayaaya	empt status:	☑ 501(c)(3) ☐ 501(c)		7(a)(1) or 🗓	1/527		o," attach a list.	_	_
<u>-</u>	Websit		v.oregonwild.org	1	, (=)(1) G. GE		H(c) Group	exemption num	ber ▶	
K				iation ☐ Other ▶.	L Year o	of formation:		M State of le		OR
_	art I	Summ			1.5			1		
_	1		scribe the organization's mis	sion or most significant a	ctivities:	Omgon W	ild works	to protect an	d restore Or	maon's
e	1 -	•	, wildlife, and waters as an end	.			~~~~~~~			
Activities & Governance]		place to live, work, and play.	initial leafach in Later & Mail	Tiguvila. I	U. 0141.71	7.70212, W	D HEYE WOLKE	in to veat A	i e Moii
Ē	2		s box ▶ ☐ if the organization	discontinued its operation	ne or dien	need of n	nore than	25% of its r	net seente	
ş	3		of voting members of the gov	-			·	3	ici asscis.	12
9	"		_		•	 4b\		. 4		12
3	1 2		of independent voting member		•	•				
Ę	5	•	ber of individuals employed		rτ v, line 2	a) : .		5	·· -	18
듄	6		ber of volunteers (estimate it		>			6		115
<	7a		elated business revenue from			• • • •		7a		0
	b	Net unrek	ated business taxable income	e from Form/990-T, line's	<u> KZIVI</u>	*		7b		0
	l _			/&/ JUN	_ ``	ω	Prior Yes	•	Current Ye	
3	8		ions and grants (Part VIII, line	(1h)/.~/	1 1 2019			988,684		<u>,183,280</u>
Revenue	9		service revenue (Part VIII, line		18,478		5,450			
Ĭ	10		nt income (Part VIII, column (/	/2/		25,605		30,274		
_	11		enue (Part VIII, column (A), lin			J&[_		47,678		35,416
	12		nue-add lines 8 through 11 (in (A) line	12)	1,	080,445	1,	254,420
1	13	Grants and	d similar amounts paid (Part	IX, column (A), lines 1-3)	>	-		0		0
	14		aid to or for members (Part I					0		0
2	15	Salaries, o	ther compensation, employee	benefits (Part IX, column (/	\), lines 5∸1	0)		54,718		848,865
ξ	16a	Profession	nal fundraising fees (Part IX, c	0	,•					
	b	Total fund	raising expenses (Part IX, col							
<u> </u>	17	Other expe	enses (Part IX, column (A), lin	es 11a-11d, 11f-24e)			,	86,208		451,538
- 1	18	Total expe	nses. Add lines 13–17 (must	equal Part IX, column (A)	, line 25)	. \square	1,3	40,926	1,	300,403
ا ا	19	Revenue le	ess expenses. Subtract line 1	8 from line 12		. [(20	80,481)		(45,983)
, <u>R</u>						Begin	ning of Curr	ent Year	End of Year	
	20	Total asset	ts (Part X, line 16)				1.:	223,142	1.5	222,366
	21	Total liabili	ities (Part X, line 26)		:	. —		185,729		175,056
2	21 22	Net assets	or fund balances. Subtract I	ine 21 from line 20				37,413		047,310
Pa	rt II 🗀	Signatu	re Block						·	
Und	er penal	ties of perjury	, I declare that I have examined this :	return, including accompanying	chedules and	statement	, and to the	best of my kno	wiedge and b	olief, it is
rue	correct	t, and complet	e. Declaration of preparer (other than	officer) is based on all information	on of which p	reparer has	any knowled	ge.	_	
		14				·		6.3.1	9	
ig	n .		Dre til officer				. Date			
ler	•	M S	on Sperent E	XECUTIVE DILLEY	M		•		•	
		Type o	r print name and title							
ai	d d	Print/Type	preparer's name	Preparer's signature		Date	. 7	Check If	PTIN	
	u Darei	<u> </u>		.		_l_	{	self-employed	l	
	Onh	7-	ne 🕨				Firm's	EIN >		•
_		Firm's add	iress >				Phone			
ay	the IR	S discuss t	his return with the preparer s	shown above? (see instru	ctions) .		<u> </u>		. Yes	No
or F	,eperil	ork Reduct	ion Act Notice, see the separa	te instructions.		Cat. No. 112	282Ý		Form 99	0 (2017)
	ં હ	o .	•	•					•	•

orm 99	0 (2017)	Page 2
Part I	-	
	Check if Schedule O contains a response or note to any line in this Part III	<i>.</i> .
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?	⊴ No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	No
	If "Yes," describe these changes on Schedule O.	_,
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu	red by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to d	others,
	the total expenses, and revenue, if any, for each program service reported.	
4-	/O-day \/\(\tilde{\tau}\)	
4a	(Code:) (Expenses \$ 320,747 including grants of \$) (Revenue \$ 20,270) Protecting Special Places – Decades of resource extraction and development have irrevocably changed large swaths of the Ore	
	landscape. Still, many special places remain. These pristing backcountry gems and free-flowing rivers represent our last, best h	
	for preserving a significant part of Oregon in its natural state. Oregon Wild actively seeks to address our Wilderness imbalance	
	4% of Oregon is permanently protected while our neighbors – 15% in CA, 10% in WA, and 8% in ID – far surpass us) and mobilize	ing
	support to fight the growing threat posed by those who seek to privatize American public lands.	
	This year we: continued our campaign to permanently protect the Ochoco Mountains and successfully challenged a sprawling	-
	highway vehicle proposal from the Forest Service that would have sliced almost 200 miles of new OHV trails into sensitive habi moved the Nehalem River to the precipice of permanent protection as a State Scenic Waterway; defended the Deschutes State	tat;
	Scenic Waterway, defended the Deschutes State Scenic Waterway from inappropriate development, and pushed the Oregon	
	Wildlands Act forward in Congress to protect the Devil's Staircase Wilderness and secure a National Recreation Area designation	on for
	the Molalla River area.	
4b	(Code:) (Expenses \$ 552,405 including grants of \$) (Revenue \$ 126,000)	
	Defending and Restoring Oregon's Forests and Waters - Between the isolated remaining pockets of pristine wilderness lays the	
	network of managed landscapes. These forests, watersheds, refuges, lakes, and wetlands are critical corridors for wildlife, sour	
	clean water, and important for our efforts to attain climate resilience. Protecting and restoring these landscapes for their ecolog	•••
	integrity is made more complicated because they are held in both public and private ownership. Rules and regulations governin management of these lands are ever shifting. Oregon Wild is dedicated to holding management agencies accountable to the law	
	fighting for policy changes that ensure we restore landscapes to ecological health so that natural processes can dominate	ano
	This year we published a new report, "Forest Defense is Climate Defense" to highlight new science outlining the critical role th	at
	improved forest management and protection can play in fighting climate change; re-launched our "Clearcut Oregon" campaign	with
	an 80-foot advertisement on the side of a TriMet MAX train for two months, persuaded Multnomah County to withdraw from the	
	timber industry-friendly Association of O&C Counties, shining a light on how pro-clearcutting politicians use public funds to lot	
	stripping protections from public lands; and watchdogged a total of 111 projects that impact public lands, protested/objected to projects that would have had unacceptable negative impacts, and secured improvements on 11 of those projects prior to litigate	
4c	(Code:) (Expenses \$ 150,625 including grants of \$) (Revenue \$ 40,000)	
-10	Helping Native Species Thrive - For over four decades, Oregon Wild has led the charge to protect the most important pulic lands	
	waters needed by wildlife for survival. As we continue the effort to permanently safeguard our state's most important habitat, we	
	also expanding our efforts to ensure agency management of at-risk species allows for wildlife to thrive in these areas.	
	This year we continued our work as the leading voice for wolf recovery in the state by stopping ODFW from adopting an	
	inadequate wolf plan that would have allowed for public hunting and a quicker trigger on killing wolves; held a series of panel	
	presentations and education events on the Oregon Coast about lost and imperiled species; and convinced the Fish and Wildlife Commission to increase protections for the Marbled Murrelet under the state Endangered Species Act and filed litigation with o	
	partners when the commission brazenly reversed their decision just months later under pressure from the logging industry.	ur
	paraties when the commission brazeny reverses their decision just months rater under pressure from the logging fluistry.	
	······································	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► ← 1,023,777	



