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Form **990**

SCANNED

232001 12-10-12

Department of the Treasury Internal Revenue Service

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)

The organization may have to use a copy of this return to satisfy state reporting requirements.

2012

Open to Public Inspection

OCT 1. 2012 and ending SEP 30, 2013 For the 2012 calendar year, or tax year beginning Check if applicable C Name of organization D Employer identification number Address change WESTERN RIVERS CONSERVANCY 93-1326405 Doing Business As Initial Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Termin-71 S.W. OAK STREET 241-0151 (503) Amended 9,561,975. City, town, or post office, state, and ZIP code 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 🗶 No for affiliates? SAME AS C ABOVE H(b) Are all affiliates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or .__ˈ 501(c) ((insert no.) 527 If "No," attach a list (see instructions) J Website: ► WWW.WESTERNRIVERS.ORG H(c) Group exemption number ▶ K Form of organization. X Corporation Trust Association Other -L 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 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 Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 RECEIVED 34 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 APR 3 0 2014 0. b Net unrelated business taxable income from Form 990-T, line 34 抛 ф Prior Year Current Year 999-822 1,293,783. Contributions and grants (Part VIII, line 1h) JEN. UIO 8,000. Program service revenue (Part VIII, line 2a) 1,946,618. 1,107,684. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 85,774. 76,761. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 4,032,214. 2,486,228. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,000. 2,162,543. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,666,391 1,627,496. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 318,961. **b** Total fundraising expenses (Part IX, column (D), line 25) 1,539,313. 1,401,782. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 5,368,247. 3,039,278. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -1,336,033. -553,050. Revenue less expenses Subtract line 18 from line 12 **Beginning of Current Year End of Year** 11,199,106. 7,401,070. 20 Total assets (Part X, line 16) 5,405,688. 2,160,702. 21 Total liabilities (Part X, line 26) 5,793,418. Net assets or fund balances Subtract line 21 from line 20 5,240,368. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign SUE DOROFF PRESIT Here Type or print name and title PTIN Print/Type preparer's name Paid YEE LEE LO ₱01294356 GARY MCGEE & CO. LLP Preparer Firm's name Firm's EIN 🕨 Firm's address 808 S.W. THIRD AVENUE, SUITE Use Only PORTLAND, OR 97204 Phone no. (503) May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2012)

orm	990 (2012) WESTE	RN RIVERS CONSERVANCY	93-13:	26405 Pa
Par	t III Statement of Program	Service Accomplishments		
	Check if Schedule O contains	a response to any question in this Part III		
	Briefly describe the organization's m		I IS TO PROTECT OUTS	randing
	RIVER ECOSYSTEMS I	N THE WESTERN UNITED STA	TES.	
	(CONTINUED ON SCHE	DULE O)		
2		ignificant program services during the year which	ch were not listed on	
	the prior Form 990 or 990-EZ?		or word not listed on	Yes X
	If "Yes," describe these new service			Yes X
	If "Yes," describe these changes on	ng, or make significant changes in how it conduc Schedule O.	cts, any program services?	L_JYes LA
4	Describe the organization's program	service accomplishments for each of its three la	argest program services, as measured b	v expenses.
	Section 501(c)(3) and 501(c)(4) organ	nizations are required to report the amount of gra		
	revenue, if any, for each program se		10 000	1 6 6 6 6
4a	WRC IS THE ONLY OR	2,386,642. including grants of \$ GANIZATION IN THE WESTER	N U.S. THAT FOCUSES	
		CONSERVATION ALONG OUTST		
		DS WITH HIGH CONSERVATIO		
		PERILED FISH AND WILDLIF		
		TER USE, LOGGING, MINING		
		ABITAT CONNECTIVITY IN S		OST
		TANT REGIONS. OUR ACQUIS		
		TUNITIES FOR PEOPLE BY O		TENSIVE
		T TREASURED WESTERN STRE		
	(CONTINUED ON SCHE	DULE O)		
 4b		including grants of \$	\ /3	
) (Expenses 4	microuning grains of \$) (Heveline 3	
		 		
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4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	
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4d	Other program services (Describe in	Schedule O.)		
4d	Other program services (Describe in (Expenses \$	Schedule O.) including grants of \$ 2,386,642.) (Revenue \$)

' Form 990 (2012) WESTERN RIVERS CONSERVANCY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		X
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	_6_		X
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable		Preserve Preserve	1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	***************************************
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16_		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	,	х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"	 	 *
.5	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			990	(2012)

' Form 990 (2012) WESTERN RIVERS CONSERVANCY
Part IV Checklist of Required Schedules (continued)

