### Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public Inspection

Form 990 (2022)

Department of the Treasury Internal Revenue Service

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

For the 2022 calendar year, or tax year beginning 10/01/2022and ending 09/30/2023 Oregon Natural Resources Council Fund D Employer identification number В C Name of organization Check if applicable: Doing business as 23-7432820 Oregon Wild Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change (503)283-6343Initial return 5825 N Greeley Ave Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Portland, OR 97217 G Gross receipts \$ 2,043,913. Amended return Name and address of principal officer: Sean Stevens H(a) is this a group return for subordinates? Yes No Application pending 5825 N Greeley Portland, OR 97217 H(b) Are all subordinates included? If "No," attach a list. See instructions ) (insert no.) 4947(a)(1) or X 501(c)(3) 501(c)( 527 Tax-exempt status: H(c) Group exemption number oregonwild.org L Year of formation: 1974 M State of legal domicile: X Corporation Trust Association Other OR K Form of organization: Part | Summary 1 Briefly describe the organization's mission or most significant activities: Oregon Wild works to protect and restore Oregon's wildlands, Activities & Governance and waters as an enduring legacy for future generations 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 9 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . . . . . . . . . . . . 3 9 4 Number of independent voting members of the governing body (Part VI, line 1b) . . . 4 29 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a). . . . . 5 6 Total number of volunteers (estimate if necessary). . . . . 6 86 7a 7a Total unrelated business revenue from Part VIII, column (C), fine 12 0. 0. 7b b Net unrelated business taxable income from Form 990-T, Part I, line 11. **Prior Year Current Year** 2,407,378. 1,939,345. Revenue 59,621. 66,768 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 28.874 41,322. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . 2,040,288. 2,503,020. 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 47,462. Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . . . 19,561 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . . . . 1,171,504. 1,646,558. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) b Total fundraising expenses (Part IX, column (D), line 25) 545,695. 549,011 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 740,076 2,239,715. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). -199,427. 762,944 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 3,203,303. 3,238,176. 20 Total assets (Part X, line 16) . . 243,234 331,400. 21 Total liabilities (Part X, line 26) . . . . . . . . . . . . . . . 2,871,903. 2,994,942. Net assets or fund balances. Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Sean Stevens, Executive Director Type or print name and title Print/Type preparer's name Preparer's signature Date Check if Paid self-employed Preparer Firm's EIN **Use Only** Firm's name Firm's address Phone no May the IRS discuss this return with the preparer shown above? See instructions Yes

For Paperwork Reduction Act Notice, see the separate instructions.

Form	990 (2022) Oregon Natural Resources Council Fund 23-7432820 Page
Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	Oregon Wild works to protect and restore Oregon's wildlands, wildlife
	and waters as an enduring legacy for future generations.
	and waters as an endering regacy for racare generations.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
40	
48	
	Defending and Restoring Oregon's Forests & Waters:
	Oregon Wild works to protect and restore public and private forests,
	critical watersheds, rivers, and wetlands across the state
	with a focus on ancient forests,
	the Klamath Basin National Wildlife Refuge, and wildlife corridors.
4b	(Code: ) (Expenses \$ 598,650. including grants of \$ 15,662.) (Revenue \$)
	Protecting Special Places:
	Oregon Wild leads campaigns for the permanent protection of
	Wilderness areas, Wild & Scenic Rivers, National Recreation Areas,
	and other protective designations to safeguard our public forests and
	and waters.
	and waters.
_	7.504
4¢	(Code: ) (Expenses \$ 251,226. including grants of \$ 7,594.) (Revenue \$)
	Helping Native Species Thrive:
	Oregon Wild works to protect and recover native species
	such as gray wolves, northern spotted owls, and salmon
	that are critical to functioning ecosystems
	and an important part of our natural heritage.
	and an important part of our natural nerrouge.
4-1	Other program paniese (Describe on Schodule O.)
40	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses 1,882,186
UYA	Form <b>990</b> (20:

	Checkiet of Regulard Colleges			
		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	_
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2	Х	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			.,
	candidates for public office? If "Yes," complete Schedule C, Part I	3	-	Х
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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ااما		v
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	l d		
	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		х
7	, , , , , , , , , , , , , , , , , , , ,	0		^
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		A
8		8		х
9	complete Schedule D, Part III	•		-
3	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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	gr		-
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is Yes," then complete Schedule D, Parts VI.		125.	
••	VII, VIII, IX, or X, as applicable.			
3	Did the organization report an amount for land, buildings, and equipment in Part X, fine 10? If "Yes," complete Schedule D, Part VI	11a	х	
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	i i		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13	$\perp$	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		v
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		v
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	19		х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	Λ
19	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	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			
		21	x	
	the state of the s			

Checklist of Required Schedules (continued)						