Par	t IV Checklist of Required Schedules			
4			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 (see instructions)?	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, 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			~
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	v	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a	V	
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		v
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		,
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		٧
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11e		v v
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
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 14 a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		<u>v</u>
	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	. 40		
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
	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	,	
9	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		<u> </u>

4 4 0

Part	Checklist of Required Schedules (continued)			
	Date.		Yes	Ņo
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		~
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		/
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		~
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 25a	24a		~
	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		V
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	58		- -
•	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	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		•
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		,
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			· -
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		~
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? 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	<u> </u>	~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	l .		
	or IV, and Part V, line 1	34	~	ļ <u>.</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		1	_ ر ا
00	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	 -	~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 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? If "Yes," complete Schedule R,			
	Part VI	37		~
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		

Part				_
	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 1a)	1	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b (5	}	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c	V	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19	∤		.
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	-
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b	├	~
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		├──
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			,
L.	account)?	4a		<u> </u>
D	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			ĺ
	(FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١.
_	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		~
b	gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	90		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	~	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		<u> </u>
f g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		 ,
	Section 501(c)(7) organizations. Enter:	İ	1	
	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Section 501(c)(12) organizations. Enter:	ļ	- 1	
	Gross income from members or shareholders	ļ	l	i
	Gross income from other sources (Do not net amounts due or paid to other sources	1	- 1	
	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 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		- 1	İ
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			ļ
	the organization is licensed to issue qualified health plans			ĺ
	Enter the amount of reserves on hand			Ì
		14a	-†	~
		14b		
		Form	990 ((2017)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Check if Schedule O contains a response or note to any line in this Part VI										
Section	on A. Governing Body and Management										
		•	Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O										
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 12										
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											
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	 _'	~							
6 7a	Did the organization have members or stockholders?	6 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	~								
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 Reven	ue Co									
10a	Did the graphization have local chapters, branches, or affiliates?	10a	Yes	No							
b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 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 filing the form?	11a	1								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	<i>u</i>	├							
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	V								
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?	45-									
a b	The organization's CEO, Executive Director, or top management official	15a 15b	-	V							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			1							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a									
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		 							
	on C. Disclosure										
17 18	List the states with which a copy of this Form 990 is required to be filed Oregon Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available Check all that apply	501((c)(3)s	only)							
19	✓ Own website ☐ Another's website ☐ Upon request ✓ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			y, and							
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	:▶								
	Sean Stevens, 5825 N. Greeley Avenue, Portland, OR 97217										

Form	qqn	(2017)	

Page 7

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employe	es, and
4)	Independent Contractors	
	Charle of Cabadula O contains a recommon or note to any line on this Dort VIII	

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees; and former such persons.

Check this box if neither the organization no	r any relate	d org	anız	atio	on c	omp	ensa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box,	unles er and	Pos neck	erson	e than is bot or/trus	h an stee)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) See attached page.										
(2)										
(3)										,
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)					Ì					
(11)					1			,		`
(12)										00000000
13)										00
14)										

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mploy	<u>/ees</u>	s, <u>a</u> r	nd F	lighes	st C	ompensated E	mployées (c	ontinued)	
					•	C)			İ			
	(A)	(B) Position (do not check more than c				one	(D)	(E)	(F)			
	Name and title	Average	box,	unles	s pe	rson	ıs both	an	Reportable compensation	Reportable compensation		
		hours per week (list any		$\overline{}$			or/trust		from	related	from amount other	
		hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	불호	Former	the	organization		
		related organizations	leg de	tutio	, g	<u> </u>	loye est	Jet	organization (W-2/1099-MISC)	(W-2/1099-MI	SC) from the organization	
		below dotted	학			ş	# S		(** 2, 1000 111100)		and rela	
		line)	uste	훓		8) per				organizat	ions
	•	l	ř	stee		ĺ	Highest compensated employee	1			ţ	
(4.5)		 			_	_	_ <u>x</u>	<u> </u>	ļ — — —			
(15)		 										
(16)		 		\vdash		_		┼─			-	
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(17)		 		Н		-			 			
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(20)									•			
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(22)		ļ	ļ				İ	1				
(20)					<u> </u>	<u> </u>	ļ	 				
(23)		 				•	}]				
(24)		 			_	-		├				
(24)		 	1			1	1					
(25)		 			-		-	┢				
15.7/		†	1									
1b	Sub-total	 	<u> </u>		_				68,000			5,704
С	Total from continuation sheets to Part	VII, Sectio	n A					>				
d	Total (add lines 1b and 1c)								68,000			5,704
2	Total number of individuals (including but							e) w	ho received m	ore than \$10	0,000 of	
	reportable compensation from the organ	zation 🕨										
											Ye	s No
3	Did the organization list any former of						-	emp	oloyee, or high	est comper		
	employee on line 1a? If "Yes," complete							•			. 3	V
4	For any individual listed on line 1a, is the											
	organization and related organizations	greater th	an \$1	150,	000)? [f "Ye	s,"	complete Sch	edule J for		
	ındıvidual		• •	٠.	•		•	•			4	
5	Did any person listed on line 1a receive of									zation or indi		
0 - 4	for services rendered to the organization	? II Yes, C	ompi	ele .	SCI	leat	ile J i	OI S	sucri person	· · · ·	5	
	on B. Independent Contractors			done					are that recove	nd more than	\$100,000 of	
1	Complete this table for your five highest compensation from the organization. Rep											c tav
	year.	Jort compe	iisaii	יו ווכ	וו וו	16 0	alenc	iai y	year ending wi	ar or with the ti	ie organization	5 (8)
	(A)							Т	(B)		(C)	
	Name and business add	iress							Description of s	ervices	Compensation	าก
					_			\vdash				
	 			_				\vdash				
				_				T				
2	Total number of independent contractor							o th	nose listed ab	ove) who		
	received more than \$100,000 of compens	ation from	the or	gan	ızat	ion	<u> </u>					

Form **990** (2018)