21 Dot the organization report more than \$5,000 of grains and other assistance to any government or organization in the United States on Part IX, outurn (A), in a "1" "ves," complete Schedule I, Part I and III 22 Did the organization report more than \$5,000 of grains and other assistance to individuals in the United States on Part IX, column (A), line 2" If "Yes," complete Schedule I, Part I and III 23 Did the organization answer "Yes" to Part VIII. Section A, line 5, 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 Is and III				Yes	No
22	21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
22 Ut 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 IVes," complete Schedule I, Part IVEs, "complete Schedule I, Part IVEs," complete Schedule I, Part IVES, "complete Schedule II, Part IVES," and so IVes, "complete Schedule II, Part IVES," and IVES, "complete Schedule II, Part IVES," and IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule II, Part IVES," complete Schedule II, Part IVES, "complete Schedule IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			21	X	{
23 Dd the organization answer "Yes" to Part VII, Section A, Ina 3, 4, or 5 about compensation of the organization's current and former officiers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I as to day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, I' Not., 30 to line 25 bit of the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and former officers, fursetors, frustees, 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 2d and complete Schedule K "No", go to line 25 b Did the organization ministant an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(x)(3) and 501(x)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization was 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 organizations prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 25b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV and the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributors of respective priors, complete Schedule L, Part IV 27b A nemtry of which a current for former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I		column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 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 I, "No", or lo time 25 b Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization mivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Dd 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 lake 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24d			(1
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Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization mixest any proceeds of tax exempt bonds beyond a temporary period exception? 24c 24d 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part I 25b 26c Was a loan to or by a current or former officer, director, frustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III 27c 28c Was at loan to or by a current or former officer, director, frustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III 27d Did the organization aperity of a grant selection committee member, or to a 35% controlled entity or family member of any of these personse? If "Yes," complete Schedule L, Part IV East A Current or former officer, director, frustee, or key employee? If "Yes," complete Schedule L, Part IV East A Current or former officer, director, frustee, or key employee (or a family member of a current or former officer, director, frustee, or key employee (or a family member of a current or former officer, director, frustee, or key employee (or a family interpretation was an officer, director, frustee, or key employee (or a family interpretation was an officer, frustee, or key employee? If "Yes," complete Schedule M. Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29d Did the organization sell, exchange, dispose of, or transfer more than \$250 of i	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25S Section SO1((3)) and S01((6))4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 spinor Forms 980 or 990 E27 If "Yes," complete Schedule L, Part II 27D Und the organization provide a grant or other assistance to an officer, director, trustee, key employee, undesticated person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 28D Was a loan to or by a current or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a vurrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28D Und the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28D Und the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M, Part I II 30D Und the organization of liquidate, terminate, or dissolve and c		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	ļ		
c 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 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25b 25c Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25c 25a X 25a X 25a X 25b 25c X		Schedule K If "No", go to line 25	24a		X_
any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "If "Yes," complete Schedule L, Part I "25a X" 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-E2? If "Yes," complete Schedule L, Part I "25b A "27b Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II "27b Unit he organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II "27b Unit he organization provide a grant or other assistance to an officer, director, trustee, key employee, Branch or the second of any of these persons? If "Yes," complete Schedule L, Part IV "27b A family member of a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV "28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV "28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV "28b A family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M "29b X "29b Unit the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I "31b X "35b Unit the organization own 100% of an entity dis	b		24b		
d I dit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27b (dit the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III 27b (dit the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IIV 27b (and instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b (and instructions for applicable fling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b (and instructions of any instruction of any instructions of any instruction of any instruction of any instruction of any instruction of any inst	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
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Schedule of the number reported in Box 3 of Form 1096. Enter 0- if not applicable b. Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with more with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with more with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) with more with a support of the payment of the reportable payment to vendors and reportable gaming (gambling) with more within the year covered by this return 2a. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field of the reclandary year ending with or within the year covered by this return b. If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: if the sum of lines is and 2a is greater than 500, you may be required to e-free (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. If "Yes," and the direct of the yeap? If "No," provide an explanation in Schedule O 4a. All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See enstructions for flag requirements for Form TD F 90.02.1, Report of Foreign Bank and Financial Accounts 5b. If "Yes," in the financial accountry (such as a brak account, securities account, or other financial accountry. 5c. With the organization and party to a prohibited tax shelter transaction? 5c. With Yes, "In the See of bit, did the organization file Form 8886.7? 5c. With Yes," In the see of bit, did the organization file Form 8886.7? 5c. With Yes," In the see of bit, did the organization file Form 8886.7? 5c. With Yes," In the see of bit, did the organization file Form 8886.7 in a contribution or qui	Fai	Check if Schedule O contains a response to any question in this Part V			
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b Enter the number of Forms W26 included in the 1a. Enter 0 if not applicable	10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		169	1,10
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. 1b If at least one is reported on the 2a, did the organization field all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have intended business gross income of \$1,000 or more dump the year? 3b If Yes, "that it fleid a Form 990." For this year? If Yilo, *provide an explanation in Schedule O 3d At any time duming the calendary year, did the organization flow an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5d At Yes, "there the name of the foreign country." So enstructions for flar prequirements for Form 10 F 90.22.1, Report of Foreign Bank and Financial Accounts 5d Was the organization a party to a prohibited tax shelter transaction? 6d If Yes, "to line 5a or 55, did the organization that it was or is a party to a prohibited tax shelter transaction? 6d Does the organization and gloss receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6d Does the organization include with everys solicitation an express statement that such contributions or grifts were not tax deductible? 6d Boes the organization that may receive deductible contributions under section 170(c). 6d If Yes, "did the organization motify the dione for the value of the goods or services provided? 7d Organizations that may receive deductible contributions under section 170(c). 8d If Yes, "did the organization motify the dione of the value of the goods or services provided? 9d Unit the organizatio				•	
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b If "Yes," has it filled a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 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 shetter transaction? b If any taxable party nortry the organization filing form 8886-1? Cab Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions? b If "Yes," do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization sthat may receive deductible contributions under section 170(c). a Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? b If "Yes," indicate the number of Forms 8282 filed during the year. b Of the organization sell, exchange, or otherwise dispose of tangible personal benefit contract? 7 Of the organization sell year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Of the organization sell year, pay premiums, directly or indirectly, on a personal benefit contract? 8 Spensoring organizations maintaining donor advised funds and section 596(a) supporting organizations. Did the supporting organizations mai		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	.39	. &	
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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? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? N/A Did the organization make a distribution to a donor, donor advisor, or related person? N/A Did the organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders N/A Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 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 Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand The did the organization receive any payments for indoor tanning services during the tax year? By If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	g				
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b) Did the organization make a distribution to a donor, donor advisor, or related person? N/A 9b Section 501(c)(7) organizations. Enter: a 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 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders N/A 11a b) Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b) If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b) Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c) Enter the amount of reserves on hand 13b Section 501(c)(29) pure of the serves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b) If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	8		ائــــــــــــــــــــــــــــــــــــ		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? N/A 13a		amounts due or received from them.)			3
13 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 13a 14b	12a		12a		
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c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b			*	,
14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b			*	•	,
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			145		 _
Fillion 3501170117	<u></u>	in res, mas it filed a Form 720 to report these payments in 190, provide an explanation in Schedule O		990	(2012)

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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.

	to line 6a, 6b, or 10b below, describe the circumstances, processes, or changes in achieutie O. aee instructions.									
	Check if Schedule O contains a response to any question in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9	10.00	*C							
	If there are material differences in voting rights among members of the governing body, or if the governing		70	7						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			91						
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9	**	****							
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	1Sed Streets	X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5										
6	Did the organization have members or stockholders?	5 6		X						
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	┝╩┤								
<i>,</i> a				х						
_	more members of the governing body?	7a								
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	ا ــ ا		v						
_	persons other than the governing body?	7b	Lister III	X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	M	· · ·	TO S						
a	The governing body?	_8a	X							
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			7.7						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X						
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)									
			Yes	No						
	Did the organization have local chapters, branches, or affiliates?	10a		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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	<u> </u>						
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	ın Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	₩ (1 7×4	. 3	14.3- 6						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	4	*	tracks						
а	The organization's CEO, Executive Director, or top management official	15a	X	أد مطاحه						
h	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).	9K.08	A Dec	9116						
16°	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	##		44						
.00		16a	a:nei	X						
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	- CO	in the same	n side a si						
D		184	4	4						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	346Z	348	DEPAS						
500	exempt status with respect to such arrangements?	16b								
	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)	availab	le							
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finar	icial							
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ition: 🕨	`							
	JULIETTE HARDING - (503) 241-0151									
Terreson II	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