			Yes	No
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		Х
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			
12.	employees? If "Yes," complete Schedule J	23		Х
24 a	2			
	\$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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	_
C				
	to defease any tax-exempt bonds?	24c	_	_
d		24d	-	-
25 a				4.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			17
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1.7
	controlled entity or family mamber of any of these persons? If "Yes," complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or			
	founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity			3.7
	(including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	_	X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		a.	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor?			v
	If "Yes," complete Schedule L, Part IV	28a	-	X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	-	X
¢	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	00-		v
	If "Yes," complete Schedule L, Part IV	28c	-	X
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			
4	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N,			v
••	Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	,,		v
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		x	
25 -	or IV, and Part V, line 1	34		v
35 a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	356		X
20	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	36	x	
27	related organization? If "Yes,", complete Schedule R, Part V, line 2	30		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31	_	
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20	v	
Da	19? Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	_
Ta	Check if Schedule O contains a response or note to any line in this Part V			
	Check it coneduje o contains a response of note to any line in this Fait v	-	Yes	No
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		165	140
1a b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-	-	12-11
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reporatble gaming (gambling)			1
С	winnings to prize winners?	1c	х	
UYA	WITH HIT IS TO WITH ICIO:			(2022)
2.0		. 0.11		1-05-

that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

17

If "Yes," complete Form 6069.

Part VI Governance, Management, and Disclosure, For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 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 on Schedule O. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct X X 4 4 X X Did the organization have members or stockholders?..... 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body?.......................... 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? . . . 8a . . . . . . . . . b Each committee with authority to act on behalf of the governing body?........ X 8b 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 on Schedule O . . . . . . 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . X b Describe on Schedule O the process, if any, used by the organization to review this Form 990. X 12a X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a X X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X 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 16b respect to such arrangements?..... Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed OR 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. (503)283-6343State the name, address, and telephone number of the person who possesses the organization's books and records 20 Sean Stevens 5825 N Greeley Portland, OR 97217

Form 990 (2022)

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See instructions for the order in which to list the persons above.

(1) Kate Ritley	(D) Reportable compensation from the erganization (W-2/ 1099-NEC/ 1099-NEC)	(E) Reportable compensation from related organization (W-2/ +099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
Director			
(2) Lisa Billings       02.00         President       X         (3) Stacey Rice       01.00         Director       X         (4) Clara Soh       X         Director       X         (5) Vik Anantha       X         Director       X         (6) Chris Beatty       X         Director       X         (7) Darcie Meihoff       01.00         Secretary       X         (8) Seth Prickett       X         Treasurer       X         (9) Sean Stevens       40.00         Executive Director       X         (10) Cassidy Quistorff       01.00         Director       X			
(3) Stacey Rice Director (4) Clara Soh Director (5) Vik Anantha Director (6) Chris Beatty Director (7) Darcie Meihoff Secretary (8) Seth Prickett Treasurer (9) Sean Stevens Executive Director (10) Cassidy Quistorff Director (11)			
Director  (4) Clara Soh    Director  (5) Vik Anantha    Director  (6) Chris Beatty    Director  (7) Darcie Meihoff    Secretary  (8) Seth Prickett    Treasurer  (9) Sean Stevens    Executive Director  (10) Cassidy Quistorff    Director  (11)			
Director  (4) Clara Soh Director  (5) Vik Anantha Director  (6) Chris Beatty Director  (7) Darcie Meihoff Secretary  (8) Seth Prickett Treasurer  (9) Sean Stevens Executive Director  (10) Cassidy Quistorff Director  (11)			
(4) Clara Soh Director (5) Vik Anantha Director (6) Chris Beatty Director (7) Darcie Meihoff Secretary (8) Seth Prickett Treasurer (9) Sean Stevens Executive Director (10) Cassidy Quistorff Director (11)			
(5) Vik Anantha Director (6) Chris Beatty Director (7) Darcie Meihoff Secretary (8) Seth Prickett Treasurer (9) Sean Stevens Executive Director (10) Cassidy Quistorff Director (11)			
(5) Vik Anantha Director (6) Chris Beatty Director (7) Darcie Meihoff Secretary (8) Seth Prickett Treasurer (9) Sean Stevens Executive Director (10) Cassidy Quistorff Director (11)			
Director  (6) Chris Beatty Director  (7) Darcie Meihoff Secretary  (8) Seth Prickett Treasurer  (9) Sean Stevens Executive Director  (10) Cassidy Quistorff Director  (11)			
(6) Chris Beatty Director (7) Darcie Meihoff Secretary (8) Seth Prickett Treasurer (9) Sean Stevens Executive Director (10) Cassidy Quistorff Director (11)			
Director			
(7) Darcie Meihoff Secretary (8) Seth Prickett Treasurer (9) Sean Stevens Executive Director (10) Cassidy Quistorff Director (11)			
Secretary X X X (8) Seth Prickett X X X (9) Sean Stevens 40.00 Executive Director (10) Cassidy Quistorff Director X (11)			
(8) Seth Prickett Treasurer  (9) Sean Stevens Executive Director (10) Cassidy Quistorff Director (11)			
Treasurer X X X  (9) Sean Stevens 40.00 Executive Director X  (10) Cassidy Quistorff Director X  (11)			
(9) Sean Stevens 40.00 Executive Director (10) Cassidy Quistorff 01.00 Director X (11)			
Executive Director (10) Cassidy Quistorff Director (11)			
(10) Cassidy Quistorff 01.00 X (11)	87,500.		3,500
Director X (11)			
(11)			
(12)			
(13)			
(14)			