Form 990 (201	8)										Page '
Part VII	Compensation of Officers, Di	rectors, T	rust	ees	, K	еу	Emp	loye	es, Highest	Compensate	d Employees, and
•	Independent Contractors										•
	Check if Schedule O contains a r	esponse c	r not	e to	an	y lır	e in i	this	Part VII .	<u>.</u>	<u> </u>
	Officers, Directors, Trustees, Ke										
1a Comple organization	te this table for all persons requirents on's tax year.	ed to be lis	ted.	Rep	ort	cor	npen	satio	on for the cale	endar year endi	ng with or within th
	of the organization's current offic								ividuals or org	janizations), reg	ardless of amount of
compensati	ion. Enter -0- in columns (D), (E), and	d (F) if no c	ompe	ensa	tion	ı wa	s pa	d			
• List all	of the organization's current key er	mployees, i	f any.	. Se	e in:	stru	ction	s for	definition of "	key employee."	
who receive	e organization's five current highe ed reportable compensation (Box : n and any related organizations.										
_	of the organization's former office	ers kev e	mnlo	VPP		nd	highe	et c	omnensated	emnlovees who	received more that
	reportable compensation from the									J	/ 0001100 111010 11101
• List all	of the organization's former direct, more than \$10,000 of reportable of	ctors\or tr	ustee	s th	at i	rece	eived,	ın t	the capacity a		
	s in the following order individed employees; and former such pers		es or	dıı	rect	ors;	ınst	ituti	onal trustees	officers, key	employees; highes
☐ Check th	nis box if neither the organization no	r anv relate	d ord	aniz	zatio	on c	amo	ensa	ated any curre	nt officer, directi	or, or trustee.
		T		,		(C)				1	
	(A)	(B)				sition			(0)	(E)	· (F)
	Name and Title	Average					e than i is bot		Reportable	Reportable	Estimated
		hours per	offic	er an	dad	direc	tor/trus		compensation	compensation from	n amount of
		week (list any	입물	13	VQ	<u>چ</u>	9 ∓	7	from the	related organizations	other compensation
		related		1 2	हैं,	Key emplóyee	Highest employe	Former	organization	(W-2/1099-MISC)	
		organizations	3 2 2	g	"	1ª	yee st con		(W-2/1099-MISC)	organization
		below dotted	" a	l a		őye					and related organizations
		",	Individual trustee or director	l st	Officer	"	X§		ļ		Organizations
				8		/	npensated	٠[_			
			-			1	t	1		1	
(1) Vik An	antha - President	2		1			1				
1			1	1	1					1	1
(2) Kate B	lazar - Vice President	2		1							
	,		1 /	1	~					1	
(3) Mellie	Pullman - Secretary	2									
		<u></u>	/		~			<u> </u>		·	
(4) Nathan	Kennedy - Treasurer	2 /	ļ				l		•		
			<u> </u>		~						
(5) Hillary	Barbour,	2/		١.							j
			-			_	<u> </u>				
(6) Naila B	hatri	/ 2									
		/	-	Н				\vdash		<u> </u>	
(7) Lisa Bi	llings	2						ĺ.,		\	
(0)	Oilt.			H		<u> </u>		-			
(8) Megan	GIDD	2	.,					ļ			
(0) Danie (1)	Cashad	2	~	\vdash				$\vdash \vdash$			\
(9) Daniell	e Grabiel	<u>2</u>	1	1							\
(10) Jared K	Connody	2		\vdash	-			\vdash			—
(10) 3aled h	Kennedy	-	~								\
(11) Clara S	oh /	2			\dashv						- \
111) Clara 3	<u></u>	·	~		}				1		\
(12) Brett Se	ommermeyer /	2		\dashv		H		\vdash			
ייבון ביינו		·	v		- 1						\
(13) Sean St	tevens	40	-	\dashv	-					<u> </u>	
Moj Cean Si	//////					,	ļ		68,000	i	5,704
(14)					-	-		\dashv			\ 3,704
Y. 7	·/		- 1		- 1	- 1	·				ı \

Par	t VIII							•	
	,	Check if Schedule	O contains	a res	ponse or note to				<u> </u>
1.				¥		(A) Total revenue	(B) Related or	Unrelated	Revenue
	,			1	:		exempt function revenue	business revenue	excluded from tax under sections 512-514
12 23 	1a	Federated campaign	ıs	1a	12,121		revenue		312-314
ig j	Ь	· -		1b					
Contributions, Gifts, Grants and Other Sjmilar Amounts	c	Fundraising events		10	23,758				
ifts ar A	d	Related organization		1d		Ì			
S, E	е	Government grants (co		1e					
ig is	f	All other contributions,				f			
E E	1	and similar amounts not in	cluded above	1f	1,147,401		}		
Ę Ġ	g	Noncash contributions inclu	ided in lines 1a	-1f \$	31,156		ì		
Contributions, Gifts, Grants and Other Sjmilar Amounts	h	Total. Add lines 1a-	lf		>]	1,183,280			
					Business Code				
ě	2a	Hikes & Outings			900099	5,450	5,450		
æ	b	•••••							
Ş	С								
Program Service Revenue	d							<u>.</u>	
В	е								
G	f	All other program ser							
<u>~</u> _	g	Total. Add lines 2a-2	<u>?f</u>		<u> ▶</u>	5,450		· · · · · · · · · · · · · · · · · · ·	•
	3	Investment income					1		
	۱.	and other similar amounts) Income from investment of tax-exempt bo			30,274		 	30,274	
	4		it of tax-exen	npt bo	nd proceeds				
	5	Royalties	(i) Real		(ii) Personal				
	60	Grass ranta	- "		(ii) r ersonal				
	6а Ь	Gross rents Less [,] rental expenses		5,300			}		
	C	Rental income or (loss)	1,1	5,300			j		į
	d	Net rental income or		,200		15,300			15,300
	7a	Gross amount from sales of	(i) Securition	es l	(ii) Other	13,300			15,500
	٠٠,	assets other than inventory	·			'			
	ь	Less cost or other basis					ļ]
		and sales expenses .							
	С	Gain or (loss)				-			
	d	Net gain or (loss) .			▶				
		• , ,		ſ					
enne/	8a	Gross income from fu	indraising		ļ				
		events (not including \$			ļ	-	Į		
8		of contributions reported	ed on line 1c	j	1				
Other Re		See Part IV, line 18		a	50,899		1		ļ
5	b	Less: direct expenses		b	34,093		L		
		Net income or (loss) fi			vents . ►	16,806			16,806
	9a	Gross income from ga	-						
- 1						•			1
		Less: direct expenses							
		Net income or (loss) fr		_	ities -			·	4
	ıua	Gross sales of in- returns and allowance		- 1					
				~⊢	1,732		İ		-
		Less: cost of goods so		b	-	4 700			
	С	Net income or (loss) fr Miscellaneous Re		inver	Business Code	1,732	1,732		
}	11a	Miscellaneous Revenue				1570			
	iia b	*		├	90099	1,578	1,578		
- 1				├-					
	d	All other revenue		-					
		Total. Add lines 11a-1	 1d	_		1,578			
- [Total revenue See in			· · •	1,578			