Check this box if neither the organization (A)	(B)	<u> </u>		((,,,,,	(D)	(E)	(F)
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated
Trainio and Titlo	hours per		not c , unle					compensation	compensation	amount of
	week	offi	cer an	dad	recto	r/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	l di	٥			ted		organization	(W-2/1099-MISC)	from the
	related	stee	truste		بو	beus		(W-2/1099-MISC)		organization
	organizations below	ral tr	lonal		ploye	E com				and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KEN GROSSMAN	1.50	╅	=	-	~	± 5	<u>.E</u>			
DIRECTOR		x						0.	ĺ o.	0.
(2) HENRY LITTLE	2.00	T				_				
DIRECTOR		Х						0.	0.	0.
(3) PETER MOYLE	1.00	T								
DIRECTOR		X						0.	0.	0.
(4) JON ROUSH	3.50									
DIRECTOR		X						0.	0.	0.
(5) JACK WILLIAMS	2.00									
DIRECTOR		X				L.,		0.	0.	0.
(6) BOB BLAIS	1.00									
DIRECTOR		X						0.	0.	0.
(7) NANCY MCKAY	1.50									
CHAIR		X		Х				0.	0.	0.
(8) DARCY SAIGET	1.50]								
VICE CHAIR		X		Х				0.	0.	0.
(9) ROBERT ANDERSON	3.50	↓							_	_
TREASURER		X		X				0.	0.	0.
(10) SUE DOROFF	40.00			,,				145 000		20 005
PRESIDENT	10.00	 _	<u> </u>	Х				145,099.	0.	38,207.
(11) PHILLIP WALLIN	40.00							144 500		20 60
VICE PRESIDENT	10.00	 		X				144,599.	0.	39,637.
(12) JULIETTE HARDING	40.00	┨		١,,		ł		07 170		20 000
DIR. OF FINANCE AND ADMIN.	40.00	├-	_	Х		<u> </u>		97,179.	0.	30,293
(13) JIM COX	40.00	-				7.		100 200		24 007
DIR. OF DONOR RELATIONS	40.00	-	⊢	-	_	Х		100,369.	0.	24,997.
(14) DONALD TREDENNICK	40.00	1				x		104 725	_	25 120
SENIOR PROJECT MANAGER		\vdash	├	-	-	1	<u> </u>	104,735.	0.	25,130.
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		1								
			<u> </u>			1			L	

WESTERN RIVERS CONSERVANCY

Section A. Officers, Directors, Tru	Stees, Key Ein	Picy	662	, alli	<u>u ni</u>	gne	SLU	ompensateu Employe	es (continued)		
(A)	(B)			(C Pos	C)	,		(D)	(E)		(F)
Name and title	Average hours per		not c	heck	more	than is bot		Reportable compensation	Reportable compensate		Estimated amount of
	week					or/trus		from	from relate		other
	(list any hours for	or director					l	the	organization		compensation
	related	eord	stee		ļ	sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)	from the organization
	organizations	truste	al trus) se	шреп		(** 2, 1005 (***)00)			and related
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations
	110/	Ĕ	Ë	₽	<u>\$</u>	至言	요				
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	-	-									
		1									
1b Sub-total		<u> </u>	<u> </u>	<u></u>	<u> </u>	┢	<u> </u>	591,981.		0.	158,264
c Total from continuation sheets to Part	VII, Section A							0.		0.	C
d Total (add lines 1b and 1c)						>		591,981.		0.	158,264
2 Total number of individuals (including but	not limited to t	hose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportat	ole	
compensation from the organization							_				Yes N
3 Did the organization list any former office	r, director, or tr	uste	e, ke	ey er	nplo	oyee	, or	highest compensated e	mployee on	ļ	
line 1a? If "Yes," complete Schedule J for											3 X
4 For any individual listed on line 1a, is the									the organization	ı	
and related organizations greater than \$1Did any person listed on line 1a receive or									udual for secure	_	4 X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," co.							reiai	ted organization or indiv	liqual for services	S	5 X
Section B. Independent Contractors			0. 0	<u></u>	, , , , , , , , , , , , , , , , , , , 						<u> </u>
1 Complete this table for your five highest of	•									npens	ation from
the organization. Report compensation for (A)	r the calendar	year	ena	ıng v	vitn	or w	/ithir	n the organization's tax (B)	year.		(C)
Name and busines	s address	N	ON:	E				Description of s	services	c	compensation
							-				
											_
							\dashv			<u> </u>	
										<u> </u>	
											12 2 200
2 Total number of independent contractors \$100,000 of compensation from the orga	-	not li	ımıte	ed to		se li 0	stec	d above) who received r	nore than		
						_					- 000

		_	Check if Schedule O conf	tains a res	ponse	to any question			70	
1							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1.	а	Federated campaigns		1a					
g in		b	Membership dues	[1b]			
S, (С	Fundraising events		1c]			,
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations		1d]			
S.E		е	Government grants (contribut	tions)	1e	63,350.]			*
t S		f	All other contributions, gifts, gran	nts, and]			
草葉			similar amounts not included abo	ove [1f	1,230,433.	.]	ľ		
g		g	Noncash contributions included in lines	s 1a-1f \$		38,178.	, ,	<	>a ^ \$, *
<u>2 g</u>		h	Total. Add lines 1a-1f				1,293,783.	<u>] </u>		
						Business Code				, ,
8	2	а	PROGRAM SERVICE FEES			541900	8,000.	8,000.		
e Zi		þ]		
en S		С								
ev Je	,	d								
Program Service Revenue		е								
۰.		f	All other program service reve	enue						
		g	Total. Add lines 2a-2f				8,000.	3	*	(1. 1.
	3		Investment income (including	dividends	s, intere	est, and				
			other similar amounts)			>	5,729.			5,729.
	4		Income from investment of ta	x-exempt	bond p	proceeds >				
	5		Royalties							
	_		_	(I) Re	eal	(II) Personal				
	6		Gross rents							
			Less rental expenses			ļ		The state of the state of	Marin Miles 1987	
			Rental income or (loss)	L		<u> </u>		<u>-</u>		
			Net rental income or (loss)	Г.,,		<u> </u>			v	
	/ :	а	Gross amount from sales of	(ı) Secu	irities	(ii) Other			lyst A.	
		L	assets other than inventory			8,177,702.				
	,	D	Less: cost or other basis			7 075 747				
		_	and sales expenses Gain or (loss)			7,075,747. 1,101,955.	v , -√ 🔌			
			Net gain or (loss)			1,101,933.	1,101,955.	1 101 055	· · · · · · · · · · · · · · · · ·	3 3 3
			Gross income from fundraisin				1,101,955.	1,101,955.	·	
eune		a	including \$	g events (of		•	```	· · · · · · · · · · · · · · · · · · ·		
ķ			contributions reported on line				** * **		74	
ă,			Part IV, line 18	, 10). See					\$15.75	1 1/2 1/2 1/2 1/2
Other Rev		h	Less: direct expenses		a b		, , , , , , , , , , , , , , , , , , ,		*	,
Ò			Net income or (loss) from fund	draising ev						ئە ئىلات دىلىد
			Gross income from gaming ac	-			. '>	, 384 28 17 14	% · * * .	
		_	Part IV, line 19	JUVILIOS O	a			* *	, ,	
- (b	Less' direct expenses		b	** -	·> *	\$ 3 *	*	· " ° ° »
İ			Net income or (loss) from gam	nna activit	-					
			Gross sales of inventory, less	-						
			and allowances		а]		*	<i>ॐ</i>	,
	ı	b	Less: cost of goods sold		b					
			Net income or (loss) from sale	s of inven				•		
			Miscellaneous Revenu		,	Business Code		,	. *	
	11 8	а	MISCELLANEOUS INCOME	.,		900099	76,761.	55,274.		21,487.
	ŧ	b						,		
	(С						-	-	
ļ	(d	All other revenue							
ļ	•	е	Total. Add lines 11a-11d		,	>	76,761.	· '		
	12		Total revenue. See instructions.				2,486,228.	1,165,229.	0.	27,216.
23200 12-10-	9						······································		 	Form 990 (2012)