Form 990 (2022) Oregon Natural Resources Council Fund

23-7432820 Page 8

		Check if Schedule O contains a response or note to any line in the	nis Part VIII	0.0000000000000000000000000000000000000		
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts, s	1a	Federated campaigns 1a	1773 - 253	f 1/ f		
rant	b					
ΘĒ	C	Fundraising events 1c 3 , 778				
ifts ar A	d	Related organizations 1d		7-2-1	10 No. 15	
Contributions, Giffs, Grants, and Other Similar Amounts	e	Government grants (contributions) 1e 49,960				
Sis		All other contributions, gifts, grants,	10 00 00 00 00 00 00 00 00 00 00 00 00 0			
the		and similar amounts not included above. 1f 1,885,607			HITEL MINES	
ξō	a	Noncash contributions included in lines 1a-1f 1g \$ 1,940				
Sor	_	Total. Add lines 1a–1f.	1,939,345.			The second secon
		Business Code				
Program Service Revenue	2a					
Rev	b					
9	l c					
Serv	d					
3	e					
ğ	f	All other program service revenue				
æ	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest,	01	W 70		
		and other similar amounts):	. 59,621.	59,621.	The A	r
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real (ii) Personal	Tay 10			Manual Value of the last
	6a	Gross rents 6a 24 , 503 .	1000			
	b	Less: rental expenses 6b		THE YEAR		
	C	Rental income or (loss) 6c 24,503.			- Carried	
	d	Net rental income or (loss)	24,503.	24,503.		
	7a	Gross amount from sales of (i) Securities (ii) Other				LO CARROLLO
	1	assets other than inventory 7a		EVAL BUILD		
	b	Less: cost or other basis				
	1	and sales expenses 7b	De Est			
	c	Gain or (loss)				
	d	Net gain or (loss)				
e						
venue	8a	Gross income from fundraising				
		events (not including \$				
Other Re		of contributions reported on line 1c).				THE PERSON NAMED IN
<del>=</del>	١.	See Part IV, line 18	F0 F155			
	b	Less: direct expenses				
	C	Net income or (loss) from fundraising events	400000000000000000000000000000000000000			
	y a	Gross income from gaming activities.				
	.	See Part IV, line 19		E COUNTY	A CONTRACTOR OF THE PARTY OF TH	
		Net income or (loss) from gaming activities				
	1	Gross sales of inventory, less				
	IV a	returns and allowances				
	١,	Less: cost of goods sold 10b 3 , 625			- 1200	E TOTAL SELVI
		Net income or (loss) from sales of inventory		1,830.		
	Ť	Business Code		1,000.		
Sno	11 a	Misc Revenue 900099	14,989.	14,989.		
nue	ь	30000		2.,505.		
scellaneo Revenue	ءَ ا					
Miscellaneous Revenue	d	All other revenue				
2	l	Total. Add lines 11a-11d	14,989.	THE WORLD		
	12	Total revenue. See instructions		100,943.		

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

_	Check if Schedule O contains a response or note to a	ny line in this Part IX .			
Do n	ot include amounts reported on lines 6b, 7b, 8b, 9b,	(A)	(B)	(C)	(D)
and	10b of Part VIII.	Total expenses	Program service expenses	Management and eneral expenses	Fundralsing e penses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	47,462.	47,462.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals. See Part IV,			May 1	
	lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees,				
	and key employees	87,500.	75,587.	8,072.	3,841.
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	1,269,896.	1,096,998.	117,142.	55,756.
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions).	35,840.	30,959.	3,306.	1,575.
9	Other employee benefits	130,824	113,012.	12,068.	5,744.
10	Payroll taxes	122,498.	105,820.	11,300	5,378.
11	Fees for services (nonemployees):				
	Management	N.	10 10 11	10 11	
	Legal	15,184.	12,657.	840.	1,687.
	Accounting	11,000.	9,169.	609.	1,222.
	Lobbying				
	Professional fundraising services. See Part IV, line 17.			and the second	
	Investment management fees	16,329.		16,329.	
	Other. (If line 11g amount exceeds 10% of line 25, column	10/325.		10/323.	
3	(A), amount, list line 11g expenses on Schedule O.).	137,158.	114,326.	7,589.	15,243.
12	Advertising and promotion	137,130.	114,520.	7,505.	10/210.
13	Office expenses	55,927.	26,541.	4,385.	25,001.
14	Information technology.	42,244.	35,105.	4,072.	3,067.
15	Royalties	76,677.	33,103.	4,0,2.	3,007.
16	Occupancy	33,376.	28,849.	3,063.	1,464.
17	Travel	48,654.	44,755.	1,345.	2,554.
18	Payments of travel or entertainment expenses for any	70,034.	44,733.	1,545.	2,334.
10	federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,769.	5,307.	159.	303.
20		3,709.	3,307.	139,	303.
21	Interest				
22	Depreciation, depletion, and amortization	23,458.	20,277.	2,153.	1,028.
23	Insurance	20,022.	17,930.	1,415.	677.
24	Other expenses. Itemize expenses not covered above.	20,022.	11,330.	1,410.	011
24				Control of the later of	
	(List miscellaneous expenses on line 24e. If line 24e amount				
	exceeds 10% of line 25, column (A), amount, list line 24e				
_	expenses on Schedule O.)	79,632.	70,422.	2,325.	6,885.
	Program Expenses	10,836.	9,269.	959.	608
	Equipment and Maintenance		9,209.		808
	Bank and credit card fees	20,635.		20,635.	
d		25,471.	17,641.	4,200.	3,630.
	All other expenses		1,882,086.		135,663
25	Total functional expenses. Add lines 1 through 24e	2,239,715.	1,002,000.	221,966.	135,003.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check				
_	here if following SOP 98-2 (ASC 958-720).				5 000
UYA					Form <b>990</b> (2022)

