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Department of the Treasury

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

OMB No 1545-0047 Open to Public

Phone no.

orm **990** (2011

The organization may have to use a copy of this return to satisfy state reporting requirements A For the 2011 calendar year, or tax year beginning OCT 2011 and ending SEP 30, 2012 D Employer identification number C Name of organization Check if Address WESTERN RIVERS CONSERVANCY Name change 93-1326405 Doing Business As Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-241-0151 71 S.W. OAK STREET (503)Amended 13,782,572. City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-PORTLAND, OR 97204 H(a) Is this a group return pending F Name and address of principal officer SUE DOROFF Yes X No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 __ 501(c) () (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.WESTERNRIVERS.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Association Other > Year of formation: 2001 M State of legal domicile: OR Part I Summary Briefly describe the organization's mission or most significant activities PROTECTION OF OUTSTANDING RIVER Activities & Governance ECOSYSTEMS IN THE WESTERN UNITED STATES. Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets 8 Number of voting members of the governing body (Part VI, line 1a) 3 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 18 50 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 1,821,522 1,999,822. Contributions and grants (Part VIII, line 1h) Revenue 994,988 0. Program service revenue (Part VIII, line 2g) 253,349 1,946,618. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 54,846 85,774. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,124,705 4,032,214. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,000. 2,162,543. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 14 1,566,818 1,666,391. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 326,260. 1,149,879 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,539,313. 2,721,697 5,368,247. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 403,008 -1,336,033.Beginning of Current Year End of Year APR 0 8 2013 Ö 16,061,739 11,199,106. 20 Total assets (Part X, line \$3) Ś 8,932,288 5,405,688. 21 Total liabilities (Part X, line 26) 7,129,451 5,793,418. Net assets or fund balances Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Deckration of preparer (other than onicer) is based on all information of which preparer has any knowledge. AP Signature of efficer Sign 2013 DOROFF, PRESIDENT Here Type or print name and title Print/Type preparer's name Preparer's signature Paid YEE LEE LO P01294356 Firm's name GARY MCGEE & CO. LLP Preparer Firm's EIN Use Only Firm's address 808 S.W. THIRD AVENUE, SUITE PORTLAND, OR 97204 (503) 222-2515

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

orm	990 (2011) WESTERN RIVERS CONSERVANCY	93-1326405 Page 2	2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	X]
1	Briefly describe the organization's mission		_
	WESTERN RIVER CONSERVANCY'S MISSION IS TO PROTECT OUTSTA	ANDING RIVER	
	ECOSYSTEMS IN THE WESTERN UNITED STATES. WE ACQUIRE LAND		_
	CRITICAL HABITAT, PROVIDE PUBLIC ACCESS FOR COMPATIBLE OF	JSE AND	_
	ENJOYMENT, AND SECURE THE HEALTH OF WHOLE RIVER ECOSYSTI		_
2	Did the organization undertake any significant program services during the year which were not listed on		_
	the prior Form 990 or 990-EZ?	Yes X No	١.
	If "Yes," describe these new services on Schedule O		,
•		Yes X No	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes LA_INC	,
_	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		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of	grants and allocations to	
	others, the total expenses, and revenue, if any, for each program service reported		_
4a	(Code) (Expenses \$ 4,660,281. including grants of \$ 2,162,543.) (Revent)
	FOUNDED IN 1988 AND INCORPORATED AS AN INDEPENDENT 501(C)(3) IN 2001,	
	WESTERN RIVERS CONSERVANCY ("WRC") USES A MARKET-BASED A	APPROACH OF	_
	BUYING RIVERLANDS FROM CORPORATE AND INDIVIDUAL WILLING	SELLERS. WRC IS	
	THE ONLY ORGANIZATION THAT FOCUSES SOLELY ON RIPARIAN CO	ORRIDOR	_
	CONSERVATION ALONG OUTSTANDING WESTERN STREAMS. WE BRING		_
	CREATIVE REAL ESTATE TECHNIQUES AND GET MAXIMUM LEVERAGE		-
	CAPITAL AND COMMUNITY PARTNERSHIPS. WITH HEADQUARTERS II		_
	OREGON AND AN OFFICE IN SACRAMENTO, CALIFORNIA, WESTERN		_
			—
	CONSERVANCY IS GOVERNED BY AN NINE-MEMBER BOARD OF DIRECTION OF DIRECT	CTORS AND HAS	_
	FOURTEEN STAFF MEMBERS.		
			_
	(CONTINUED ON SCHEDULE O)		_
4b	(Code) (Expenses \$) (Reven	.ue \$.)
			_
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			_
4c	(Code) (Expenses \$ including grants of \$) (Reven	uue \$	_)
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			_
			—
			_
			_
			_
			_
4d	Other program services (Describe in Schedule O.)		_
	(Expenses \$ including grants of \$) (Revenue \$	ì	
4e	4 660 001		_
		Form 990 (201	1)