Form 990 (2012) WESTERN RIVER
Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must com			omplete column (A).	
	Check if Schedule O contains a respon	se to any question in the	s Part IX	781	(B)
Do r 7b, 8	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	10,000.	10,000.		·
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22			·	
3	Grants and other assistance to governments,			ì	
	organizations, and individuals outside the			*	y . %
	United States. See Part IV, lines 15 and 16			·	
4	Benefits paid to or for members			. , ,	3 5 5
5	Compensation of current officers, directors,				
	trustees, and key employees	523,465.	362,707.	135,299.	25,459
6	Compensation not included above, to disqualified		·		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	821,472.	642,793.	45,921.	132,758
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	64,377.	50,828.	2,484.	11,065 21,366
9	Other employee benefits	125,150.	99,520.	4,264.	21,366
10	Payroll taxes	93,032.	70,244.	11,349.	11,439
11	Fees for services (non-employees):	· · · · · · · · · · · · · · · · · · ·			
	Management				
b	Legal	39,143.	39,143.		
c	Accounting				
d	Lobbying	23,124.	23,109.	15.	
e	0 - 6		* * * *	34	
f	Investment management fees		- W	***	
	Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	565,330.	516,146.	40,884.	8.300
40	Advertising and promotion	84,268.	78,214.	1,574.	8,300 4,480
12		139,462.	93,627.	9,545.	36,290
13	Office expenses	135,1020	33,027	3,3131	307230
14	Information technology				
15	Royalties	97,326.	72,760.	12,043.	12,523
16	Occupancy	127,331.	118,206.	940.	8,185
17	Travel	127,331.	110,200.		0,103
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	27,773.	21,417.	1,846.	4,510
19	Conferences, conventions, and meetings	53,835.	53,835.	1,040.	4,510
20	Interest	33,033.	33,033.		
21	Payments to affiliates	11,455.	8,624.	1,404.	1,427
22	Depreciation, depletion, and amortization	9,106.	6,105.	1,979.	1,022
23	Insurance	9,100.	0,103.		
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)	.1	2 3 ° *		
	amount, list line 24e expenses on Schedule 0)			\$ ·· ·	e : <u>1</u>
а	DONOR/BOARD CULTIVATION	113,518.	28,738.	52,528.	32,252
b	TAND MDANICACMTONIC DVD	72,855.	72,855.		
c	OMITED	37,256.	17,771.	11,600.	7,885
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,039,278.	2,386,642.	333,675.	318,961
26	Joint costs Complete this line only if the organization	Ì			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		}		
	Check here Inf following SOP 98-2 (ASC 958-720)				
2000	10. 12-10-12	<u> </u>		·	Form 990 (2012

Par	tΧ	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	100.	1	100.
	2	Savings and temporary cash investments	3,440,698.	2	2,740,271.
	3	Pledges and grants receivable, net	712,459.	3	213,577.
	4	Accounts receivable, net	65,963.	4	54,950.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete	, , ,		, . , . , . , . , . , . , . , . , .
		Part II of Schedule L		5	
	ے	Loans and other receivables from other disqualified persons (as defined under	 	-	
	6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			* * * * * * * * * * * * * * * * * * *
		employers and sponsoring organizations of section 501(c)(9) voluntary	'	,	
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	-
ts	,	Notes and loans receivable, net		7	
Assets	7	Inventories for sale or use		8	
∢	8	Prepaid expenses and deferred charges	24,889.	9	69,022.
	9	Land, buildings, and equipment: cost or other		-	
	lua	basis. Complete Part VI of Schedule D 10a 4,376,941	\$**	;	
	١ ,	Less accumulated depreciation 10b 60,860		10c	4,316,081.
	ļ	Investments - publicly traded securities	5,786.	111	7,069.
	11 12	Investments - publicly traded securities Investments - other securities. See Part IV, line 11	377337	12	.,0051
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,199,106.	16	7,401,070.
_	17	Accounts payable and accrued expenses	330,204.	17	211,443.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ro.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ij	22	Loans and other payables to current and former officers, directors, trustees,		- S.	240 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Liabilities		key employees, highest compensated employees, and disqualified persons.			
Ë	ļ	Complete Part II of Schedule L	935,156.	22	949,259.
	23	Secured mortgages and notes payable to unrelated third parties	4,140,328.	23	1,000,000.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	5,405,688.	26	2,160,702.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		٠,	in the state of th
Ş	1	complete lines 27 through 29, and lines 33 and 34.	- 14 - 15 - 15 - 16 - 16 - 16 - 16 - 16 - 16	. **,	
Ę,	27	Unrestricted net assets	3,882,109.	27	3,823,237.
ala	28	Temporarily restricted net assets	762,843.	28	268,665.
g p	29	Permanently restricted net assets	1,148,466.	29	1,148,466.
Ë		Organizations that do not follow SFAS 117 (ASC 958), check here	.,	,	
<u>م</u>		and complete lines 30 through 34.	* * * * * * * * * * * * * * * * * * * *	-	***
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ř.	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	5,793,418.	33	5,240,368.
	34	Total liabilities and net assets/fund balances	11,199,106.		7,401,070.
_	,	The second secon			F: 000 (2212)

Form	990 (2012) WESTERN RIVERS CONSERVANCY	93-1	1326405	Page 12
Par	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			<u></u>
			0.406	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,228.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,278.
3	Revenue less expenses Subtract line 2 from line 1	3		,050.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,/93	,418.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6	<u></u>	
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9	·	0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		F 240	3.00
-	column (B))	10	5,240	,368.
Pai	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			- -
_	A		Window .	Yes No
1	Accounting method used to prepare the Form 990' Cash X Accrual Other		- 33	
٠.	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	A Section
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewer	on a		
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		ines Mark in	X
D	Were the organization's financial statements audited by an independent accountant?		2b	A Marian
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both.	e basis,		
	X Separate basis Consolidated basis Both consolidated and separate basis		. 3	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		4.4	44
U	review, or compilation of its financial statements and selection of an independent accountant?	e audit,	2c	X X
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	41 95 0	itime Military
34	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		300 × 402 %	# E-1
Sa	Act and OMB Circular A-133?	igi o Auu	" 3a	X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured and		
U	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ii cu auul	՝ _{3b}	
	or addito, explain with in concedure of and describe any steps taken to undergo such addits			90 (2012)
			i Offiti e	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Yes