Part IX Statement of Functional Expenses

	Statement of Functional Expenses				
Section	on 501(c)(3) and 501(c)(4) organizations must con			s must complete colu	mn (A).
	Check if Schedule O contains a respon	, 		<u> </u>	<u> </u>
	ot include amounts reported on lines 6b, 7b, b, 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	0	0		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	<u>_</u>		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	o		ļ	
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	67,756	54,021	5,269	8,466
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 salaries and wages	644,868	538,600	50,525	55,743
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	70,835	58,883	5,579	6,373
10	Payroll taxes	65,406	54,382	5,262	5,762
11	Fees for services (non-employees)				
а	Management				
b	Legal	3,586	3,586		
С	Accounting	6,950		6,950	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column	8,693		8,693	
	(A) amount, list line 11g expenses on Schedule O)	135,257	131,888	2,829	540
12	Advertising and promotion	48,024	34,583	1,739	11,702
13 14	Office expenses	2,515	2,097	233 6,972	185
15	Information technology	41,099	30,645	0,372	3,482
16	Royalties	29,021	24,134	2,272	2,615
17	Occupancy	25,598	24,886	376	336
18	Payments of travel or entertainment expenses		24,000		
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	6,455	5,966	75	414
20	Interest				
21	Payments to affiliates	04 999	40.202	4.744	4 072
22	Depreciation, depletion, and amortization	21,888	18,202	1,714 7,656	1,972 727
23	Insurance	10,074	10,431	7,030	
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.)				
a	Equipment	9,250	7,976	492	782
b	Event Expense	61,790	13,015	1,304	47,471
C	Postage & Shipping Bank & Credit Card Fees	4,840 16,368	3,213	307 698	1,320 15,459
d e		11,330	7,094	2,397	1,839
25	All other expenses Total functional expenses. Add lines 1 through 24e	1,300,403	1,023,873	111,342	165,188
26	Joint costs. Complete this line only if the	1,300,403	1,023,073	111,042	103,100
20	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation Check here Following SOP 98-2 (ASC 958-720)	25,972	17,134	0	8,836
		20,012	,		Form 990 (2017)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 147,802 101,714 1 3,568 2 3,538 Savings and temporary cash investments . . . 3 Pledges and grants receivable, net 3 3,641 4 3,994 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions), Complete Part II of Schedule L . . . 6 Notes and loans receivable, net 7 6,829 8 Inventories for sale or use 8 6,829 23,709 Prepaid expenses and deferred charges . 37,606 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D **b** Less: accumulated depreciation 10b (392,380)285,939 10c 274,999 737,758 11 Investments—publicly traded securities . . . 11 807,583 12 Investments - other securities. See Part IV, line 11 . . . 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 1,223,142 16 1,222,366 Accounts payable and accrued expenses 17 175,722 17 163,936 Grants payable 18 18 10,007 11,120 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties ... 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 185,729 26 26 Total liabilities. Add lines 17 through 25 175,056 Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and **Net Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 982,178 27 27 1.042.671 Temporarily restricted net assets . 28 52,800 28 2,204 29 Permanently restricted net assets. 2,435 2,435 29 Organizations that do not follow SFAS 117 (ASC 958), 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 1,047,310 33 1,037,413 33 34 Total liabilities and net assets/fund balances 1,223,142 34 1,222,366

If the organization changed either its oversight process or selection process during the tax year, explain in

За

3b

Form 990 (2017)

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.

Schedule O.

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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization Employer identification number Oregon Natural Resources Council dba Oregon Wild 23-7432820 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 isted in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E)

Total

Part II

	(Complete only if you checked the complete only if you che						alify under
Secti	on A. Public Support		<u> </u>		<u> </u>	,	
	idar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,061,673	1,284,866	947,198	988,684	1,056,982	5,339,403
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	1,061,673	1,284,866	947,198	988,684	1,056,982	5,339,403
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)				•	,	, 584,968
_6	Public support. Subtract line 5 from line 4		· ·				4,754,435
	on B. Total Support			·—·			
	idar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	1,061,673	1,284,866	947,198	988,684	1,056,982	5,339,403
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	14,566	15,982	48,002	25,605	25,60 5	134,429
9	Net income from unrelated business activities, whether or not the business is regularly carried on	14,300	13,302	40,502	23,000		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI).	3,881	10,182	8,887	8,547	15,582	47,079
11	Total support. Add lines 7 through 10			l			5,520,911
12	Gross receipts from related activities, etc					12	
13	First five years: If the Form 990 is for the	=			-		
Saati	organization, check this box and stop he			· · · · · · · · · · · · · · · · · · · 	· · · · · ·	<u> </u>	<u> </u>
14	ion C. Computation of Public Support Public support percentage for 2017 (line 6)			1 column (f)		14	86.1 %
15	Public support percentage from 2016 Sch		-	• • • •			86.5 %
16a	331/3% support test—2017. If the organi						
	box and stop here. The organization qua						
b	331/3% support test - 2016. If the organi						
	this box and stop here. The organization						_
17a	10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization of Explain in Part VI how the organization or supported organization	ation meets the neets the "fact	e "facts-and-c	ircumstances" stances" test	test, check t The organizati	this box and son qualifies as	a publicly
18	Private foundation. If the organization di						
	instructions	<u>.</u>	· ·	<u></u>	<u>.</u>	<u>.</u>	🕨 🗆

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

Part III	Support Schedule for Organizations Described in Section 509(a)	(2)
	(Complete only if you checked the box on line 10 of Part I or if the or	gar

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sect	ion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees		1	, , , , , , , , , , , , , , , , , , ,	1		
	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				1		
	organization's tax-exempt purpose]		
3	Gross receipts from activities that are not an			<u> </u>			
	unrelated trade or business under section 513		ļ		ļ		
4	Tax revenues levied for the						
•	organization's benefit and either paid to	1	ľ		/	7	
	or expended on its behalf	I	ļ		/	į	
5	The value of services or facilities	 			/		
•	furnished by a governmental unit to the				/		
	organization without charge	ļ		}			
6	Total. Add lines 1 through 5	7	_		-/-		-
7a							
	received from disqualified persons .	,		}			
ь	Amounts included on lines 2 and 3				/-		_ ·
D	received from other than disqualified						
	persons that exceed the greater of \$5,000			<i>j</i>			
	or 1% of the amount on line 13 for the year	1		[/]			
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from			/			
_	line 6.) ,			/ /			
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) ⁷ 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6			1		`	
10a	Gross income from interest, dividends,			/			
	payments received on securities loans, rents,		ı	/			
	royalties, and income from similar sources		Ĺ	/		ľ	•
b	Unrelated business taxable income (less			·			
	section 511 taxes) from businesses					i	
	acquired after June 30, 1975 .	j					
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	ĺ	/	į	l	Į	
12	Other income. Do not include gain or						
	loss from the sale of capital assets	b	/	ļ	1		
	(Explain in Part VI.)	A					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the		's first, second	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here			· · · · ·	<u> </u>	<u> </u>	> 🗀
ecti	on C. Computation of Public Support					~	
15	Public support percentage for 2017 (line 8,					15	%
16	Public support percentage from 2016 Scho			· . <u>·</u> ·	<u> </u>	<u> 16 </u>	<u> %</u>
	on D. Computation of Investment Inc						
17	Investment income percentage for 2017 (ın (f))	17	<u>%</u>
18	Investment income percentage from 2016	•				18	%
19a	331/3% support tests—2017. If the organiz						•
	17 is not more than 331/3%, check this box a		_			-	
b	331/3% support tests - 2016. If the organiza						
	line 18 is not more than 331/3%, check this bo		_	· ·	•		
20 _	Private foundation. If the organization did	not check a b	ox on line 14,	19a, or 19b, cl	neck this box a	ınd see instruc	tions 🕨 🔲