Form 990 (2011) WESTERN RIVERS CONSERVANCY
Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2 Is the organization regord to complete Schedule B, Schedule of Contributors? 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 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 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Is 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 II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 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 VI 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 10 Did the organization report an amount for westments - 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 VI 11 Did the organization report an amount for other		<u> </u>	$\neg \neg$	Yes	No
## **Yes,* complete Schedule 1s complete Schedule 8, Schedule 6f Contributors* 2 Is the organization required to complete Schedule 6f, Schedule of Contributors* 3 Id the organization regulated to complete Schedule 6f, Schedu	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		162	140
2 Is the organization required to complete Schedule @ Schedule & S	-		1	x	
public office? If "Yes," complete Schedule C, Part I Section SO (I)(G) regnantzation. Dot 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 is the organization as option 501(G)(4), 501(G)(5), or 501(G)(6). by the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advised on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II by the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II by the organization maintain and sole of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II by the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II by the organization, directly or through a related organization, hold assets in temporarily restricted andowments, premarent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part IV by the organization report an amount for any other following questions is "Yes," tomoplete Schedule D, Part IV by the organization report an amount for investments other securities in Part X, line 12? If Yes," complete Schedule D, Part IV by the organization report an amount for investments other securities in Part X, line 12? If Yes, "complete Schedule D, Part IV by the organization report an amount for other assets in Part X, line 12? If Yes, "complete Schedule D, Part X, III by the organization report an amount for other assets in Part X, line 12? If Yes, "complete Schedule D, Part X, III by the organization other assets or consideted for inacinal statements for the tax year? If "Yes," and if the organization report an amount for other assets in Part X, line 12? If Yes, "complete Schedule D, Part X, III by the organization other part X, line 12? If Yes, "complete Schedule D, Pa	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
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 is the organization a section 501(c)(6), 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 is the organization mannet any ofoner advessed 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 II is Did the organization receive in hold a conservation easement, including easements for pressure open space, the environment, historical areas, or historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III is Did the organization and including assemble to pressive open space, the environment, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III is Did the organization report an amount in Part X, line 21, serve as a custedian for amounts not bisted in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV is the organization report an amount for impact in Part X, line 102 If "Yes," complete Schedule D, Part IV is asset in part X, line 102 If "Yes," complete Schedule D, Part IV is asset in part X, line 152 If "Yes," complete Schedule D, Part X, line 153 If "Yes," complete Schedule D, Part X, line 154 If "Yes," complete Schedule D, Part X, line 156 If "Yes," complete Schedule D, Part X, line 156 If "Yes," complete Schedule D, Part X, line 156 If "Yes," complete Schedule D, Part X, line 156 If "Yes," complete Schedule D, Part X, line 156 If "Yes," complete Schedule D, Part X, line 156 If "Yes," complete Schedule D, Part X, line 156 If "Yes," complete Schedule D, Part X, line 156 If "Yes," complete Schedule D, Part X, line 156	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section Soli(Gel), 501(Ge), 601(Ge), 601(Ge), or 501(Ge), or 501(Ge		public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
5 is the organization a section \$01(c)(4), \$01(c)(5), or 501(c)(5) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 if "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receiver 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV 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 VI II 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 VI II the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI VI II 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 15? If "Yes," complete Schedule D, Part VI VI II 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 15? If "Yes," complete Schedule D, Part X VI Did the organization report an amount for investments - program related in Part X, line 15? If "Yes," complete Schedule D, Part X VI Did the organization report an amount for investments - program related in Part X, line 15? If "Yes," complete Schedule D, Part X VI Did the organization rep	4				
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9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V 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 III If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part V III If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V III Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V III 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 V III 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 V III Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X III Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X III X III Did the organization organization assets in Part X, line 25? If "Yes," complete Schedule D, Part X III X	8	·			
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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 I If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, VIII, III, IX, or X as applicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI VI Did the organization report an amount for investments - other securities in Part X, line 12° If "Yes," complete Schedule D, Part VII 11b X Did the organization report an amount for investments - program related in Part X, line 13° If "Yes," complete Schedule D, Part VIII 11b X Did the organization report an amount for other assets in Part X, line 13° If "Yes," complete Schedule D, Part VIII 11c X Did the organization report an amount for other assets in Part X, line 15° If "Yes," complete Schedule D, Part X Did the organization report an amount for other lasses in Part X, line 15° If "Yes," complete Schedule D, Part X Did the organization report an amount for other lasses in Part X, line 15° If "Yes," complete Schedule D, Part X Did the organization report an amount for other lasses in Part X, line 15° If "Yes," complete Schedule D, Part X Did the organization report an amount for other lasses in Part X, line 15° If "Yes," complete Schedule D, Part X Did the organization report an amount for other lasses in Part X, line 15° If "Yes," complete Schedule D, Part X Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization maintain an office, employees, or agents outside of the United States? If "Yes," complete Schedule P, Parts II and IV Did the organization report an Part IX, colu	9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide		-	
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located outside the United States? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		·	15_	-	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	16		1.0		v
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	47		16	-	<u>^</u>
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 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 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	17		17		Y
1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	18	· ·	<u>''</u>	 	1
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a 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			18		x
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b X	19		[<u> </u>	<u> </u>	T
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20a X			19		Х
	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	ļ	
	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	22-	<u> </u>

Form 990 (2011) WESTERN RIVERS CONSERVANCY

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		.53	110
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		<u>X</u> _
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	İ		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X	 -
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			37
	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 Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
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	200		x
20	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	_A_	
30	contributions? If "Yes," complete Schedule M	30	Ì	x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	 "	 	
Ų <u>L</u>	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UZ		
•	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
_	If "Yes," complete Schedule R, Part V, line 2	36	1	х
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		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			Γ
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2011)

Par				
	Check if Schedule O contains a response to any question in this Part V	—		ليا
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 29	1		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4 1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ĺ
	(gambling) winnings to prize winners?	1c		 -
	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,)	Ì	ĺ
	filed for the calendar year ending with or within the year covered by this return . 2a 18	7 [٠,,	ł
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	1 _ 1		- T
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	_	X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	1.1		v
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		X
b	If "Yes," enter the name of the foreign country:			ĺ
- -	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5b		$\vdash^{\mathbf{\Lambda}}$
_	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	5c		<u> </u>
6a	any contributions that were not tax deductible?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	 		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	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		X
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	A
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting N/A			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8_		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		↓
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		↓
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a	┥ '		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders N/A 11a	-{		}
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	-		
40	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 N/A 12b	-		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	40-		+-
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	}	+-
L	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	· · · · · · · · · · · · · · · · · · ·			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b	1	1	
14a		140	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b	t	+
	n 100, had a nice a north 20 to report these payments: in 110, provide an explanation in schedule of		Gan	(2011)

Form 990 (2011) WESTERN RIVERS CONSERVANCY 93-1326405 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response to any question in this Part VI			\mathbf{x}			
Sec	tion A. Governing Body and Management			<u>ىما</u>			
<u> </u>	and A. Governing Body and Management	\neg	Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year		162	NO			
164	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						
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		x			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision						
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		x			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X			
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		-				
14	more members of the governing body?	7a		x			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		- 22			
	persons other than the governing body?	7b		х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5					
a	The governing body?	8a	х				
b	Each committee with authority to act on behalf of the governing body?	8b	X				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00	. 21				
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
<u> </u>	tree of the mornal revenue code?		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X			
b	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							
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u>11a</u>	Х				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this was done	12c	X				
13	Did the organization have a written whistleblower policy?	13	Х				
14	Did the organization have a written document retention and destruction policy?	14	Х				
15	Did the process for determining compensation of the following persons include a review and approval by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ļ				
а	The organization's CEO, Executive Director, or top management official	15a		x			
-	Other officers or key employees of the organization	15b		X			
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			T			
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		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 respect to such arrangements?	16b					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶OR , CA , WA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole				
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d fina	ncial				
	statements available to the public during the tax year.						
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion.	▶ .				
-	JULIETTE HARDING - (503) 241-0151	-	-				
	71 S.W. OAK STREET, PORTLAND, OR 97204						