11g(ı)

11g(ii)

11q(iii)

Name of the organization

WESTERN RIVERS CONSERVANCY

Employer identification number 93-1326405

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated d Type III - Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) Name of supported organization	(ii) EIN	(described on lines 1-9 above or IRC section	(iv) Is the o in col. (i) In governing	organization sted in your document?	organizat	notify the ion in col. support?	(vi) ls organizati (i) organiz U.S	s the on in col. zed in the 3.?	(vii) Amount of monetary support	
	<u></u>	(see instructions))	Yes	No	Yes	No	Yes	No		
					:					
										
	- .									
			ļ							
Total			ŧ		44		\$			

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below,

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

the governing body of the supported organization?

A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Provide the following information about the supported organization(s)

Schedule A (Form 990 or 990-EZ) 2012

h

Schedule A (Form 990 or 990-EZ) 2012 WESTERN RIVERS CONSERVANCY 93-13264 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	tion A. Public Support						··
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")	931,041.	1,816,229.	1,821,522.	1,999,822.	1,293,783.	7,862,397.
2	Tax revenues levied for the organ-						
	ization'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	931,041.	1,816,229.	1,821,522.	1,999,822.	1,293,783.	7,862,397.
5	The portion of total contributions		*	- } , 5		£ 1	
	by each person (other than a	,	*	*, **			!
	governmental unit or publicly	· · · · · · · · · · · · · · · · · · ·	* `_*	i i i i i i i i i i i i i i i i i i i		\$ 1 0 7 P 1 7 1	
	supported organization) included	, ,	, *				
	on line 1 that exceeds 2% of the	, ,	, 4				
	amount shown on line 11,						
	column (f)	à. r 4		`ş' <u>'</u> (4 '	K No.	377:319	1,659,988.
6	Public support. Subtract line 5 from line 4	* *	',' ' »	· · · · · · · · · · · · · · · · · · ·	7 14 12 1		6,202,409.
Sec	ction B. Total Support					·	
Cale	ndar year (or fiscal year beginning in) ►		(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	931,041.	1,816,229.	1,821,522.	1,999,822.	1,293,783.	7,862,397.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	20,335.	11,334.	1,806.	4,918.	5,729.	44,122.
9	Net income from unrelated business			Ì		ĺ	
	activities, whether or not the						
	business is regularly carried on				<u></u>		
10	Other income Do not include gain				1		
	or loss from the sale of capital				İ		
	assets (Explain in Part IV.)	88,489.	128,467.	54,846.	85,774.		434,337.
11	Total support. Add lines 7 through 10		. ` ` `		*** * *	* **	8,340,856.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12 64	,350,162.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thii	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
_	organization, check this box and sto	p here					
	ction C. Computation of Pub						77 26
	Public support percentage for 2012			column (f))		14	74.36 %
	Public support percentage from 201					15	69.63 %
16a	33 1/3% support test - 2012. If the				14 is 33 1/3% or i	more, check this bo	
	stop here. The organization qualifies						ightharpoons
ŀ	33 1/3% support test - 2011. If the	-			d line 15 is 33 1/3%	% or more, check t	nis box
	and stop here. The organization qua	•					▶ ـ
17:	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fa					art IV how the organ	nization
	meets the "facts-and-circumstances	-	•		-		▶∟_
ı	10% -facts-and-circumstances te	-	-				
	more, and if the organization meets						, []
_	organization meets the "facts-and-cii		_				
18	Private foundation. If the organizati	on did not check a	box on line 13, 16	oa, 16b, 17a, or 17			
					Sch	edule A (Form 990	つい かいしーピム コンピープ

Schedule A (Form 990 or 990 EZ) 2012 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 t	to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support	<u> </u>					
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")				<u> </u>		
2	Gross receipts from admissions,						
	merchandise sold or services per-	[
	formed, or facilities furnished in any activity that is related to the			1			
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				1		
	iness under section 513						
4	Tax revenues levied for the organ-				T		
	ızatıon'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received				T		
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	[
	amount on line 13 for the year				<u> </u>		
(Add lines 7a and 7b						
8_	Public support (Subtract line 7c from line 6.)	* _ : 1		***	20-14 × 12 × 12 × 12 × 12 × 12 × 12 × 12 ×	. , "(A ž. ,	
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business		i				
	activities not included in line 10b, whether or not the business is						
	regularly carried on			1			
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV)				<u> </u>		
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thi	rd, fourth, or fifth	tax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						▶□
Se	ction C. Computation of Pub	ic Support Pe	rcentage		_		
15	Public support percentage for 2012 (line 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 201	1 Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage	<u> </u>			
17	Investment income percentage for 20	312 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2011 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2012. If the	organization did n	ot check the box	on line 14, and lin	ne 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	ind stop here. The	organization qua	lifies as a publicly	supported organiz	ation	ightharpoons
ŧ	33 1/3% support tests - 2011. If the	organization did n	ot check a box o	n line 14 or line 19	9a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and st	t op here. The org	anization qualifies	s as a publicly supp	orted organization	▶□
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check	this box and see in:	structions	▶□

Part IV Supplemental Information. Complete this part for any additional information (See instructions). SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER (\$434,337)	Schedule A (Form 990 or 990 EZ) 2012 WESTERN RIVERS CONSERVANCY	93-1326405 Page 4								
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:	Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, Iir	ne 10; Part II, line 17a or 17b;								
OTHER (\$434,337)	SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME	<u>:</u>								
	OTHER (\$434,337)									
		-·								
		 								
										
		 								
										
										

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection ...

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. See separate instructions.

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.