_		Check if Schedule O contains a response or note to any line in this Part X	(A)		(D)
			(A) Beginning of year		End of year
	1	Cash — non-interest-bearing	1.353.893.	1	983,918
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	60,000.	3	86,250
	4	Accounts receivable, net	30/300	4	
	5	Loans and other receivables from any current or former officer, director,		100	
	-	trustee, key employee, creator or founder, substantial contributor, or 35%		18	Million In V.
	1	controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined		110	
ş	`	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use	8,756.	8	5,672.
	9	Prepaid expenses and deferred charges	55,947.	_	76,593.
	1 -	Land, buildings, and equipment: cost or other		1	
		basis. Complete Part VI of Schedule D		ES.	
	1	Less: accumulated depreciation		10c	227,098.
	11	Investments — publicly traded securities		11	1,817,284.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11.	and the same of	13	ATT .
	14	Intangible assets	A 10 30	14	6,488.
	15	Other assets. See Part W, line 11		15	7
	16	Total assets. Add lines 1 through 15 (must equal line 33).	3,238,176.	16	3,203,303.
	17	Accounts payable and accrued expenses	243,234.	17	295,776.
	18	Grants payable		18	
	19	Deferred revenue		19	29,136.
ιΩ	20	Tax-exempt bond liabilities		20	
ë	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
≣	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or			
Liabilities	l	founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	6,488.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities			
		not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	243,234.	26	331,400.
ances		Organizations that follow FASB ASC 958, check here			
2		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	2,932,507.	27	2,751,968.
Ö	28	Net assets with donor restrictions			
n D			62,435.	28	119,935.
ᆵ		Organizations that do not follow FASB ASC 958, check here			
5		and complete lines 29 through 33.	THE STATE OF THE S	1.6	THE RESERVE
ī	29	Capital stock or trust principal, or current funds		29	
Se	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
AS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Ba	32		2,994,942.	32	2,871,903.
Z_	33	Total liabilities and net assets/fund balances.	3,238,176.	33	3,203,303.

Form 99	Oregon Natural Resources Council Fund	23-743	2820	) Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	201 19 E301 II			
1	Total revenue (must equal Part VIII, column (A), line 12)		,040		88.
2	Total expenses (must equal Part IX, column (A), line 25)	2	,239	7	15.
3	Revenue less expenses. Subtract line 2 from line 1		-199	, 4	27.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	2	,994	1,9	42.
5	Net unrealized gains (losses) on investments		60	0,0	59.
6	Donated services and use of facilities				
7	Investment expenses		16	5,3	29.
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain on Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32. column (B))	2	871,90		03.
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII,			- 79	. 3
		- 3		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		W.		188
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		- 1		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	- HE - E - E - HE - E	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a	separate	330	5711	mit.
	basis, consolidated basis, or both:				
	Separate basis Doth consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	JUL 19.49	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis	s, consolidated	399	du,	N.E.
	basis, or both:	101			100
	Separate basis	, m			EQT)
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	T)			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on	10	18		44
	Schedule O.	, ,			(0.0)

X

3a

36

Form **990** (2022)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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 on Schedule O and describe any steps taken to undergo such audits.

UYA

#### **SCHEDULE A**

(Form 990)

Department of the Treasury

Internal Revenue Service

## **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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Vame	ame of the organization Employer identification number							
Ore	Pregon Natural Resources Council Fund 23-7432820							
Par		Reason for Public Cl	narity Status.(Al	II organizations mus	st comple	ete this p	art.) See instructi	ons.
The o		nization is not a private four						
1		A church, convention of chu					′0(b)(1)(A)(i).	
2		A school described in section		•				
3		A hospital or a cooperative I						
4		A medical research organiza		onjunction with a hos	pital desc	cribed in s	section 170(b)(1)(A	.)(iii). Enter the
		hospital's name, city, and st						
5	Ш	An organization operated for		ollege or university ov	wned or o	perated b	by a governmental u	init described in
	_	section 170(b)(1)(A)(iv). (C						
6	Ц	A federal, state, or local gov						
7	X	An organization that normal	•		ort from	a governi	mental unit or from t	the general public
_	_	described in section 170(b)						
8	Ц.	A community trust described						IIII
9	Ш	An agricultural research orga					-	
		or university or a non-land-g	rant college of agr	1culture (see Instructi	ons). ⊨nt	er the na	me, city, and state o	or the college or
	_	university:	(4)	11 00 4/00/ 11-			All Mana	tille form and seems
10	Ш	An organization that normal receipts from activities relate	ly receives (1) mor ed to its exempt fu	re than 33 1/3% of its actions, subject to ce	support	rom com	and (2) no more than	33 1/3% of its
		support from gross investme	ent income and un	related business taxa	ble incom	ne (less s	ection 511 tax) from	businesses
44 1	_	acquired by the organization						
11		An organization organized a		-				
12		An organization organized ar						
		one or more publicly support						
	_	Check the box on lines 12a th	•	• • • • • • • • • • • • • • • • • • • •		_	· ·	_
а	L	Type I. A supporting organ						
		the supported organization			ect a majo	ority of the	e directors or truste	es of the supporting
		organization. You must co	•					
b	_	Type II. A supporting orga	•					
		control or management of			ne same p	ersons th	nat control or manag	ge tne supported
	_	organization(s). You must						
¢	L	Type III functionally integ						ly integrated with,
	_	its supported organization(						
d	L	Type III non-functionally						
		that is not functionally inte						an attentiveness
	_	requirement (see instruction	•	•				
е	L	Check this box if the organ						II, Type III
_	_	functionally integrated, or			-	-	n.	
f		nter the number of supported	*					
g		rovide the following informat						
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the d	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
	_				162	NO		
A)								
			-			_		
B)								
4.								
C)								
D)								
D)								
E)								
otal					HOLDINGS.	10 10		