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

Check if Schedule O contains a response to any question 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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		not cl	heck a	more	than e		Reportable	Reportable	Estimated
	hours per week			ss per dadı				compensation from	compensation from related	amount of other
	(describe	tor						the	organizations	compensation
	hours for	direc				25		organization	(W-2/1099-MISC)	from the
	related	trustee or director	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloyee	00 m				and related
	in Schedule O)	Individual	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KEN GROSSMAN	1 00									
DIRECTOR	1.00	X						0.	0.	0
(2) HENRY LITTLE	4									
DIRECTOR	4.50	X	_	_	! —	-	_	0.	0.	0
(3) PETER MOYLE										
DIRECTOR	1.00	X		_			_	0.	0.	0
(4) CLEVE PINNIX	4									
DIRECTOR	1.50	X	_					0.	0.	0
(5) JON ROUSH	5 00									
DIRECTOR	5.00	X		<u> </u>		├-	_	0.	0.	0
(6) JACK WILLIAMS	2 00	٠,				l				
DIRECTOR	2.00	X	_		-	├		0.	0.	0
(7) NANCY MCKAY	1 00	7,		,,		1				
CHAIR	1.00	X	\vdash	X	 	├		0.	0.	0
(8) DARCY SAIGET	1 00	х		x				0.	0.	_
VICE CHAIR	1.00	^		^	-	┢		<u> </u>	<u></u>	0
(9) ROBERT ANDERSON	2.00	X	ļ	x	l	l	ļ	0.	0.	0
TREASURER	2.00	^	╁	┢	┢	+	 	· · · · · · · ·	- 0.	, <u> </u>
(10) PHILLIP WALLIN PRESIDENT	40.00	ł	1	X				137,368.	0.	38,474
(11) SUE DOROFF	1 30.00		┢	1	 	\vdash	┢╌	137,300.		30, 3/3
VICE PRESIDENT	40.00			x				137,088.	0.	36,666
(12) JULIETTE HARDING	120.00				-	\vdash	一	137,000.		30,000
DIR. OF FIN. AND ADMIN.	40.00			x				90,657.	0.	26,980
(13) RALPH W. YARBERRY	10.00		\vdash	-	1	1	\vdash	30,037		20,300
DIR. OF INTERIOR WEST	40.00					x		119,269.	0.	19,788
(14) DONALD TREDENNICK	10.00	\vdash	✝		1	-		115/205.		137,00
SENIOR PROJECT MANAGER	40.00					x		100,271.	0.	24,715
DENION INCODE! IMMIODIN								200,272,		2-1/-23
		\vdash	\vdash	\vdash	\vdash		\vdash			
			-		-	-				
							_	L		

<u> </u>	(A) Name and title	(B) Average hours per week	(do not check more than one					one han	(D) Reportable compensation from	(E) Reportable compensation from related	n Ì	am	(F) imate ount o	
_		(describe hours for related organizations in Schedule O)	s for ted unal trustee or dree catronal trustee est compensated est compensate			Former	the organization (W-2/1099-MISC)			s compensation				
								_						
											_			_
			-		_				-	<u> </u>				
		<u> </u>		ļ			├-							_
			-	ļ		_	-	_	ļ					
					_		Ļ		504 652			1.4		2.2
	Sub-total Total from continuation sheets to Part V	II, Section A					>		584,653. 0.		0.	14	6,6	<u> 23.</u>
	Total (add lines 1b and 1c)						<u> </u>		584,653.	000 -1	0.	14	6,6	23.
	Total number of individuals (including but recompensation from the organization	tot iiinited to ti	1086	HSLE	30 a	DOV	e) w	10 r	eceived more than \$10		e			4
3	Did the organization list any former officer	, director, or th	uste	e, ke	ev er	npk	ovee	. or	highest compensated e	employee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s	such individual	•			·	•					3		Х
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes	," cc	mpl	ete :	Sch	edul	e J i	for such individual	-		4	х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	•					•	relat	ted organization or indiv	vidual for services	•	5		X
	tion B. Independent Contractors									0400000				
1	Complete this table for your five highest co the organization. Report compensation for	-								•	npens	ation	rom 	
	(A) Name and business	s address	N	ON	E				(B) Description of	services	_ c)) Compe		n
												-		
								_	<u> </u>		<u> </u>			
	Tatal annih and a dan and	(- had 1												
	Total number of independent contractors \$100,000 of compensation from the organ	_	not I	ımıte	a to	the	ose li 0	stec	a above) who received i	more than			_	

93-1326405

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do I	Check if Schedule O contains a response to tinclude amounts reported on lines 6b,	(A)	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	2,162,543.	2,162,543.	·····	
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	105 101	242 422	100 515	
	trustees, and key employees	496,104.	348,403.	139,516.	8,185.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	002 244	CEE 084	T.C. 200	151 545
7	Other salaries and wages	883,341.	655,274.	76,322.	151,745.
8	Pension plan accruals and contributions (include	66 140	40.004	4 500	10 050
	section 401(k) and section 403(b) employer contributions)	66,140.	49,084.	4,798.	12,258.
9	Other employee benefits	119,043.	90,995.	5,431.	<u>22,617.</u>
10	Payroll taxes	101,763.	74,229.	14,998.	12,536.
11	Fees for services (non-employees)				
а	Management	45 500	45 500		 -
b	Legal	45,598.	45,598.	14 057	 -
C	Accounting	<u>14,957.</u>	72 521	14,957.	
d	Lobbying	73,521.	73,521.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	FOF 470	F02 F20	10 017	2 022
9	Other	525,479.	503,530.	19,917.	2,032.
12	Advertising and promotion	74,012.	68,103.	1,061.	4,848.
13	Office expenses	149,185.	94,407.	13,040.	41,738.
14	Information technology		· · · · · · · · · · · · · · · · · · ·		
15	Royalties	93,174.	67 202	13,715.	12 066
16	Occupancy	112,272.	67,393. 94,986.	4,368.	12,066
17	Travel	114,414.	94,900.	4,300.	12,918.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
40	· ' ' ' ' '	39,374.	30,157.	1,961.	7,256
19	Conferences, conventions, and meetings Interest	69,860.	69,860.	1,301.	1,230
20	Payments to affiliates	03,800.	03,000.		
21	Depreciation, depletion, and amortization	10,383.	7,514.	1,556.	1,313
22 23	Insurance	9,574.	5,471.	3,141.	962
24	Other expenses. Itemize expenses not covered	J, J, 4.	3, 11.	J, 141.	702
24	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	LAND TRANSACTIONS EXP.	168,180.	168,146.	16.	18
b	DONOR/BOARD CULTIVATION	107,112.	11,191.	63,349.	32,572
c	OTHER	46,632.	39,876.	3,560.	3,196
d			,,		
e					
25	Total functional expenses Add lines 1 through 24e	5,368,247.	4,660,281.	381,706.	326,260
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)				

Par	t X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	100.	1	100.
	2	Savings and temporary cash investments	1,656,027.	2	3,440,698.
	3	Pledges and grants receivable, net	560,807.	3	712,459.
	4	Accounts receivable, net	54,668.	4	65,963.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II		1	
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section		İ	
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		l	
		employers and sponsoring organizations of section 501(c)(9) voluntary			
"		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	41,906.	9	24,889.
	10a	Land, buildings, and equipment: cost or other	10. apr		
		basis Complete Part VI of Schedule D 10a 7,006,065.			
	ь	Less. accumulated depreciation 10b 56,854.	13,343,367.		6,949,211.
	11	Investments - publicly traded securities	404,864.	11	5,786.
	12	Investments - other securities See Part IV, line 11	<u> </u>	12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	16 061 730	15	11 100 106
	16	Total assets. Add lines 1 through 15 (must equal line 34)	16,061,739. 148,007.	16	11,199,106. 330,204.
	17	Accounts payable and accrued expenses	140,007.	17	330,204.
	18 19	Grants payable Deferred revenue		18 19	
	20	Tax-exempt bond liabilities		20	
"	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		-	
Ē		highest compensated employees, and disqualified persons Complete Part II] 1	
Ë		of Schedule L	246,440.	22	935,156.
	23	Secured mortgages and notes payable to unrelated third parties	8,537,841.	23	4,140,328.
	24	Unsecured notes and loans payable to unrelated third parties	3755775223	24	<u> </u>
	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			
	ł	Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	8,932,288.	26	5,405,688.
		Organizations that follow SFAS 117, check here X and complete			
S		lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets	5,679,244.	27	3,882,109.
3ala	28	Temporarily restricted net assets	610,241.		762,843.
βĒ	29	Permanently restricted net assets	839,966.	29	1,148,466.
Ē		Organizations that do not follow SFAS 117, check here and			
٥		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	<u></u>	32	
Z	33	Total net assets or fund balances	7,129,451.		5,793,418.
	34	Total liabilities and net assets/fund balances	16,061,739.	34	11,199,106.