Name of org		ations. Complete Part III.	-	Fmpl	loyer identification number
		N RIVERS CONSERVA	ANCY	į Empi	93-1326405
Part I-A		ganization is exempt un		or is a section 527 o	
2 Politica	e a description of the organ I expenditures eer hours	ızatıon's dırect and ındırect politi	ical campaign activities	s in Part IV. ▶\$	
Part I-B	Complete if the or	ganization is exempt un	der section 501(c	:)(3).	
1 Enter th	ne amount of any excise ta	x incurred by the organization ur	nder section 4955	▶ \$	
2 Enter th	ne amount of any excise ta	x incurred by organization mana	gers under section 495	55 ▶\$	
3 If the o	rganization incurred a secti	on 4955 tax, did it file Form 4720	0 for this year?		Yes N
4a Was a	correction made?				└ Yes
	" describe in Part IV.	·			
Part I-C		ganization is exempt un			
		ed by the filing organization for s	•	·	
	• •	nization's funds contributed to c	other organizations for	section 527	
•	t function activities			▶ \$	
	•	es. Add lines 1 and 2 Enter here	and on Form 1120-PO	L,	
line 17t	=			▶ \$	
	filing organization file Forn	•			└ Yes └ N
		employer identification number (E	•	•	5 0
•	•	ation listed, enter the amount pa promptly and directly delivered to			•
	·	f additional space is needed, pro	•	• .	ate segregated fand of a
(a) Name		(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received an promptly and directly delivered to a separate
					political organization. If none, enter -0
					
					
		i		Ī	1
		 	- 		

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

Schedule C (Form 990 or 990-EZ) 2012

LHA

Schedule C (Form 990 or 990-EZ) 2012	WESTER	N RIV	ERS CONSERV	ANCY	93-1	326405 Page 2
Part II-A Complete if the org			npt under section	on 501(c)(3) and fi	led Form 5768	
(election under sec						
				n Part IV each affiliated	d group member's nam	e, address, EIN,
expenses, and sha			•			
B Check ► if the filing organiza	ation checked	box A an	d "limited control" pr	ovisions apply	<u></u>	r -
	its on Lobbyi ditures" mea	•	nditures nts paid or incurred.	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence public	opinion (g	grass roots lobbying)			
b Total lobbying expenditures to infl	luence a legis	lative bod	ly (direct lobbying)		24,303.	
c Total lobbying expenditures (add l	lines 1a and 1	b)			24,303.	
d Other exempt purpose expenditur	es				2,696,014.	
e Total exempt purpose expenditure	es (add lines ⁻	c and 1d)		2,720,317.	
f Lobbying nontaxable amount Ent	er the amoun	t from the	following table in bo	th columns.	286,016.	
If the amount on line 1e, column (a)	or (b) is:	The lobb	oying nontaxable am	ount is:	*	With the same of t
Not over \$500,000		20% of t	he amount on line 1e			
Over \$500,000 but not over \$1,00	0,000	\$100,00	0 plus 15% of the exc	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000		
Over \$17,000,000		\$1,000,0	000.			
-						
g Grassroots nontaxable amount (enter 25% of line 1f)						
•		•			71,504.	
h Subtract line 1g from line 1a. If zei	ro or less, ent	er -0-			0.	
h Subtract line 1g from line 1a. If zer subtract line 1f from line 1c. If zero	ro or less, ent o or less, ente	er -0- er -0-				
h Subtract line 1g from line 1a. If zer Subtract line 1f from line 1c. If zer j If there is an amount other than ze	ro or less, ent o or less, ente ero on either l	er -0- er -0-	ine 1i, did the organiz	ation file Form 4720	0.	
h Subtract line 1g from line 1a. If zer subtract line 1f from line 1c. If zero	ro or less, ent o or less, ente ero on either l year?	er -0- er -0- ine 1h or l		.	0.	Yes No
h Subtract line 1g from line 1a. If zer Subtract line 1f from line 1c. If zer i If there is an amount other than ze reporting section 4911 tax for this	ro or less, ent o or less, ente ero on either l year? 4- zations that i	er -0- er -0- ne 1h or l Year Ave nade a se	raging Period Under	.	0. 0.	Yes No
h Subtract line 1g from line 1a. If zer Subtract line 1f from line 1c. If zer i If there is an amount other than ze reporting section 4911 tax for this	ro or less, ento o or less, ento ero on either I year? 4- zations that i olumns below	er -0- er -0- ne 1h or l Year Aver made a se v. See the	raging Period Under	Section 501(h) n do not have to com es 2a through 2f on p	0. 0.	Yes No
h Subtract line 1g from line 1a. If zer Subtract line 1f from line 1c. If zer i If there is an amount other than ze reporting section 4911 tax for this	ro or less, ento o or less, ento ero on either I year? 4- zations that i olumns below	er -0- er -0- ne 1h or l Year Ave nade a se v. See the	raging Period Under ection 501(h) election instructions for line	Section 501(h) n do not have to com es 2a through 2f on p	0. 0.	Yes No
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this (Some organia	ro or less, ento o or less, ento ero on either l year? 4- zations that i blumns below Lobbyi (a) 200	er -0- er -0- ne 1h or l Year Aver nade a se v. See the ng Expen	raging Period Under ection 501(h) election e instructions for line ditures During 4-Yea (b) 2010	Section 501(h) n do not have to com es 2a through 2f on p ar Averaging Period	0. 0.	
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this (Some organia co Calendar year (or fiscal year beginning in)	ro or less, enter o or less, enter on either lyear? 4- zations that i blumns belov Lobbyi	er -0- er -0- ne 1h or l Year Aver nade a se v. See the ng Expen	raging Period Under ection 501(h) election e instructions for line ditures During 4-Yea (b) 2010	Section 501(h) n do not have to com es 2a through 2f on p ar Averaging Period (c) 2011	0. 0. 0. plete all of the five age 4.) (d) 2012	(e) Total
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organia co Calendar year (or fiscal year beginning in)	ro or less, ento o or less, ento ero on either l year? 4- zations that i blumns below Lobbyi (a) 200	er -0- er -0- ne 1h or l Year Aver nade a se v. See the ng Expen	raging Period Under ection 501(h) election e instructions for line ditures During 4-Ye	Section 501(h) In do not have to comes 2a through 2f on par Averaging Period (c) 2011 402,099.	plete all of the five age 4.)	(e) Total
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organia co Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount	ro or less, ento o or less, ento ero on either I year? 4- zations that i blumns belov Lobbyi (a) 200	er -0- er -0- ne 1h or l Year Aver nade a se v. See the ng Expen	raging Period Under ection 501(h) election e instructions for line ditures During 4-Yes (b) 2010	Section 501(h) In do not have to comes 2a through 2f on par Averaging Period (c) 2011 402,099.	0. 0. 0. plete all of the five age 4.) (d) 2012	(e) Total 688,115.
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than ze reporting section 4911 tax for this (Some organia co Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))	ro or less, ento o or less, ento ero on either I year? 4- zations that i blumns belov Lobbyi (a) 200	er -0- er -0- ne 1h or l Year Aver nade a se v. See the ng Expen	raging Period Under ection 501(h) election e instructions for line ditures During 4-Yes (b) 2010	Section 501(h) In do not have to comes 2a through 2f on par Averaging Period (c) 2011 402,099.	0. 0. 0. plete all of the five age 4.) (d) 2012 286, 016.	(e) Total 688,115. 1,032,173. 108,831.
h Subtract line 1g from line 1a. If zer i Subtract line 1f from line 1c. If zer j If there is an amount other than zer reporting section 4911 tax for this (Some organia Co Calendar year (or fiscal year beginning in) 2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures	ro or less, ento o or less, ento ero on either I year? 4- zations that i blumns belov Lobbyi (a) 200	er -0- er -0- ne 1h or l Year Aver nade a se v. See the ng Expen	raging Period Under ection 501(h) election e instructions for line ditures During 4-Yes (b) 2010	Section 501(h) In do not have to comes 2a through 2f on par Averaging Period (c) 2011 402,099.	0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 • 0 •	(e) Total 688,115. 1,032,173.