Oregon	Natural	Resources	Council	Fund
OTEGOTI	Machtar	VESOUTCES	COUNCIL	r und

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below places complete Part III. Part II Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,362,176.	1,559,114.	1,760,774.	2,407,378.	1,939,345.	9,028,787.
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	1,362,176.	1,559,114.	1,760,774.	2,407,378.	1,939,345.	9,028,787.
5	The portion of total contributions by						
	each person (other than a governmental				10000		
	unit or publicly supported organization)				VIII SOL		1
	included on line 1 that exceeds 2%			13.5			
	of the amount shown on line 11,						
	column (f)						
_6_	Public support. Subtract line 5 from line 4.						9,028,787.
	on B. Total Support	1		- 11	20 III	10.49	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,362,176.	1,559,114.	1,760,774.	2,407,378.	1,939,345.	9,028,787.
8	Gross income from interest, dividends,		-	-	100	-	
	payments received on securities loans,						
	rents, royalties, and income from similar						
	sources	43,492.	37,835.	45,258.	83,472.	100,943.	311,000.
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)	16,647.	61,403.	162,987.	12,170.	16,819.	270,026.
11	<b>Total support.</b> Add lines 7 through 10			بالانبار	THE PARTY OF		9,609,813.
12	Gross receipts from related activities, etc						14,183.
13	First 5 years. If the Form 990 is for the o						
	organization, check this box and stop he	re			- 10000 G G		3
Section	on C. Computation of Public Suppo						
14	Public support percentage for 2022 (line					14	93.95%
15	Public support percentage from 2021 Sch					15	94.17%
16a	33 1/3 % support test-2022. If the organ						
	box and stop here. The organization qua						
b	33 1/3 % support test-2021. If the organ						
	check this box and stop here. The organ	The state of the s			-		
17a	10%-facts-and-circumstances test-202						
	10% or more, and if the organization me Part VI how the organization meets the fa	cts-and-circun	nstances test.	The organizat	ion qualifies as	s a publicly su	pported
	organization						
b	10%-facts-and-circumstances test-202						
	15 is 10% or more, and if the organizatio						
	Explain in Part VI how the organization m	neets the facts-	-and-circumsta	ances test. The	e organization	qualifies as a	publicly
	supported organization						
18	Private foundation. If the organization d						prong
	instructions				<u> </u>	111-1	

Schedu	lle A (Form 990) 2022 Oregon Nat					23-743	2820 Page 3
Part	Support Schedule for Organiza					1.0	
	(Complete only if you checked the						ider Part II.
Cast	If the organization fails to qualify	under the te	sts listed bei	ow, piease co	omplete Part I	н.)	
	on A. Public Support	f=1.0040	/h10040	/-> 2020	(4) 2024	1 10000	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(i) I Otal
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		-				
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total, Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3	97070143	1	D. 200	b. Herri	N 100 AF	
	received from other than disqualified		All I	- 11		0 70.00	
	persons that exceed the greater of \$5,000		- 800	- 6	All Daniel		
	or 1% of the amount on line 13 for the year.		. VI		457 111		
С	Add lines 7a and 7b		4		100		
8	Public support, (Subtract line 7c from						
	line 6.)		THE PARTY		- 2		
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6	700	-251193	-1130	7.000		0.00
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
14	and 12.)	anization's fi	rst, second. th	ird, fourth, or t	ifth tax vear as	a section 501	(c)(3)
					,		

organization, check this box and stop here. . . . Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)). . . . % Public support percentage from 2021 Schedule A, Part III, line 15 . . . . . . . . . . .

Section D. Computation of Investment Income Percentage % Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)). . . . . 