Form	990 (2011) WESTERN RIVERS CONSERVANCY	93-13	26405	Pag	_{je} 12		
Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
					_		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,032	2,2	<u> 14.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,368	3,2	<u>47.</u>		
3	Revenue less expenses Subtract line 2 from line 1	3	-1,336	5,0	33.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,129	, 4	51.		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>		
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	1				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:		1 1				
	X Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt					
	Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or guidite, explain why in Schodule O and describe any stops taken to undergo euch guidite		2h		l		

Form **990** (2011)

132012 01-23-12

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of t	he organization	on		•	-				Employer ic	lentification number
		WESTERN	RIVERS CONS	ERVAN	CY		_		93	-1326405
Part I	Reason f	or Public Chari	ity Status (All organiz	ations mus	st complete	e this part	.) See instr	uctions	,	
The organ	ization is not a	private foundation t	because it is (For lines 1	through 1	1, check c	nly one b	ox)			
1 🖳	A church, cor	vention of churches	s, or association of churc	ches descr	nbed in se d	ction 170	(b)(1)(A)(i).			
2 🔲	A school desc	cribed in section 17	0(b)(1)(A)(ii), (Attach Sc	hedule E)						
з 🗆	A hospital or a	a cooperative hospit	tal service organization o	described i	n section	170(b)(1)(A)(iii).			
4 🔲	A medical res	earch organization o	perated in conjunction	with a hosp	pital descri	ibed in se	ction 170(l	b)(1)(A)	(iii). Enter th	e hospital's name,
	city, and state	e								
5 🔲	An organization	on operated for the l	benefit of a college or ur	niversity ov	vned or op	erated by	a governm	ental u	nit described	nı b
	section 170(b)(1)(A)(iv). (Comple	ete Part II.)							
6 🗀	A federal, stat	te, or local governme	ent or governmental unit	t described	ın sectio	n 170(b)(1)(A)(v).			
7 X										
	section 170(l	o)(1)(A)(vi). (Comple	te Part II)							
в 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🗌	An organization	on that normally rec	eives. (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	embers	hip fees, and	d gross receipts from
	activities relat	ted to its exempt fur	nctions - subject to certa	un exceptio	ons, and (2) no more	than 33 1/	/3% of ı	its support fi	om gross investment
	income and u	nrelated business ta	axable income (less sect	tion 511 ta	x) from bus	sinesses a	cquired by	the org	ganization at	ter June 30, 1975
	See section 8	509(a)(2). (Complete	Part III)							
10	An organization	on organized and op	perated exclusively to te	st for publi	c safety S	ee sectio	n 509(a)(4)).		
11	An organization	on organized and op	perated exclusively for th	ne benefit d	of, to perfo	rm the fur	nctions of,	or to ca	rry out the p	urposes of one or
	more publicly	supported organiza	ations described in secti	on 509(a)(1	1) or sectio	n 509(a)(2	?). See sec	tion 50	9(a)(3). Ched	ck the box that
	describes the	type of supporting	organization and compl	et <u>e lin</u> es 1°	1e through	11h.				
	a Type I	b	Type II d	с 🔲 Тур	e III - Func	tionally int	egrated		d 🔙	Type III - Other
e	By checking t	this box, I certify tha	it the organization is not	controlled	directly or	r indirectly	by one or	more d	isqualified p	ersons other than
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions desc	cribed in se	ection 5	09(a)(1) or s	ection 509(a)(2)
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	III		
	supporting or	ganization, check th	nis box							
g	Since August	17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	wing pe	ersons?	· · · · · · · · · · · · · · · · · · ·
	(i) A persor	n who directly or ind	lirectly controls, either al	lone or tog	ether with	persons o	lescribed i	n (II) and	d (III) below,	Yes No
	the gove	erning body of the si	upported organization?							11g(ı)
	(ii) A famıly	member of a persor	n described in (i) above?)						11g(ii)
	(iii) A 35% d	controlled entity of a	person described in (i)	or (II) above	9?					11g(iii)
h	Provide the fo	ollowing information	about the supported or	ganızatıon((s)					
									,	
(i) Name	of supported	(îi) EIN	(iii) Type of organization		organization		u notify the	(vi)	Is the ation in col.	(vii) Amount of
org	anızatıon		(described on lines 1-9		sted in your			(i) organ	nized in the l	support
			above or IRC section		document?	(I) oi youi	Support		J.S.?	
			(see instructions))	Yes	No	Yes	No	Yes_	No	
							[
				<u> </u>						
					 			<u> </u>		
				1	<u> </u>		ļ		+-+	
			 		 	<u> </u>	-			
		i								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990 EZ) 2011 WESTERN RIVERS CONSERVANCY 93-1326405 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support			<u> </u>	·		
 Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	2,059,016.	931,041.	1,816,229	1,821,522,	1,999,822,	8,627,630.
2	Tax revenues levied for the organ-						
	ızatıon'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	2,059,016,	931,041.	1,816,229.	1,821,522,	1,999,822,	8,627,630.
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				Ì		
	amount shown on line 11,						
	column (f)						2,259,994.
6	Public support. Subtract line 5 from line 4						6,367,636.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	2,059,016.	931,041.	1,816,229,	1,821,522,	1,999,822,	8,627,630,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	61,509.	20,335.	11,334.	1,806.	4,918.	99,902.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)	59,810.	88,489.	128,467.	54,846.	85,774.	417,386.
11	Total support. Add lines 7 through 10						9,144,918,
12	•		•				<u>,955,421.</u>
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	_
~	organization, check this box and stor						
	ction C. Computation of Publ		<u>_</u>				
14	Public support percentage for 2011 (•	column (f))		14	<u>69.63 %</u>
15	,, ,	,	•			15_	<u>79.70 %</u>
16	a 33 1/3% support test - 2011. If the	-		*	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies		_				$\triangleright \mathbf{X}$
ŀ	o 33 1/3% support test - 2010. If the				line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization qual	• •	•				
17	a 10% -facts-and-circumstances tes	_					•
	and if the organization meets the "fac			•	•	rt IV how the organ	nization
	meets the "facts-and-circumstances"	•	•		•		▶□
ı	10% -facts-and-circumstances tes	-				•	
	more, and if the organization meets t				•		. —
	organization meets the "facts-and-cir		-	•			▶ -
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ\ 2011