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2012 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)).

For each "Yes," response to lines 1a through 11 below, provide in Part IV a detailed description			a)	(b)		
of th	e lobbying activity	Yes	No	Amo	ount	
1 a	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?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?			13 84		
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
1	Total. Add lines 1c through 1i	* * % .	. 3			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			: 3 9g o	, . 70.5	
	If "Yes," enter the amount of any tax incurred under section 4912	3. :	S 62 - 22		·	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	W. W. 17 13	
	rt III-A Complete if the organization is exempt under section 501(c)(4), sect	tion 501(c)	(5), or se			
	501(c)(6).		• • •			
				Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3			
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), sect	tion 501(c)	(5), or se	ction	<u> </u>	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	d "No," O	R (b) Par	t III-A, lir	ne 3, is	
	answered "Yes."			_		
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of poli	tical				
	expenses for which the section 527(f) tax was paid).		. 3			
a	Current year		2a			
b	Carryover from last year		2b			
c	: Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the e	xcess	· *,.			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		, ;			
	expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5	_		
Pa	rt IV Supplemental Information			1		
	pplete 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 (affili	ated group	list): Part I	l-A. line 2	
	Part II-B, line 1. Also, complete this part for any additional information.	(g	,,	,	
						
					• • • • • •	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Communication (Communication)

Name of the organization

WESTERN RIVERS CONSERVANCY

Employer identification number 93-1326405

Par	t I Organizations Maintaining Donor Advised		Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6	•
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate 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 w	riting that the assets held in donor advised t	funds
-	are the organization's property, subject to the organization's e	_	Yes No
6	Did the organization inform all grantees, donors, and donor ad	_	
_	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?	donor davisor, or for any other purpose cor	Yes No
Par		anization answered "Yes" to Form 990 Part	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or ed		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space	Treservation of a certified	Thistoric structure
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of a	concentation accoment on the last
_	day of the tax year	ed conservation contribution in the form of a	Conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
_	Total number of conservation easements		2a
a			2b
b	Total acreage restricted by conservation easements Number of conservation easements on a certified historic stru	atura included in (a)	
C		, ,	2c
d	Number of conservation easements included in (c) acquired a	iter 6/17/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	ganization during the tax
	year •	amount to to a stand	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the period	* '	Yes No
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, a	_	· · · ———
7	Amount of expenses incurred in monitoring, inspecting, and e	-	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(n)(4	Yes No
^	and section 170(h)(4)(B)(ii)?	n accompate in its reviewus and eveness at-	
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizati	on s financial statements that describes the	organization's accounting for
Par	conservation easements t III Organizations Maintaining Collections of	Art Historical Treasures or Othe	ar Similar Assats
<u> </u>	Complete if the organization answered "Yes" to Form 9	•	ommar Assets.
	If the organization elected, as permitted under SFAS 116 (ASC		t and balance about works of at
ıa	_		
	historical treasures, or other similar assets held for public exhi		or public service, provide, in Fart Alli,
	the text of the footnote to its financial statements that describ		d belone - best wede of out bestowed
D	If the organization elected, as permitted under SFAS 116 (ASI	·· •	·
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of public	service, provide the following amounts
	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 trea	· · · · · · · · · · · · · · · · · · ·	ain, provide
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$

Sched	tule D (Form 990) 2012 WESTERN	RIVERS CO	NSER	VANCY_				<u>93-13</u>	26405	Page 2
Par	III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures,	or Othe	r Simil	ar Asse	ts(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	is, chec	k any of the	following the	at are a sig	gnificant	use of its	collection i	tems
	(check all that apply):		_							
а	Public exhibition	C			hange progr	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ney further t	he organızat	ion's exer	npt purp	ose in Pai	rt XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, h	stoncal trea	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	<u></u> No_
Par			et e if the	organizatio	n answered	"Yes" to F	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par					-				
	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	ssets not	ıncluded	_	_	
	on Form 990, Part X?							L	∟ Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
	Beginning balance						1c_	-		
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance						1f		T:-	
	Did the organization include an amount on Fo								_ Yes	Щ No
	If "Yes," explain the arrangement in Part XIII t V (Endowment Funds. Complete if									
Pai	t V : Endowment Funds. Complete in							rooro book	1 () []	nes book
	December 1 James	(a) Current year	(D) F	rior year	(c) Two yea	rs back (a) Three)	years back	(e) Four ye	ars back
	Beginning of year balance				 	+			} -	
	Contributions				 					
	Net investment earnings, gains, and losses								 	
	Grants or scholarships		 		-		-		 	
е	Other expenditures for facilities									
	and programs		<u> </u>		 				 -	
	Administrative expenses					+			 	
	End of year balance				-\\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
2	Provide the estimated percentage of the curr	rent year end balan		g, column (a)) neid as:					
	Board designated or quasi-endowment	%	_%							
	Permanent endowment	 -								
C	Temporarily restricted endowment	%								
30	The percentages in lines 2a, 2b, and 2c shou Are there endowment funds not in the posse		ention the	at ara bald s	and administ	arad far th	o organi	zation		
Sa	•	ssion of the organiz	auon m	at are rielu a	inu aumimisi	erea ioi ii	e organi	Zauon	Γ	es No
	by. (i) unrelated organizations								3a(i)	es No
	(ii) related organizations								3a(ii)	
h	If "Yes" to 3a(ii), are the related organizations	s listed as required a	on Sche	dula R2					3b	
4	Describe in Part XIII the intended uses of the								30	
Par					~					
	Description of property	(a) Cost or o		T	t or other	(c) Ac	cumulat	ed	(d) Book v	/alue
	bescription of property	basis (invest		1	(other)		reciation		(a) Dook (aluc
	Land				32,000.	33740			4,282	,000.
	Buildings			<u> </u>			200 The Charles S	· ×4. × × .		
	Leasehold improvements			1	0,053.		10,0	53.		0.
	Equipment				4,888.		50,8		34	,081.
	Other									
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colui	mn (B), line	10(c))				4,316	,081.