19a 331/3 % support tests-2022. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

b 331/3 % support tests-2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and line 18 is not more than 331/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
		_	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing	139		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	450		
	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	163	100	(eT
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		_
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c 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		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			5-
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	13		2
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1155		88
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination	THE S	100	I.
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	153		100
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			1 6
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	153	11 3	
	answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	1743		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action		100	
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already		111	31
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		ļ
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			65
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class		391	
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	1927		
	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	F	F 5	
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			EU.
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?		SY.	
	If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		53	12
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations described	123	200	
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			121
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1	136	
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated		- 1	
	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	1 4	اقا	ET.
	determine whether the organization had excess business holdings	10h	1 1	

	Olegon Maculat Meddates Commet Land			—
Part	Supporting Organizations (continued)		V	N1 -
	Lieuthan and in the annual selection and the following persons?		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1 54	155	
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	-	
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations	11.0		
	on Di Tipo i dapporang di gamanano		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or memberships of one or			16
	more supported organizations have the power to regularly appoint or elect at least a majority of the organizations's officers,		33	271
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively		93	
	operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,		123	13
	describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	organizations and what conditions of 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			150
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			B
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations	_		
4	184		Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		3	
	or management of the supporting organization was vested in the same persons that controlled or managed		25	
	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			100
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	18	100	
	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).	2		_
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have		11.8	
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's		571	
	supported organizations played in this regard.	3	7,500	
Secti	on E. Type III Functionally Integrated Supporting Organizations	3	_	_
_		- OFF. 10	tiono	1
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below.	1511 UC	uons	<i>)</i> .
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity.	entity (	see	
•	instructions).			
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	15		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1 33	200	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			No.
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	250	- "	1
	_	2a		_
þ	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	- 17	5.1	1
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in	TITL	Gill	1
	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.	24	400	1
2	Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
3	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	F01		
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
=	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2022 Oregon Natural Resources Cou	ncil	Fund 23-	-7432820 Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explair	
See instructions. All other Type III non-functionally integrated supporting	organiz	ations must complete Se	ections A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (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 Yea (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	10		M
d Total (add lines 1a, 1b, and 1c)	Hd	A 11 11 A	
e Discount chaimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebte ness applicable to non-exempt-use assets	2	345 3	
3 Subtract line 2 from line 1d.	3		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 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 0.035.	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 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B. line 8, column A)	3	Description of the last of the	

6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally instructions.	y in	tegrated Type III supporting	organization (see

4 Enter greater of line 2 or line 3.

UYA

5 Income tax imposed in prior year

4 5 Oregon Natural Resources Council Fund 23-7432820 Page 7 actionally Integrated 509(a)(3) Supporting Organizations (continued)

Part	Type III Non-Functionally Integrated 509(a)(	3) Supporting Organ	nzations (continu	ueu)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish		1		
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	rted	2		
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Par	t VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			521	
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required- explain in <b>Part VI</b> ). See instr.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017			7 100	
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021		THE REPORT OF		
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount			0	
í	Carryover from 2017 not applied (see instructions)				
j	Remainder, Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount		NAME OF THE OWNER, WHEN		
С	Remainder. Subtract lines 4a and 4b from line 4.		The state of the		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:		a Tryphological Sci		
а	Excess from 2018		I STATE OF THE PARTY		10 ( - 0 -
b	Excess from 2019				
С	Excess from 2020		WENTER VOO IS		
d	Excess from 2021				
e	Excess from 2022	The same of the sa			

# Schedule B

#### **Schedule of Contributors**

OMB No. 1545-0047

2022

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

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

Employer identification number

23-7432820 Oregon Natural Resources Council Fund Organization type (check one): Section: Filers of: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

#### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

None	Section 501 of organization	(c)(4), (5), o	r (6) organizations: Complete Part III.		Employer identi	fication number
	-		Processor Council E	1		
	egon Na	curai	Resources Council Fu	ina under eastien 50:	23-7432	
_			if the organization is exempt			organization.
1	definition of	"political car	the organization's direct and indirect politic npalgn activities."			
2			y expenditures. See instructions			
3			cal campaign activities. See instructions .			0
Pai			if the organization is exempt to			W 1/
1	Enter the an	ount of any	excise tax incurred by the organization und	der section 4955		0.
2	Enter the an	ount of any	excise tax incurred by organization manage	ers under section 4955		
3			ed a section 4956 tax, did it file Form 4720			
	If "Yes," des		if the organization is exempt <b>i</b>	under section 50°	1(c) except section 50°	1/c)/3)
1			expended by the filing organization for sec			
2			filing organization's funds contributed to other			
_				_		0
3			penditures. Add lines 1 and 2. Enter here a			
4			file Form 1120-POL for this year?			
5			ses and employer identification number (E			
			nization listed, enter the amount paid from			
	received that	t were prom	otly and directly delivered to a separate poli	itical organization, such	as a separate segregated fund	or a political action
	committee (F	PAC). If add	itional space is needed, provide information	n in Part IV.		
	(a) N	ame	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
					filing organization's	contributions received and promptly and directly
			li li		funds. If none, enter -0-	delivered to a separate
					1	political organization.  If none, enter -0
						Il florie, eriter -o
(1)						
(2)						
(2)						
(3)			- t			
(-,						
(4)						
(4)						
(4)						