Schedule A (Form 990 or 990-EZ) 2011 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	now, please comp	Diete Fart II /	-			
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")			(5, ====			
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						
Tax revenues levied for the organ- ization'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 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)		<u> </u>				
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6				<u> </u>	<u> </u>	
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11, and 12) 						
14 First five years. If the Form 990 is for	r the organization	's first, second, thi	rd, fourth, or fifth t	tax vear as a section	on 501(c)(3) organi	zation.
check this box and stop here						
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2011 (ine 8, column (f) o	divided by line 13,	column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves	stment Incom	ne Percentage	<u> </u>			
17 Investment income percentage for 20	•	•	ne 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2011. If the						17 is not
more than 33 1/3%, check this box a	•	•		•		▶∟∟
b 33 1/3% support tests - 2010. If the	-					
line 18 is not more than 33 1/3%, che			· ·		-	` P
20 Private foundation. If the organization	<u>en did not check a</u>	1 box on line 14, 19	Ba, or 19b, check	this box and see in	structions	

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

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

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

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

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

Section 50 Name of organ	01(c)(4), (5), or (6) organizat nization	tions: Complete Part III		Emplo	oyer identification number
_	WESTERN	RIVERS CONSERVA	NCY		93-1326405
Part I-A	Complete if the org	janization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
	expenditures	ation's direct and indirect politic	al campaign activities		
Part I-B	Complete if the org	janization is exempt und	ler section 501(c))(3).	
1 Enter the		incurred by the organization und		▶\$	
2 Enter the	amount of any excise tax	incurred by organization manag	ers under section 495	5 ▶\$	
3 If the org	janization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a co	orrection made?				Yes No
	describe in Part IV.			504/	-1(0)
Part I-C		janization is exempt und		··	
	• •	by the filing organization for se	•		
	• •	ization's funds contributed to of	ther organizations for s		
•	function activities	. Add burn 4 and 0 Entertran	F 1100 DOI	▶\$	
line 17b	empt tunction expenditures	s. Add lines 1 and 2 Enter here a	and on Form 1120-POI	•	
	iling organization file Form	1120-POI for this year?		D	Yes No.
5 Enter the made pa	e names, addresses and er lyments. For each organiza- tions received that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	d from the filing organ a separate political or	uzation's funds Also enter th ganization, such as a separa	e amount of political
	(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-
					-

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

Schedule C (Form 990 or 990-EZ) 2011

Schedule C (Form 990 or 990-EZ) 2011	WESTERN	RIVERS CON	SERVANCY		93-1	326405 Page 2
Part II-A Complete if the org			section 501(c)(3)	and file	ed Form 5768	
expenses, and share	tion belongs t	o an affiliated group (a			group member's name	e, address, EIN,
Limi	ts on Lobbyir	box A and "limited cor ng Expenditures ns amounts paid or in			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public o	ppinion (grass roots lot	obying)			
b Total lobbying expenditures to influence	uence a legisla	ative body (direct lobb	ying)	L	84,528.	
c Total lobbying expenditures (add li	ines 1a and 1t	o)		L	84,528.	
d Other exempt purpose expenditure	es			L	4,957,459.	
e Total exempt purpose expenditure	es (add lines 1	c and 1d)		L	5,041,987.	
f Lobbying nontaxable amount Enter	er the amount	from the following tab	le in both columns.		402,099.	
If the amount on line 1e, column (a) o	or (b) is:	The lobbying nontax	able amount is:			
Not over \$500,000		20% of the amount or	line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,000 plus 15% o	the excess over \$500	0,000.		
Over \$1,000,000 but not over \$1,5	500,000	\$175,000 plus 10% o	the excess over \$1,0	000,000	-	
Over \$1,500,000 but not over \$17	,000,000	\$225,000 plus 5% of	the excess over \$1,50	00,000		
Over \$17,000,000		\$1,000,000				
g Grassroots nontaxable amount (er	nter 25% of lin	e 1f)			100,525.	
h Subtract line 1g from line 1a. If zer	ro or less, ente	er -0-			0.	
j Subtract line 1f from line 1c. If zero	o or less, ente	r -0-		L	0.	
j If there is an amount other than ze	ero on either lir	ne 1h or line 1i, did the	organization file Form	า 4720		
reporting section 4911 tax for this	year?					Yes No
· · · · · · · · · · · · · · · · · · ·	zations that n	Year Averaging Perionade a section 501(h) . See the instruction:	election do not have	to comp		
	Lobbyir	ng Expenditures Duri	ng 4-Year Averaging	Period		
Calendar year (or fiscal year beginning in)	(a) 200	08 (b) 200	9 (c) 201	10	(d) 2011	(e) Total
2a Lobbying nontaxable amount					402,099.	402,099.
b Lobbying ceiling amount						
(150% of line 2a, column(e))						603,149.
c Total lobbying expenditures					84,528.	84,528
d Grassroots nontaxable amount					100,525.	100,525
e Grassroots ceiling amount						
(150% of line 2d, column (e))	-					150,788.

Schedule C (Form 990 or 990-EZ) 2011

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2011 WESTERN RIVERS CONSERVANCY 93-1326405 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Presch "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description the lobbying activity 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. Volunteers? Part a Volunteers? Part a Volunteers? Part a Volunteers? Part a Volunteers? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 of if "Yes," enter the amount of any tax incurred by organization managers under section 4912 of if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Total Alli-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6). Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization make only in-house lobbying and political expenditures from the pnor year? Total III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Not answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year	1(c)(5	1 2 3 5), or se	Yes	
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expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year				
a Current yearb Carryover from last year				
·		2a		
c Total		2b		
		2c		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		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 politica	l			
expenditure next year?		4		
Taxable amount of lobbying and political expenditures (see instructions)		5		
art IV Supplemental Information				
omplete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A	and P	Part II-B. Iu	ne 1. Also. o	comple
s part for any additional information.		•	·	•

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

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

➤ Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

WESTERN RIVERS CONSERVANCY

Employer identification number

	WESTERN RIVERS CON		93-1326405
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fun	ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	 	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor ad	vised funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	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 purpo	se conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	rganization answered "Yes" to Form 990), Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of an	historically important land area
	Protection of natural habitat	Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the fo	rm of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic stru	ucture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by	the organization during the tax
	year >		
4	Number of states where property subject to conservation ea	asement is located	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easement	s during the year >
7	Amount of expenses incurred in monitoring, inspecting, and	d enforcing conservation easements dur	ring the year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 1	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva	ition easements in its revenue and expe	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describ	es the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Forn	m 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	ASC 958), not to report in its revenue sta	atement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	xhibition, education, or research in furth	erance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that desc		
b	If the organization elected, as permitted under SFAS 116 (A	ASC 958), to report in its revenue statem	nent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition,		
	relating to these items:	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tr	reasures, or other similar assets for finar	
_	the following amounts required to be reported under SFAS		y
а	Revenues included in Form 990, Part VIII, line 1	,	▶ \$
	Assets included in Form 990, Part X		► \$ ► \$
	. 1991.5 molesso m. r. omi oboj r urch		