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

CCII	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	-		
	(b) and (c) below.	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 Part VI 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)			
40	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use Was any supported organization not organized in the United States ("foreign supported organization")? If	3c		
4a	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	70		
Ū	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action	•		
	was accomplished (such as by amendment to the organizing document).	5a	 	
ь	Type I or Type II only. Was any added or substituted supported organization part of a class already	Ja		
_	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		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		_	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	L	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 79 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<u> </u>		
00		8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	3a		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section		,	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Part	IV Supporting Organizations (continued)			
			Yes	s No
11	Has the organization accepted a gift or contribution from any of the following persons?			T
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ		_
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		┷
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	<u> </u>	Щ.
Sect	ion B. Type I Supporting Organizations		T	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1] 	-
2	Did the organization operate for the benefit of any supported organization other than the supported	- '		+-
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	İ		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1		
	supervised, or controlled the supporting organization.	2		-
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			<u> </u>
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
•		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	-		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		├──
3	significant voice in the organization's investment policies and in directing the use of the organization's			1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			1
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
4	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	notrus	tion	
•	_	151140	·	3/.
a b	☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line's below. The organization supported a governmental entity Describe in Part VI how you supported a government entity (s	see inc	truct	ione)
		_		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		ļ	ĺ
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		- 1	İ
	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			l
	that these activities constituted substantially all of its activities			
_	ŕ	2a		
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these		- [
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		\dashv	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	1	.
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

emergency temporary reduction (see instructions).

instructions).

Schedule A (Form 990 or 990-EZ) 2017			ہ Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ı tru	st on Nov. 20, 1970 (expla	un in Part VI) See*
instructions. All other Type III non-functionally integrated supporting organ			
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		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		`.	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		<u> </u>
d Total (add lines 1a, 1b, and 1c)	1d		· · · · · · · · · · · · · · · · · · ·
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
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		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			,

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

Schedule A (Form 990 or 990-EZ) 2017

The same of the sa

Par	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)			
Sect	ion D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish	exempt purposes ·				
2	Amounts paid to perform activity that directly furthers ex- organizations, in excess of income from activity	orted				
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.					
9	Distributable amount for 2017 from Section C, line 6					
10	Line 8 amount divided by line 9 amount			`		
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in Part VI). See instructions.	,		,		
3	Excess distributions carryover, if any, to 2017					
а						
b	From 2013					
c	From 2014					
d	From 2015					
_ е	From 2016					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
<u>h</u>	Applied to 2017 distributable amount	- (
<u>i</u>	Carryover from 2012 not applied (see instructions)					
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		· · · · · · · · · · · · · · · · · · ·			
4	Distributions for 2017 from Section D, line 7:					
a	Applied to underdistributions of prior years					
	Applied to 2017 distributable amount	<u> </u>				
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions					
7	Excess distributions carryover to 2018. Add lines 3j					
	and 4c			-		
_8	Breakdown of line 7.					
	Excess from 2013					
	Excess from 2014					
	Excess from 2015					
	Excess from 2016					
e	Excess from 2017	1				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information. (See instructions.)
	······································
	······································
	`
	······································
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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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

Tax) (see separate instructions),	then			
• S	ection 501(c)(4), (5), or (6) org	ganizations. Complete Part III			
Name	of organization			Employer ide	entification number
Oreg	on Natural Resources Coun	cıl dba Oregon Wild			23-7432320
Part	I-A Complete if the	ne organization is exempt und	er section 501	c) or is a section 527	organization.
1	Provide a description of definition of "political call	of the organization's direct and in impaign activities")	idirect political ca	ampaign activities in Pa	rt IV. (see instructions fo
2	Political campaign activi	ity expenditures (see instructions)		▶	\$
3	Volunteer hours for polit	ical campaign activities (see instru	ctions)		
Part	I-B Complete if the	ne organization is exempt und	er section 501((c)(3).	
1	Enter the amount of any	excise tax incurred by the organization	ation under sectio	n 4955 ▶	\$
2	Enter the amount of any	excise tax incurred by organization	n managers under	r section 4955 >	\$
3	If the organization incurr	ed a section 4955 tax, did it file Fo	rm 4720 for this y	ear? .'	Yes No
4a	Was a correction made?				. 🗌 Yes 🔲 No
b	If "Yes," describe in Part	t IV.			
Part	I-C Complete if th	e organization is exempt und	er section 501(c), except section 50	1(c)(3).
1	Enter the amount direct activities	tly expended by the filing organiz	ation for section	527 exempt function	.
2	527 exempt function act			` ▶ \$	5
3	•	expenditures. Add lines 1 and 2			5
4	Did the filing organization	n file Form 1120-POL for this year	? <i></i>		Yes No
5	organization made paym the amount of political co	ses and employer identification nur ents. For each organization listed, ontributions received that were pro- I fund or a political action committe	enter the amount mptly and directly	paid from the filing organ delivered to a separate p	nzation'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)					

Pa	rt II-A	Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and filed	Form 5768 (ele	ction under
١.	Check >		s to an affiliated group (and list in Part IV each affiliare of excess lobbying expenditures)	liated group membe	er's name,
۹.	Check ▶		ed box A and "limited control" provisions apply.		
-	OHOUR P		ring Expenditures	(a) Filing	(b) Affiliated
		-	ans amounts paid or incurred.)	organization's totals	group totals
1	a Total l	obbying expenditures to influence r	public opinion (grass roots lobbying)	1,015	
			a legislative body (direct lobbying)	33,431	
		obbying expenditures (add lines 1a	, , , , , , , , , , , , , , , , , , , ,	34,446	
		exempt purpose expenditures	·	1,265,959	
	e Total e	exempt purpose expenditures (add	lines 1c and 1d)	1,300,405	
		ing nontaxable amount. Enter the	ne amount from the following table in both	205,040	
	If the a	mount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not ove	er \$500,000	20% of the amount on line 1e		
	Over \$5	000,000 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	1	,
	Over \$1	,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$1	7,000,000	\$1,000,000		' '
	g Grassi	roots nontaxable amount (enter 25%	% of line 1f)	51,260	
		act line 1g from line 1a. If zero or les	•		,
		act line 1f from line 1c If zero or les	-•		
	7	e is an amount other than zero or ing section 4911 tax for this year?	on either line 1h or line 1i, did the organization]Yes ☐ No
	(Som	ne organizations that made a sec	ar Averaging Period Under section 501(h) tion 501(h) election do not have to complete all separate instructions for lines 2a through 2f.)	of the five column	s below.