Par	II-A Complete if the organization section 501(h)).	is exempt under section 501(c)(3) and file	d Form 5768 (ele	ction under
A C		filiated group (and list in Part IV each affiliated group memb	er's name, address, EIN	l, expenses,
	and share of excess tobbying expenditur	The second secon		
в с	heck if the filing organization checked box A a			
	Limits on Lobby	ring Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public of	pinion (grassroots lobbying).	3,032	
b	Total lobbying expenditures to influence a legisla	tive body (direct lobbying)	15,913.	
C	Total lobbying expenditures (add lines 1a and 1b	)	18,945.	
d	Other exempt purpose expenditures		2,220,770.	
е			2,239,715.	
f	Lobbying nontaxable amount. Enter the amount f	rom the following table in both columns.	261,986.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	U 34 July 1	e de la company
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.	Land of Billion	
a	Grassroots nontaxable amount (enter 25% of line	e 1f)	65,497.	
h	Company of the Compan	r-0	- 18 VB VB	7
i	Subtract line 1f from line 1c. If zero or less, enter	The same of the sa	11 10 10 17	
- :	Market Control of the	e 1h or line 1i, did the organization file Form 4720	100	

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lo	bbying Expenditures	During 4-Year Aver	aging Period		
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	204,725.	212,105.	212,105.	261,986.	890,923
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column (e))</li> </ul>					1,336,38
c Total lobbying expenditures	73,497.	19,032.	20,303.	18,945.	131,77
d Grassroots nontaxable amount	51,181.	53,026.	53,026.	65,497.	222,73
e Grassroots ceiling amount (150% of line 2d, column (e))					334,09
f Grassroots lobbying expenditures	974.	3,697.	8,162.	3,032.	15,86

reporting section 4911 tax for this year. . . .

	(election under section 501(h)).	(2		(b)
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed			
lesc	ription of the lobbying activity.	Yes	No	Amount
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:	S. Carlot		
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 🖫 . 🐃 . 🐃 .			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
е	Publications, or published or broadcast statements?			
f	Grants to other organizations for tobbying 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		PETE	
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			OTTO PH
b	If "Yes," enter the amount of any tax incurred under section 4912	-	9. 5	
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?	VIE	07.000	tion
aire	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c 501(c)(6).	H2).	Ol sec	uon
			-	Yes
I	Were substantially all (90% or more) dues received nondeductible by members?		- To 1	1
!	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2
;	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3
	III-B 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."		Part II	
2	Dues; assessments and similar amounts from members		1	
_	for which the section 527(f) tax was paid).		20	
a b	Current year	100 m	2a 2b	
		7,92 =	2c	
C	Total		3	
	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 expenditures next ye	ear?	4	
	Taxable amount of Jobbying and political expenditures. See instructions		5	
-	IV Supplemental Information		•	
_	the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line	nes 1 a	and 2 (Se	ee instructions
WIDE	me contribution relations and the market market mine at a section of the market farmed and bearing a section in	,	- (-	

Schedule C (For	m 990) 2022	Ore	gon Nat	ural Resc	urces C	ouncil Fu	nd	23-7432820	Page 4
Part IV	Suppleme	ental Infor	mation (co	ntinued)					
		1		25	All real	A POR		N. 11	
			<del>15/15</del>	· 4-7	-8			100	
	10	100	9.0		W. z		100		
	-	100			1000		100 100 100	-	
									_
				_					

#### SCHEDULE D (Form 990)

**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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

)re	gon Natural Resources Council	. Fund	23-7432820			
Part	Organizations Maintaining Donor Adv	vised Funds or Other Similar F	ียnds or Accounts.			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line	6.			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year).					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds are the organization's			
	property, subject to the organization's exclusive legal control	ol?	Yes N			
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used only for charitable			
	purposes and not for the benefit of the donor or donor advis					
	private benefit?	<u> </u>	Yes N			
art	Conservation Easements.					
	Complete if the organization answered "	Yes" on Form 990, Part IV, line	7			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recreation or education)					
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a que	lified conservation contribution in the form				
	of the tax year.		Held at the End of the Tax Y			
а	Total number of conservation easements					
þ	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified historic s	.,				
d	Number of conservation easements included in (c) acquire					
_	listed in the National Register					
3	Number of conservation easements modified, transferred,	eleased, extinguished, or terminated by th	e			
	organization during the tax year					
4	Number of states where property subject to conservation ex		J-1-M			
5	Does the organization have a written policy regarding the policy regardi					
	and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and emolding cons	servation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, har	adling of violations, and enforcing consens	ation easements during the year			
,	Amount of expenses mounted in monitoring, inspecting, har	iding of violations, and citioroning conscive	ation casements during the year			
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	O(b)(4)(B)(i)			
-	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conserva					
-	include, if applicable, the text of the footnote to the organiza					
	conservation easements.					
art	Organizations Maintaining Collection	s of Art, Historical Treasures,	or Other Similar Assets.			
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 8	8.			
1a	If the organization elected, as permitted under FASB ASC 9	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 final	incial statements that describes these item	ns.			
b	If the organization elected, as permitted under FASB ASC 9	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 tr	easures, or other similar assets for financi	al gain, provide the following amounts			
	required to be reported under FASB ASC 958 relating to the					
а	Revenue included on Form 990, Part VIII, line 1		:: : : : : : : : : : : : : : : : : : :			
h	Assets included in Form 990, Part X		2			