		RIVERS CO	<u>NSERV</u>	ANCY	·			93-13	<u> 26405</u>	Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tre	easures, o	r Other	Simila	ar Asse	ts (continue	ed)
3	Using the organization's acquisition, accession									
	(check all that apply):			•	•	_				
а	Public exhibition	d	ı 🗀 L	oan or excl	hange prograi	ms				
b	Scholarly research	e		ther	3 1 3					
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	ev further th	ne organizatio	n's exem	nat purpa	se in Par	t XIV	
	During the year, did the organization solicit or			-	=				••••	
	to be sold to raise funds rather than to be ma								Yes [□ No
Par						Yes" to F	orm 990	Part IV		
	reported an amount on Form 990, Par		0.0 11 1110	organizatio	ii anoworoa	.00 10 .	01111 000	, , , ,	,0 5, 0.	
12	Is the organization an agent, trustee, custodi		diary for c	ontribution	s or other ass	ets not i	ncluded			
···	on Form 990, Part X?		J.a. y 101 0	Ontribation	15 67 611167 GGC	01011011	1010000		Yes [□ No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing to	ahla						110
	ir res, explain the analigement in rail XIV	and complete the re	mowning to	2010					Amount	
_	Beginning balance						1c		Anogni	
	Additions during the year						1d			
	Distributions during the year								_	
4	Ending balance						1e 1f			
١	Did the organization include an amount on Fe	orm 000 Bort V line	. 010						Yes	No
	If "Yes," explain the arrangement in Part XIV.	, ,	; 2 1 f					L	res (NO
Par			newered !	Voc" to Fo	rm 990 Part I	\/ line 10	`	 -		
<u> </u>	Lindowinione i dildo. Complete		I		(c) Two years			oare back	(e) Four ye	are back
4	December of wear balance	(a) Current year	(0) -1	or year	(C) Two years	S Dack	a) Tillee y	rears back	(e) i our ye	als back
1a	Beginning of year balance				 -					
b	Contributions		-		 					
C	Net investment earnings, gains, and losses	_ _	 						 	
	Grants or scholarships		ļ		<u> </u>				 	
е	Other expenditures for facilities									
	and programs		 		 				 	
f	Administrative expenses	· · · · · · · · · · · · · · · · · · ·	ļ						 	
g	End of year balance	L	l		l				<u> </u>	
2	Provide the estimated percentage of the cur	rent year end balan		, column (a	a)) held as.					
	Board designated or quasi-endowment		%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
	The percentages in lines 2a, 2b, and 2c shou									
3а	Are there endowment funds not in the posse	ession of the organiz	zation tha	t are held a	ınd admınıste	red for th	e organi	zation		
	pà.									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organization:	·							3b	
4	Describe in Part XIV the intended uses of the									
Pai	t VI Land, Buildings, and Equipn			line 10.						
	Description of property	(a) Cost or			t or other		cumulate		(d) Book v	alue
		basis (invest	ment)		(other)	dep	reciation	<u> </u>		
1a	Land .	ļ <u></u>		6,91	17,000.				6,917	<u>,000.</u>
b	Buildings	<u> </u>						-		
	Leasehold improvements				10,053.		10,0			0.
	Equipment			7	79,012.		46,8	01.	32	<u>,211.</u>
	Other									
Tota	I. Add lines 1a through 1e (Column (d) must e	egual Form 990. Par	t X. colun	nn (B), line	10(c))				6.949	.211.

Schedule D (Form 990) 2011

	dule D (Form 990) 2011 WESTERN RIVERS CONSERVANC	<u>Y</u>		<u>93-1</u>	<u> 326405</u>	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990	to Audited Finar	icial State	ment		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		4,032	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	_	5,368	<u>,247.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-1,336	<u>,033.</u>
4	Net unrealized gains (losses) on investments		4			
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments .		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4 through 8		9			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 t XII Reconciliation of Revenue per Audited Financial Stater		10) 	-1,336	<u>,033.</u>
	 	nents with neve	nue per n	Т Т		701
1	Total revenue, gains, and other support per audited financial statements			1	4,049	, / 51 .
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	ا م		.		
a	Net unrealized gains on investments	2a	2,264.	1 1		
b	Donated services and use of facilities	2b	4,404.	-		
C	Recoveries of prior year grants Other (Describe in Part XIV.)	2c 2d	15,313.	-		
d		_ 20	<u> </u>	1 . 1	17	,577.
e	Add lines 2a through 2d Subtract line 2e from line 1			2e 3	4,032	
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			3	4,032	,414.
•	Investment expenses not included on Form 990, Part VIII, line 7b	40		1 1		
a b	Other (Describe in Part XIV)	4a 4b		┨		
-	Add lines 4a and 4b	_ 4b		4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	4,032	
	t XIII Reconciliation of Expenses per Audited Financial State	ments With Exp	enses per			<i>,</i> <u></u>
1	Total expenses and losses per audited financial statements			1	5,385	.824.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25					
а	Donated services and use of facilities	_{2a}	2,264.			
b	Prior year adjustments	2b		1		
С	Other losses	2c]		
d	Other (Describe in Part XIV)	2d	15,313.]		
е	Add lines 2a through 2d			2e	17	<u>,577.</u>
3	Subtract line 2e from line 1			3	5,368	,247.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]		
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,368	,247.
Pa	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Pare 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also co					9 4, Part
<u>P</u> Al	RT XII, LINE 2D - OTHER ADJUSTMENTS:		 -			
<u>B</u> E	LOW MARKET INTEREST				15	<u>,313.</u>
PA	RT XIII, LINE 2D - OTHER ADJUSTMENTS:					
<u>B</u> E:	LOW MARKET INTEREST				15	,313.
			<u></u>	_		

SCHEDULE (Form 990)

OMB No 1545-0047

2 Employer identification number 93-1326405 NATIVE FISH AND WILDLIFE Open to Public TETLANDS AND HABITAT IN HABITAT RESTORATION ON HE EEL RIVER WILDLIFE Inspection (h) Purpose of grant PROTECTION OF RIVER or assistance X Yes HE HOH RIVER. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any AREA. recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance CAND (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. 2,140,000,BOOK VALUE Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ▶ Attach to Form 990. (d) Amount of cash grant 22,543 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable CONSERVANCY SOVERNMENT 90-0146828 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (b) EIN WESTERN RIVERS criteria used to award the grants or assistance? FISH & GAME, WILDLIFE CONSERVATION 1 (a) Name and address of organization STATE OF CALIFORNIA DEPARTMENT OF SUITE 103 - SACRAMENTO, CA 95811 BOARD - 1807 THIRTEENTH STREET, or government PORT ANGELES, WA 98362 Name of the organization Department of the Treasury HOH RIVER TRUST Internal Revenue Service P.O. BOX 3068 Parti Part II