	Lobbyi	ng Expenditures D	uring 4-Year Ave	raging Period		
	Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a	Lobbying nontaxable amount	180,559	194,087	207,652	205,040	787,338
b	Lobbying ceiling amount (150% of line 2a, column (e))					1,181007
С	Total lobbying expenditures	35,769	19,156	14,404	34,446	103,775
d	Grassroots nontaxable amount	45,140	48,520	51,913	51,260	196,833
e	Grassroots ceiling amount (150% of line 2d, column (e))					295,250
f	Grassroots lobbying expenditures	2,852	3,536	1,912	1,015	9,315

Schedule C (Form 990 or 990-EZ) 2017

Par	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT find (election under section 501(h)).	iled	Forn	n 576	8	
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	9)		(b)	
	ription of the lobbying activity.	Yes	No		Amour	nt
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:				*	7 \4
а	Volunteers?				υD	,
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			ــــــــــــــــــــــــــــــــــــــ	·	2
С	Media advertisements?					
đ	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .					
i	Other activities?					
j	Total. Add lines 1c through 1i		<u> </u>			
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
d	if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u> </u>	. • •	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	5), o	r se	ction	i	
			_		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		I
_ 3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p	rior y	ear?	3	Ш.	<u> </u>
	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," OF answered "Yes."	5), U l (b)	Part	III-A	, lìne	3, is
1	Dues, assessments and similar amounts from members	ا م	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	ot				
a	Current year	· -	2a			
b	Carryover from last year	·	2b			
C	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 the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
_	and political expenditure next year?	L	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	╧	5			
Pari						
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions), and Part II-B, line 1. Also, complete this part for any additional information.	o list),	, Pari	t II-A,	lines 1	and
		· 				••
	······································					
		·				
	•					
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	n 990 or 990-EZ) 2017	. + Page 4
Part IV	Supplemental Information (continued)	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

20**17**

Open to Public Inspection

Name of the organization Employer identification number 23-7432820 Oregon Natural Resources Council dba Oregon Wild Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements . 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 24 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Я and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X . \$____ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Dage	2
Page	_

Part	le D (Form 990) 2017						Page 2
_	III Organizations Maintaining						
3	Using the organization's acquisition, collection items (check all that apply):		er records, chec	k any of the follow	wing that are a sig	Inificant us	se of it
а	☐ Public exhibition			or exchange prog			
b	☐ Scholarly research		e 🗌 Other		***************************************		
C	☐ Preservation for future generations						
4	Provide a description of the organizat	tion's collections ar	nd explain how th	ney further the org	janization's exemp	ot purpose	ın Par
_	XIII.						
5	During the year, did the organization						-
Dowl	assets to be sold to raise funds rather		ned as part of the	e organization's co	mection? .	☐ Yes	<u> </u>
Part	Escrow and Custodial Arra Complete if the organization		Form 000 F	Part IV line O ar	roparted on owner	an E.	
	990, Part X, line 21.	answered res	on ronn 990, r	art iv, line 9, or	reported an amo	ount on Fe	orm
1a		custodian or othe	r intermediany fo	or contributions of	other assets not		
ıa	included on Form 990, Part X?		· · · ·		Other assets not	☐ Yes	□ Na
ь	If "Yes," explain the arrangement in Pa						
	in roo, explain the alvangement in r	art Am and complet	ic the following to	,	Ām	ount	
С	Beginning balance			10			
d	Additions during the year			10			-
e	Distributions during the year .			. 16	,		
f	Ending balance			11			
2a	Did the organization include an amour	nt on Form 990, Par	rt X, line 21, for e	scrow or custodia	l account liability?	☐ Yes	☐ No
	If "Yes," explain the arrangement in Pa					<u>.</u>	
Par	t V Endowment Funds.						
	Complete if the organization	answered "Yes"					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance .	727,524	681,530	639,939	419,110		363,87
ь	Contributions	115,637	0	0	244,627		
2	Net investment earnings, gains, and		<u>~</u>				55,63
C	_ _ _						55,63
_	losses	(45,936)	45,994	41,591	(23,798)		55,63 (400
c d	losses	(45,936)		41,591	(23,798)		
C	losses	(45,936)		41,591	(23,798)		
c d	losses	(45,936)		41,591	(23,798)		
c	losses		45,994				(400
c d e f g	losses	797,225	45,994 727,524	681,530	639,939		
d e f	losses	797,225 the current year end	45,994 727,524 d balance (line 1g	681,530	639,939		(400
d e f g 2 a	losses	797,225 the current year end nt > 99.7	45,994 727,524 d balance (line 1g	681,530	639,939		(400
c de f g 2 a b	Iosses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of t Board designated or quasi-endowmer Permanent endowment	797,225 the current year end nt > 99.7 .3 %	45,994 727,524 d balance (line 1g	681,530	639,939		(400
c de f g 2 a b	losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of t Board designated or quasi-endowmer Permanent endowment Temporarily restricted endowment ■	797,225 the current year end nt > 99.7 .3 % 0 %	45,994 727,524 I balance (line 1g %	681,530	639,939		(400
c de f g 2 a b c	losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of t Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and	797,225 the current year end nt > 99.7 3 % 0 % 2c should equal 10	727,524 d balance (line 1g %	681,530 , column (a)) held	639,939 as:		(400
c de f g 2 a b	losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of t Board designated or quasi-endowmer Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the	797,225 the current year end nt > 99.7 3 % 0 % 2c should equal 10	727,524 d balance (line 1g %	681,530 , column (a)) held	639,939 as:		419,11
c de f g 2 a b c	losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of t Board designated or quasi-endowmen Permanent endowment ■ Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by:	797,225 the current year end nt > 99.7 .3 % 0 % 2c should equal 10 e possession of the	727,524 I balance (line 1g % 0%.	681,530 , column (a)) held at are held and ad	639,939 as:	Ye	(400 419,11
c de f g 2 a b c	losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of t Board designated or quasi-endowmen Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by: (i) unrelated organizations	797,225 the current year end nt > 99.7 .3 % 0 % 2c should equal 10 e possession of the	727,524 I balance (line 1g % 0%. e organization tha	681,530 , column (a)) held at are held and ad	639,939 as: ministered for the	Ye 3a(i)	(400 419,11
d e f g 2 a b c c 3a	losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of t Board designated or quasi-endowmen Permanent endowment ■ Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by:	797,225 the current year end nt > 99.7 .3 % 0 % 2c should equal 10 e possession of the	727,524 I balance (line 1g % 0%. e organization tha	681,530, column (a)) held at are held and ad	639,939 as:	Ye	(400 419,11
d e f g 2 a b c	losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of t Board designated or quasi-endowmen Permanent endowment ■ Temporarily restricted endowment The percentages on lines 2a, 2b, and Are there endowment funds not in the organization by:	797,225 the current year end nt > 99.7 .3 % 0 % 2c should equal 10 e possession of the	727,524 I balance (line 1g % 0%.	681,530 , column (a)) held at are held and ad	639,939 as:	Ye	4

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

•	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		119,401		81,226
b	Buildings		438,231	288,929	187,477
С	Leasehold improvements				
d	Equipment		109,727	103,451	6,296
е	Other				
otal.	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 10	Oc)	274,999