Sched	ule D (Form 990) 2022 Oregon Nat	ural Resou	rces Coun	cil Fund	23-74	32820 Page 2			
	Organizations Maintaining								
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):								
а	Public exhibition		d 🗌 Loar	or exchange program	1				
b	Scholarly research		e 🗍 Othe	er .					
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further the	organization's exemp	t purpose in Part XIII.				
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pari	Part IV Escrow and Custodial Arrangements.								
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets not inc	cluded				
	on Form 990, Part X?		-			Yes No			
b	If "Yes," explain the arrangement in Part XIII			par especial control					
					Amou	int			
С	Beginning balance	the second second second second		10	С				
d	Additions during the year			00 100 100 100 100 100 100					
e	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo		and the same of th		0	Yes No			
b	If "Yes," explain the arrangement in Part XIII,	200	ACCOUNT OF	The state of the s	and the same of the same of				
Par		No.							
annual Contract of the Contrac	Complete if the organization a	answered *Yes"	on Form 990, f	Part IV, line 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back			
1a	Beginning of year balance		1,024,444		703,591.	631,964.			
b	Contributions	475,762.			72,527.	59,661.			
c	Net investment earnings, gains, and					00,000			
-	losses	107,916.	-192,146	. 223,611.	73,914.	33,966.			
d	Grants or scholarships.	10,,510.	132,110	. 223,022.	13,311.	35,300.			
e	Other expenditures for facilities and								
ŭ	programs		38,294	. 36,540.	27,315.	22,000.			
f	Administrative expenses		30,231	. 30,310.	2.,010.	22,000.			
g		1,380,182.	796 504	1 024 444	822,717.	703,591.			
2						100,001.			
a	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  Board designated or quasi-endowment 98.20%								
b	Permanent endowment 01.80%	30.20%							
c	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posses		tion that are held an	d administered for the					
34	organization by:	ssion of the organiza	don that are neid an	a administrated for the		Yes No			
	(i) Unrelated organizations					3a(i) X			
	(ii) Related organizations				14.121.122	3a(ii) X			
ь	The second secon					3b			
4	If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?								
Par	WWW		MITGHT TUNGS.						
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 (b) Cost or other basis (c) Accumulated (d) Book value								
	Description of property	(investm		, ,	lepreciation	(a) Dook value			
4 -	Land		,401.			119,401.			
1a	Land		,826.		381,509.	76,317.			
b	Buildings	43/	,020.		JU1, JU3.	10,311.			
C	Leasehold improvements	145	704.		114,324.	31,380.			
d	Equipment	145	, /04.		114,364.	31,300.			
e Total	Other	ual Form 990. Part >	C. column (B), line 1:	Oc.)		227.098.			

	(a) Description of security or category	(b) Book value	(c) M	ethod of valuation:
(including name of security)				nd-of-year market value
I) Financial	derivatives			
) Closely h	eld equity interests			
) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII	Investments — Program Related.			
	Complete if the organization answered "Yes" on Forn	990, Part IV, line	11c. See Form	990, Part X, line 1
	(a) Description of investment	(b) Book value		ethod of valuation:
			Cast or e	nd-of-year market value
1				W 47
		V - M	TA III JU	1/1/
			Service of the last of the las	W
	Name II			
	ATTENDED OF NO. SHADOW RESIDENCE	)		
)				
)				
B) O) otal. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)			
otal. (Colum	Other Assets.			
) otal. (Colum		990, Part IV, line	11d. See Form	990, Part X, line 1
) otal. (Colum	Other Assets.	990, Part IV, line	11d. See Form	990, Part X, line 1
) otal. <i>(Colum</i> Part IX	Other Assets. Complete if the organization answered "Yes" on Form	ı 990, Part IV, line	11d. See Form	
otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes" on Form	n 990, Part IV, line	11d. See Form	
) otal. <i>(Colum</i> Part IX	Other Assets. Complete if the organization answered "Yes" on Form	ı 990, Part IV, line	11d. See Form	
) otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes" on Form	ı 990, Part IV, line	11d. See Form	
) otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes" on Form	ı 990, Part IV, line	11d. See Form	
) otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes" on Form	ı 990, Part IV, line	11d. See Form	
) otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes" on Form	990, Part IV, line	11d. See Form	
) otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes" on Form	990, Part IV, line	11d. See Form	
) otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes" on Form	990, Part IV, line	11d. See Form	
) Datal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description	990, Part IV, line	11d. See Form	
Part IX  Part IX  ) ) ) ) ) ) ) ) ) ) ) ) ) tal. (Column	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)	990, Part IV, line	11d. See Form	
) Datal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities.			(b) Book value
part IX Part IX	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form			(b) Book value
tal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.			(b) Book value
otal. (Colum Part IX	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability			(b) Book value
otal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.			(b) Book value
tal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability			(b) Book value
part IX Part IX  http://www.part X  part X  1) Federal 2) 3)	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability			(b) Book value
part IX  Part IX  Part X  Part X  1) Federal  2)  3)	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability			(b) Book value
part IX  Part IX  Part X  1) Federal 2) 3) 4)	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability			(b) Book value
) otal. (Colum Part IX  ) ) ) ) ) otal. (Colum Part X  (1) Federal (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability			(b) Book value
part IX  Part IX  Part X  1) Federal 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability			(b) Book value
part IX  Part IX  Dial. (Column  Part X  Part X  (1) Federal (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" on Form  (a) Description  (b) must equal Form 990, Part X, col. (B) line 15.)  Other Liabilities. Complete if the organization answered "Yes" on Form line 25.  (a) Description of liability			(b) Book value