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Schedule I (Form 990) (2011)

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

93-1326405 Schedule I (Form 990) (2011) WESTERN RIVERS CONSERVANCY

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

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

Page 2

(c) Amount of (d) Amount of non-cash assistance (book, FMV, appraisal, other)			ed in Part I, line 2, and any other additional information	RIVERS CONSERVANCY HAS STAFF MEMBERS	CONSERVATION PROPERTIES PURCHASED	ARE BEING MAINTAINED TO THE	RIVERS CONSERVANCY REQUIRES	SUBMIT REPORTS TO WESTERN RIVERS	AND THE RESULTS OF THE PROJECT.	
(b) Number of recipients cas			the information require		- 1	ERTIES		SUBMIT REPO	FUNDS	
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	SCHEDULE I, PART I, LINE 2: WESTERN	WHOSE RESPONSIBILITY IT IS TO MONITOR	WITH FEDERAL FUNDS TO ENSURE THAT PROP	LEVEL AGREED TO. IN ADDITION, WESTERN	SUB-GRANTEES OF NON-LAND GRANTS TO	CONSERVANCY DETAILING THE USE OF THE	

WESTERN RIVERS CONSERVANCY MAINTAINS SUCH REPORTS ON ALL PROPERTIES.

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Schedule I (Form 990) (2011)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990,

Part IV, line 23.

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Questions Regarding Compensation

Employer identification number WESTERN RIVERS CONSERVANCY 93-1326405

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			ĺ
	First-class or charter travel Housing allowance or residence for personal use			ĺ
	Travel for companions Payments for business use of personal residence			1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		ļ
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director Explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization	4-	1	
	Receive a severance payment or change-of-control payment?	4a_		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement?	4b 4c	-	X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	40	-	-
	The teathy of miles the person and provide the applicable amounter for each teath in the miles			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the revenues of			
а	The organization?	5a		X
b	Any related organization?	5b	ļ	X
	If "Yes" to line 5a or 5b, describe in Part III		ļ	ļ
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of	_	1	,,
a	The organization?	_6a	<u> </u>	X
D	Any related organization?	6b	 	X
7	If "Yes" to line 6a or 6b, describe in Part III	1		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_	l	
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	_		X
9	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	8_	 	+^-
9	Regulations section 53 4958-6(c)?	9		
_	riegulations section 33 4500/c):	<u> </u>		

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Nontaxable benefits	(B)(i)-(D)	compensation reported as deferred in prior Form 990
	(E)	137,368.	0	0	13,975.	24,499.	175,842.	0.
1 PHILLIP WALLIN	(ii)		0.	0.	0	0	0	0
	(1)	137,088.	0.	0	13,975.	22,691.	173,754.	0
2 SUE DOROFF	⊞	0	0	0	0	0	0	0
	Ξ							
3	(ii)							
	(i)							
4	3							
	Ξ							
5	(ii)							
	Θ							
9	(ii)							
	(i)							
7	<u> </u>							
	(i)							
8	<u> </u>							
	(i)							į
6	(ii)							
	(!)							
10	(ii)							
	Ξ							
11	(ii)							
	Θ							
12	(ii)							
	Ξ							
13	(ii)						-	
	Θ							
14	(ii)							
	Ξ							
15	(3)							
	Ξ							
16	<u> </u>							

Schedule J (Form 990) 2011

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2011

Open To Public Inspection

Name of the organization							1	Employer	identif	ication n	umber
WE	STERN F	RIVERS	CONSI	ERVANCY				93-13	2640	5	
					501(c)(4) organization						
Complete if the org	anızatıon ans	wered "Yes"	on Form	990, Part IV, I	ine 25a or 25b, or Forr	n 990-E	Z, Parl	V, line 40)b		
1 (a) Name of di	squalified per	rson			(b) Description o	f transa	ction			(c) Corr	ected?
					(5) 2000 (5)					Yes	No
								_		<u> </u>	<u> </u>
			. .							 	
_				<u> </u>	· — -					 	
										 	
2 Enter the amount of tax imp	posed on the	organization	manager	s or disqualifie	ed persons during the	vear un	der				<u> </u>
section 4958	30000 011 1110	organization	managon	o or aloqualini	sa persons danny me	your un	u 01	▶ \$			
3 Enter the amount of tax, if a	any, on line 2	, above, reim	bursed by	the organiza	tion			> \$			
						_					
Part II Loans to and/o	or From In	terested	Persons	5.	-						
Complete if the org	anization ans	wered "Yes	on Form	990, Part IV,	ine 26, or Form 990-E2	Z, Part V	/, line 3	38a			
(a) Name of interested person and purpose		to or from anization?		nal principal mount	(d) Balance due		In ault?	by bo	proved ard or		ritten ment?
person and purpose			- "	nount					uttee?	†	· · · ·
TENT OF OGGIVEN	To	From	-	44 000		Yes	No	Yes	No	Yes	No_
KEN GROSSMAN -	X X			<u>44,000.</u> 35,000.	935,156.		X	X	 	X	
KEN GROSSMAN -	_ ^_	 	 	33,000.	935,130.			X		 ^-	
	 		 					 		 	
		 	 				— —	1	<u> </u>	 	
			 -					 		 	<u> </u>
		<u> </u>									
										<u> </u>	
Total				▶ \$	935,156.						
Part III Grants or Assi	istance Be	enefiting I	nterest	ed Person	S.						
Complete if the org		swered "Yes									
(a) Name of interested	d person		(b) Relat		een interested person a ganization	and			nount ar assista	nd type o	of
					gariization				2001012		
											