	Investments—Other Securities.				
	Complete if the organization answ	vered "Yes" on Fo			
	(a) Description of security or category (including name of security)		(b) Book value		of valuation rear market value
	al derivatives			<u> </u>	
	-held equity interests				
(3) Other				<u> </u>	
(A)					
(B)	•••••••••	·	-		 .
(C) (D)			-		 ·
(E)			-		
(F)					
(G)			-	·	
(H)			-		
. 	(b) must equal Form 990, Part X, col (B) line 12) ▶		-		
Part VIII	Investments - Program Related				
	Complete if the organization answ		orm 990, Part IV, line	e 11c. See Form 99	0, Part X, line 13
	(a) Description of investment		(b) Book value	(c) Method	of valuation
				Cost or end-of-y	ear market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)			1 1		
	/ L L E AAA D - + V L /D U 40 L -				
	(b) must equal Form 990, Part X, col (B) line 13)				
Total. (Column (Part IX	Other Assets.	aved "Vaa" on Ea	000 Part IV Iva	11d Con Form 000	O Dort V line 15
	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form 99	
Part IX	Other Assets. Complete if the organization answ	ered "Yes" on Fo	rm 990, Part IV, line	11d. See Form 99	0, Part X, line 15.
Part IX	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form 99	
(1) (2)	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form 990	
(1) (2) (3)	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form 990	
(1) (2) (3) (4)	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form 99	
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form 99	
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form 99	
Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form 990	
Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ		rm 990, Part IV, line	11d. See Form 990	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ	Description	rm 990, Part IV, line	11d. See Form 990	
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a)	Description	rm 990, Part IV, line		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, col.	(B) line 15.)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colum	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answelline 25.	(B) line 15.) ered "Yes" on Fo			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	(B) line 15.)			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	(B) line 15.) ered "Yes" on Fo			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	(B) line 15.) ered "Yes" on Fo			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	(B) line 15.) ered "Yes" on Fo			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	(B) line 15.) ered "Yes" on Fo			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X (1) Federal in (2) (3) (4) (5)	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	(B) line 15.) ered "Yes" on Fo			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	(B) line 15.) ered "Yes" on Fo			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	(B) line 15.) ered "Yes" on Fo			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	(B) line 15.) ered "Yes" on Fo			(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colunt Part X (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answ (a) mn (b) must equal Form 990, Part X, col. Other Liabilities. Complete if the organization answelline 25. (a) Description of liability	(B) line 15.) ered "Yes" on Fo			(b) Book value

	le D (Form 990) 2017				Page 4
Part				Return	•
	Complete if the organization answered "Yes" on Form 990,		V, line 12a.		· · · · · · · · · · · · · · · · · · ·
1	Total revenue, gains, and other support per audited financial statements			1	1,310,300
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		1	,	
a	Net unrealized gains (losses) on investments	2a	21,787	-11	•
þ	Donated services and use of facilities	2b	0	1	
C	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	34,093	-	
e	Add lines 2a through 2d	•		2e	55,880
3	Subtract line 2e from line 1	; .		3	1,254,420
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	١.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	0		
_C	Add lines 4a and 4b	101	• • • •	4c	1.051.100
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	1,254,420
Part	· · · · · · · · · · · · · · · · · · ·			er Hetu	rn.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total expenses and losses per audited financial statements	•	• • • • •	1	1,300,403
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	۱ ـ	1		
a	Donated services and use of facilities	2a	0	-/1	
b	Prior year adjustments	2b	0	-(-	
C	Other losses	2c	0	-1	
d	Other (Describe in Part XIII.)	2d	0		_
	Add lines 2a through 2d		• • • • •	2e	0
3	Subtract line 2e from line 1	, .		3	1,300,403
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	١.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	- (
b	Other (Describe in Part XIII.)	4b	0		
C	Add lines 4a and 4b			4c	4 222 422
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 16)	· · · · ·	5	1,300,403
Part		4 4. D	net IV/ lines 1h and Oh	· Dod V	line 4. Dort V. line
	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an				
	t 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	sets ir	iclude unrestricted net	assets d	lesignated by the
_	Later and the second se	F4 - 0 -		50.000 -	
Board	of Directors and permanently restricted net assets designated by the donor	ne Bo	ard has designated \$2	50,000 01	unrestricted net
asset	s as a reserve fund for operations, special needs and programs, and other nee	ds as	determined by the Boa	rd. The B	loard also holds
asset	s in a permanent endowment fund created by the Board of Directors with the g	oal of	providing stability of fo	inding fo	or future operations.
This e	endowment is funded with bequests, annuities, and planned gifts not designate	ed by t	he donor for current o	perations	or programs, as
	and the same of the state of th		d		4 (
well a	s gifts specifically restricted to the endowment by the donor. The principal of	ine en	dowment fund shall be	invested	in perpetuity, and
the ea	rnings are unrestricted. The Board adopted an investment policy for the perm	anent	endowment that attem	ots to ma	lintain and grow
the pu	urchasing power of the endowment assets over the long-term while generating	incon	ne. The assets are inve	sted in a	well-diversified
	the state of the s				750/ 645-
asset	mix with a focus on environmental and social responsibility. Once the perman	ent en	dowment fund reaches	\$200,00	0, up to 75% of the
3-year	r rolling average earnings will be available for operating purposes.				
		-	***************************************		·
DA ===	VI Od. Donata company from a month and a transfer of the company o	1i 1	F 0		
PART	XI. 2d: Direct expense from annual fundraising event. See Schedule G, Part II,	iines :	ວ - ສ.		

Schedule D (For	990) 2017	Page 3
Part XIII	Supplemental Information (continued)	
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for the latest instruction

► Go to www.irs.gov/Form990 for the latest instructions. Employer identification number Name of the organization Oregon Natural Resources Council dba Oregon Wild 23-7432820 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ✓ Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations g P Special fundraising events ✓ In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No If "Yes." list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual or entity (fundraiser) (iv) Gross receipts from activity (or retained by) fundraiser listed in (or retained by) organization (II) Activity custody or control of contributions? col (i) Yes No 1 2 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule	G (Form	990 or	990-8	=Z) 2017

Page 2

Pa	art II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater tha	ig event contributions			
		, .	(a) Event #1 (event type)	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	74,657			74,657
æ	2	Less: Contributions . Gross income (line 1 minus	23,758			23,758
		line 2)	50,899			50,899
	4	Cash prizes	0			
	5	Noncash prizes	21,441			21,441
nses	6	Rent/facility costs .	5,138			5,138
Direct Expenses	7	Food and beverages .	2,109			2,109
Direct	8	Entertainment	200			200
	9	Other direct expenses .	5,205			5,205
Pa	10 11 11	Direct expense summary Ad Net income summary Subtra Gaming. Complete if the than \$15,000 on Form 99	act line 10 from line 3, c organization answer	olumn (d)	90, Part IV, line 19, or	34,093 16,806 reported more
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
 	1	Gross revenue				
ses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs			ļ	
	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes% ☐ No	☐ Yes% ☐ No	12
	7	Direct expense summary. Ad	d lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summary	y. Subtract line 7 from li	ne 1, column (d)	<u>.</u> . <u>.</u> •	
9	a Is	nter the state(s) in which the or the organization licensed to co "No," explain.	onduct gaming activities	s in each of these state	s?	🗌 Yes 🗎 No
10		/ere any of the organization's g	_	l, suspended, or termin	ated during the tax yea	

Sched	rule G (Form 990 or 990-EZ) 2017 Page	e (
11 12	Does the organization conduct gaming activities with nonmembers?	
13 a	Indicate the percentage of gaming activity conducted in:	%
b	An outside facility	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records.	
	Name ▶	
	Address►	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	lo
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ lf "Yes," enter name and address of the third party:	
	Name ▶	
	Address►	
16	Gaming manager information:	
	Name▶	
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	
	□ Director/officer □ Employee □ Independent contractor	
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No	3
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.	_
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ 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.