										_	
					·						
							 				
							+-				
							\top				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

SEE PART V FOR CONTINUATIONS

93-1326405 Page 2

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

WESTERN RIVERS CONSERVANCY

Employer identification number 93-1326405

Par	t I	Types of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cor amounts rep Form 990, Part	ntribution ported on	noncash	(d) nod of determi contribution a	_	S
1	Art -	Works of art								
2	Art -	Historical treasures								
3	Art -	Fractional interests								
4	Bool	ks and publications	X		11	<u>,440.</u>	MARKET	VALUE		
5	Clot	ning and household goods								
6		and other vehicles		<u> </u>			ļ			
7		ts and planes					ļ. <u></u> .			
8		lectual property	<u>-</u> -				ļ			
9		unties - Publicly traded	X	<u> </u>	<u> </u>	950.		····		
10		unties · Closely held stock					ļ			
11		urities - Partnership, LLC, or	<u></u>	-	 -		 			
		interests			<u> </u>		 			
12		urities - Miscellaneous								
13		lified conservation contribution -								
		oric structures					 			
14		lified conservation contribution - Other		 -	 		+			
15		estate - Residential estate - Commercial	<u> </u>	 	 		 	 ·		
16		estate - Commercial			}		+			
17 18		ectibles			 		1			
19		d inventory			 		1			
20		gs and medical supplies			 		 			
21	_	dermy			 		†			
22		orical artifacts					 			
23		entific specimens						_		
24		neological artifacts								
25		er	X	7	14	4,708.	MARKET	VALUE		
26	Oth	er > ()								
27	Oth	er 🕨 (
28	Oth	er > ()							_	
29	Nun	nber of Forms 8283 received by the organi	zation durir	g the tax year for	contributions					
	for v	which the organization completed Form 82	83, Part IV,	Donee Acknowled	lgement	29			,	
								_	Yes	No
30a	Duri	ng the year, did the organization receive b	y contributi	on any property re	ported in Part I,	lines 1-28 th	nat it must hol	d for		
	at le	ast three years from the date of the initial	contribution	i, and which is not	required to be	used for exe	mpt purposes	for		
	the	entire holding period?						30a	1	X
b	If "Y	es," describe the arrangement in Part II.								
31	Doe	s the organization have a gift acceptance	policy that i	requires the review	of any non-star	ndard contri	outions?	31	X	<u> </u>
32a	Doe	s the organization hire or use third parties	or related o	rganizations to so	lıcıt, process, or	sell noncas	h			
		tributions?						32	 	X
b		es," describe in Part II								
33		e organization did not report an amount in	column (c)	for a type of prope	erty for which co	olumn (a) is c	hecked,			
		cribe in Part II.								<u> </u>
IHA	F	or Paperwork Reduction Act Notice, see	the Instru	ctions for Form 9	90		Sch	edule M (For	m 9901	(2011)

Schedule M (Form 990) (2011) WESTERN RIVERS CONSERVANCY	93-1326405 Page 2						
Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and when the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of be Also complete this part for any additional information.							
SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS RE	PORTING THE						
NUMBER OF CONTRIBUTIONS.							
							

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

WESTERN RIVERS CONSERVANCY

RECREATIONAL OPPORTUNITIES FOR PEOPLE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

Employer identification number 93-1326405

WESTERN RIVERS CONSERVANCY'S SOLE FOCUS IS LAND ACQUISITION ALONG GREAT
WESTERN STREAMS. PURCHASE OF STRATEGICALLY-LOCATED LANDS IS THE BEST
WAY TO CONSERVE RIVERLANDS FOR FISH AND WILDLIFE HABITAT AND TO EXPAND

IN FISCAL YEAR 2012, WESTERN RIVERS CONSERVANCY HAD ACTIVE PROJECTS ON

SEVENTEEN RIVERS IN FIVE STATES. IN FISCAL YEAR 2012, WRC PERMANENTLY

PROTECTED 6,496 ACRES AND 17 RIVER MILES ALONG EIGHT OF THE FINEST

RIVERS IN WASHINGTON, CALIFORNIA, COLORADO AND OREGON. AT THE CLOSE OF

FISCAL YEAR 2012, WESTERN RIVERS CONSERVANCY HELD AN ADDITIONAL 1,283

ACRES ALONG FIVE RIVERS AND WORKED TO PLACE THESE LANDS INTO PERMANENT

PROTECTIVE STEWARDSHIP. WRC ALSO HAD CONTRACTUAL COMMITMENTS TO

CONSERVE MORE THAN 29,000 ACRES OF LAND IN FUTURE FISCAL YEARS.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY AN

INDEPENDENT CPA AND REVIEWED BY MANAGEMENT. A COPY IS PROVIDED TO THE BOARD

OF DIRECTORS ELECTRONICALLY FOR THEIR REVIEW PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND STAFF ARE

REQUIRED TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST ON AN ANNUAL BASIS.

EACH BOARD AND STAFF MEMBER IS MADE AWARE OF THE POLICY AND HIS OR HER DUTY

TO DISCLOSE POTENTIAL CONFLICTS OF INTEREST THAT MIGHT ARISE TO ENSURE THAT

THEY ARE ADDRESSED IN A TIMELY MANNER.

Name of the organization WESTERN RIVERS CONSERVANCY	Employer identification number 93-1326405		
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION M	· · · · · · · · · · · · · · · · · · ·		
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FIN			
AVAILABLE TO THE PUBLIC UPON REQUEST.			
			

Form **8868**

(Rev January 2012) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	re filing for an Automatic 3-Month Extension, complet					. > [X]	
	re filing for an Additional (Not Automatic) 3-Month Ext						
	emplete Part II unless you have already been granted a						
	c filing (e-file). You can electronically file Form 8868 if y						
required t	o file Form 990-T), or an additional (not automatic) 3-mor	nth extens	ion of time. You can electronically fi	e Form 88	368 to request	an extension	
	file any of the forms listed in Part I or Part II with the exc	•					
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format ((see instructions). For more details o	n the elec	tronic filing of t	:his form,	
$\overline{}$	irs gov/efile and click on e-file for Chanties & Nonprofits.						
Part I	Automatic 3-Month Extension of Time						
A corpora	tion required to file Form 990-T and requesting an auton	natic 6-mo	onth extension - check this box and o	complete			
Part I only						▶	
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	ICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time		
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employer	r identification i	number (EIN) or	
print	MESTERN RIVERS CONSERVANCY X 93-13					5405	
File Dv the					cunty number (
filing your	71 S.W. OAK STREET						
return See instructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions				
	PORTLAND, OR 97204						
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1	
L.110, 1110	riciani codo for the retain that the apphearence for (in-				·	<u></u>	
Application	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990		01	Form 990-T (corporation)			07	
	Form 990-BL 02 Form 1041-A					08	
Form 990		01	Form 4720			09	
Form 990		04	Form 5227			10	
	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11	
	-T (trust other than above)	06	Form 8870			12	
<u>- 311</u> (1 000	JULIETTE HARDII	VG	*···				
• The bo	ooks are in the care of > 71 S.W. OAK STI		- PORTLAND, OR 972	04			
	ione No. ► (503) 241-0151		FAX No. ▶				
	organization does not have an office or place of business	s in the Ur	nited States, check this box				
	s for a Group Return, enter the organization's four digit			f this ıs fo	r the whole aro	up, check this	
box ▶	If it is for part of the group, check this box	2	ach a list with the names and EINs of		_		
	quest an automatic 3-month (6 months for a corporation						
			ation return for the organization name		The extension		
us fo	or the organization's return for:	· 3 - · · - ·					
calendar year or							
	X tax year beginning OCT 1, 2011	. ar	nd ending SEP 30, 2012				
		,					
2 If th	ne tax year entered in line 1 is for less than 12 months, o	heck reas	son Initial return	Fınal retur	m		
	Change in accounting period						
L							
3a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any				
nonrefundable credits. See instructions.							
	ns application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and		1	0.	
	mated tax payments made Include any prior year over			3b	s	0.	
	ance due. Subtract line 3b from line 3a. Include your pa]		
	using EFTPS (Electronic Federal Tax Payment System).	-		3c	s	0.	
	If you are going to make an electronic fund withdrawal						