irs.gov/form990. Inspecti Employer identification number

Oreg	on Natural Resources Council dba Or	egon Wild		_		23-/43/	2820		_
Par	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo	orted on	Method noncash co	(d) d of dete ontributi		
1	Art – Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications		•						
5	Clothing and household		,	,					
	goods					<u> </u>			
6	Cars and other vehicles					<u> </u>			
7	Boats and planes					<u> </u>			
8	Intellectual property								
9	Securities—Publicly traded					<u> </u>			
10	Securities—Closely held stock .								
11	Securities – Partnership, LLC,								
	or trust interests					ļ			
12	Securities – Miscellaneous					1			
13	Qualified conservation contribution — Historic								
	structures								
14	Qualified conservation	7				 			
14	contribution—Other								
15	Real estate – Residential	_				 			
16	Real estate - Commercial .								
17	Real estate—Other .					 		_	
18	Collectibles					<u> </u>			
19	Food inventory		-			<u> </u>			
20	Drugs and medical supplies .								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ► (Auction Prizes)		45		21,441				
26	Other ► (Food & Beverage)	_	13		8,224				
27	Other ► (Auction Decoration)		1		1,491	FMV			
28	Other ► (' .				ļ,			
29	Number of Forms 8283 received which the organization completed				ions for				
	which the organization completed	1 01111 0200	, Fart IV, Donee Acknowled	igement .	•	29		Yes	No
20-	Driving the year did the average		hu aantuhutun a		محسا السمس	4 46	L::	163	No
30a	During the year, did the organization 28, that it must hold for at least this								
	to be used for exempt purposes for					orrequired	30a		
h	If "Yes," describe the arrangement						304	;+	1.4
31			ance policy that requires	s the review of	f any no	n-standard			[
- . ,	contributions?						31		
32a					ess. or se	ll noncash	 	-	
							32a		_
b	If "Yes," describe in Part II.							:	
33	If the organization did not report an	amount in	column (c) for a type of prop	perty for which co	olumn (a) ı	s checked.		-	. 1
	describe in Part II.		• • • • • • • • • • • • • • • • • • • •	-	. ,	·	1		1

Schedule M (Form 990) (2014) • • • • • • • • • • • • • • • • • • •	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whe the organization is reporting in Part I, column (b), the number of contributions, the number of items received a combination of both. Also complete this part for any additional information.	ether
<u></u>	of a combination of both, Also complete this part for any additional information.	
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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.

OMB No 1545-0047

2017

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.

► Go to www.irs.gov/Form990 for the latest information.

Oregon Natural Resources Council 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 For 990	
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 Executi	ve Director, review the 990 prior to
filing.	
LINE 12c. DID THE ORGANIZATION REGULARLY AND CONSITENTLY MONITOR AND ENFORCE COMP	PLIANCE WITH THE POLICY?
HOW WAS THIS DONE?	
Board members are asked to sign a statement acknowledging receiving, reading and complying with the	ne Conflict of Interest Policy. A review
of this policy is scheduled annually for the Board's September meeting when the annual budget is ado	pted.
FORM 990-PART VI SECTION C POLICIES	
LINES 18 & 19: DESCRIBE IN SCHEDULE O WHETHER (AND IF SO, HOW) THE ORGANIZATION MADE	ITS GOVERNING 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. Govern	ning documents and Conflict of
Interest policy are available upon request.	
FORM 990-PART IX, 24e: All Other Expense - TOTAL \$10,973	
Miscellaneous Expense \$ 2,779; Printing & Copying Expense \$ 2,810; Publications & Dues Expense	\$ 995,
Licenses & Fees Expense \$ 4,389	
FORM 990-PART IX, 11G: All Other Professional Expense - TOTAL \$135,257	•••••
Design \$4,225; Guides and Outfitters \$7,166; Payroll and Accounting \$4,732; Public Affairs \$34,234;	Public Opinion Research \$79,500
Video Production \$5,400	

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Oregon Natural Resources Council dba Oregon Wild

Partl

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.

1545-0047	71
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Open to Public

Inspection

Employer identification number 23-7432820

(g) Section 512(b)(13) controlled entity? (f) Direct controlling entity Schedule R (Form 990) 2014 ž 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
entity (e) End-of-year assets ٤ (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 Conservation Leaders Fund, 5825 N. Greeley Av., 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 (1) Oregon Natural Resources Council dba Oregon Wild (a) Name, address, and EIN of related organization Part II € © 9 Ξ <u>N</u> € ত 9 <u>@</u> E

Schedule R (Form 990) 2014

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(i) Section 512(b)(13) controlled entity? (k) Percentage ownership Schedule R (Form 990) 2014 ŝ Identification of Related Organizations Taxable as a Corporation or frust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Yes Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. (J) General or managing partner? ŝ (h) Percentage ownership Yes amount in box 20 of Schedule K-1 (Form 1065) Code V-UBI (9) Share of end-of-year assets Share of end-of- Disproportionate year assets allocations? å Share of total Yes (e)
Type of entity
(C corp. S corp, or trust) (f) Share of total Income (d)
Direct controlling entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (c) Legal domicile (state or foreign country) (d)
| Direct controlling entity (b) Primary activity (c)
Legal
domicile
(state or
foreign (b) Primary activity (a) address, and EIN of related organization 3) (a)
Name, address, and EIN of related organization Name, Part IV Part III € Ø ල ত 9 E Ξ ල O € 2 9 E

	or 36.
	ie 34, 35b, or 36
	iswered "Yes" on Form 990, Part IV, line 3.
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Scheduk	Part V

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Yes	1=		\vdash			-	Ī										>	>		>	>	F			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.	(d) Method of determining amount involved							Schedule R (Form 990) 2014
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	of the following transactions with one or more related organizations listed in Parts II-IV?	ŧŧ									•				solicitations for related organization(s)	solicitations by related organization(s)	zatior			•	٠				h w			i					
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j e	g tra	ntroll										(S)		(s)uc	or rela	y rela	ited o								orma					1			
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ne 1	During the tax year, did the organization engage in any	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Giff, 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 organization(s)	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(s)	Exchange of assets with related organization(s)	Lease of facilities, equipment, or other assets to related organization(s)		Lease of facilities, equipment, or other assets from related organization(s)	Performance of services or membership or fundraising	Performance of services or membership or fundraising	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Sharing of paid employees with related organization(s)		Reimbursement paid to related organization(s) for expenses	Reimbursement paid by related organization(s) for expenses		Other transfer of cash or property to related organization(s)	Other transfer of cash or property from related organization(s)	۶. ئو					1			
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Note. Complete line 1 if any entity is listed in Parts II. III. or IV.	á	es E	<u>ق</u> م	Ō	d L	e L		△	ğ	ď	<u></u>	<u>.</u>		r L	<u> </u>	E	<u>S</u>	ত ত		œ •			0	၀်	ļ					_	_	_	س. ا
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Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

v

(k) Percentage ownership Schedule R (Form 990) 2014 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. (j) General or managing partner? Yes No Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) E (h)
Disproportionate
allocations? Yes No (g) Share of end-of-year assets 1 (f) Share of total income (e)
Are all partners
section
501(c)(3) Yes No organizations? Predominant An income (related, unrelated, excluded from tax under or sections 512-514) (c)
Legal domicile
(state or foreign country) (b) Primary activity (a) Name, address, and EIN of entity 3 9 € E ፟ 9 9 3 12 <u>E</u> 14 2 ପ S 9 Ξ

Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions).	Schedule R (F	orm 990) 2014 Page 5
	Part VII	Supplemental Information Provide additional information for responses to questions on Schedule B (see instructions).
		Trondo deditional information for respondent to appearance of control of the cont
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