Schedule D (Form 990) 2012

WESTERN RIVERS CONSERVANCY

Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 WESTERN RIVERS CONSERVANC	Υ	93-1	L326405	Page 4
Par		nents With Revenue per F	Return		
1	Total revenue, gains, and other support per audited financial statements		1	2,494	,837.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		***	_	
а	Net unrealized gains on investments	2a	****		
b	Donated services and use of facilities	2b 8,609.			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1		
е	Add lines 2a through 2d		2e	8	,609.
3	Subtract line 2e from line 1		3	2,486	,228.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		33		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	**		
b	Other (Describe in Part XIII)	4b			
С	Add lines 4a and 4b		4c		0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	2,486	,228.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Expenses per	Retu		
1	Total expenses and losses per audited financial statements		1	3,047	,887.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		od sign		
а	Donated services and use of facilities	2a 8,609.			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		2e	8	<u>,609.</u>
3	Subtract line 2e from line 1		3	3,039	<u>,278.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		(1 %)		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	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	3,039	,278.
Pa	t XIII Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par e 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part			2b; Part V, line 	4; Part
			<u> </u>		
					
			Sched	lule D (Form 9	90) 2012

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

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047

Open to Public

Employer identification number 93-1326405 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. WESTERN RIVERS CONSERVANCY Part I General Information on Grants and Assistance

1 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

X Yes No	IV, line 21, for any	(h) Purpose of grant or assistance	PROTECTION OF THE NORTH SANTIAM RIVER AND WETLANDS.			A A	Schedule I (Form 990) (2012)
	es" to Form 990, Part I	(g) Description of non-cash assistance					
	Janization answered "\	(f) Method of valuation (book, FMV, appraisal, other)					
d States	complete if the org	(e) Amount of non-cash assistance	.0				
funds in the Unite	: United States. Conal space is need	(d) Amount of cash grant	10,000.			line 1 table	
toring the use of grant	d Organizations in the be duplicated if additi	(c) IRC section if applicable	TRIBAL GOVERNMENT			ganizations listed in the table	ons for Form 990.
tance?	Governments and 5,000 Part II can	(b) EIN				ld government org	see the Instructi
criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	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 recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	CONFEDERATED TRIBES OF GRAND RONDE 9615 GRAND RONDE ROAD GRAND RONDE, OR 97347			 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	LHA For Paperwork Reduction Act Notice, see the Instructions for

93-1326405

Schedule I (Form 990) (2012) 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 can be duplicated if additional space is needed

SCHEDULE J (Form 990)

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

Internal Revenue Service Name of the organization

Department of the Treasury

WESTERN RIVERS CONSERVANCY

Employer identification number 93-1326405

Pa	Ris Questions Regarding Compensation	-	r	
		AND THE ARM	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,	1		
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	187		
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		建計	3.31.
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	1		200
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			13.53
ь	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			33.2
	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		
		11.1	建建	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			7
-	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			100
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study	7		To the second
	Torm 990 of other organizations X Approval by the board or compensation committee			
	Point 990 of other organizations			THE STATE OF
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			No.
4				1
_	organization or a related organization: Receive a severance payment or change-of-control payment?	4a	All the second of	X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	-	X
		4c		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	74525	ALC: NO.	LIGHT.
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Out time FOM/-V(0) and FOM/-V(4) agreementions report assumption E.O.			
_	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	1000
	contingent on the revenues of:	77 KIN		X
а		5a	 	X
b	Any related organization?	5b	literia di	La Carle
	If "Yes" to line 5a or 5b, describe in Part III.			
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:			X
а	The organization?	6a		X
þ	Any related organization?	6b	AAPN(EA	
	If "Yes" to line 6a or 6b, describe in Part III.	33.30	· 7. 3	1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			77
	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			
	ınıtıal contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8_	<u> </u>	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 WES!

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	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(D)·(i)(B)	reported as deferred in prior Form 990
(1) SUE DOROFF	ε	145,099.	0	0	14,675.	23,532.	183,306.	0
PRESIDENT	(iii)	0		0	0	0		
(2) PHILLIP WALLIN	Θ	144,599.			14,67	24,962.	184,236.	0
VICE PRESIDENT	<u>(ii)</u>	0	0.	• 0	0	0	0	0
	Θ							
	(ii)							
] (1)							
	Ξ							
	(3)							
	(ii)							
	(i)							
	(ii)							
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Schedule J (Form 990) 2012

Schedule J (Form 990) 2012 WESTERN RIVERS CONSERVANCY	93-1326405	Page
Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information	Part II Also complete this part for any	

Schedule J (Form 990) 2012

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

2012

Open To Public Inspection

Schedule L (Form 990 or 990-EZ) 2012

Name of the organization WESTER	N RIVERS CO	NSER	RVANC	Y			1 '		r identi 264		on nu	mber
Part L. Excess Benefit Tran								luna AC	<u></u>			-
Complete if the organization	(b) Relationship bety				o, or Form s	90·EZ, P	art v,	line 40	<i>J</i> D.	(4)	Corro	cted?
(a) Name of disqualified person	person and or		•	(c) Description of trans			sactio	saction			es	No
	perderi dila ci	gunzun	1011			-				 '`	-	140
	 										-	
										+	-	
2 Enter the amount of tax incurred by	y the organization man	agers o	r disqual	ified persons du	ring the yea	ar under						
section 4958								▶ \$				
3 Enter the amount of tax, if any, on	line 2, above, reimburs	ed by th	ne organ	ization				> \$				
Part II Loans to and/or Fro	m Interested Per	sons.		· <u>······</u>								
Complete if the organization			90-EZ, Pa	rt V. line 38a or l	Form 990. F	Part IV. lır	ne 26:	or if th	ne oraz	ınızatı	on	
reported an amount on Fo									J			
(a) Name of (b) Relation	, ' (c) Purpose	(d) Loan		(e) Original	(f) Baland	ce due) In	(h) App by boa	proved ard or	(ı) V	/ritten
interested person organiz		organiza	tion? pr	incipal amount			⊢—	ault?	comm	ittee?	ayıee	ment?
KEN GROSSMAN BOARD	MELAND PUR		rom	935,000.	9/19	259.	Yes	No X	Yes	No	Yes X	No
KEN GROSSMAN BOAKL	MEDAND FOR	1^		333,000.	343,	, 233.			 ^ 		^	\vdash
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		 							 			\vdash
Total				▶ \$	949,	259.		* ·	8	(1, 2,	. \	· **
Part III Grants or Assistance	e Benefiting Inter	rested	Perso	ns.			<u> </u>					
Complete if the organization	on answered "Yes" on I	Form 99	0, Part I	V, line 27.								
(a) Name of interested person	(b) Relationship interested pers	betwee	n	(c) Amount of assistance	ľ	(d) Type assistan) Purp assista		f
	the organiza	ation		450,014,750					·	200.010		
			 -		-			-+				
								-				
			_		 			-+				
			\dashv	 -	- 			-+				
								-†				

SEE PART V FOR CONTINUATIONS

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

SCHEDULE M (Form 990)

Noncash Contributions

2012

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

WESTERN RIVERS CONSERVANCY

Employer identification number 93-1326405

Par	t Types of Property	·				
		(a)	(b)	(c)	(d)	
		Check if	Number of contributions or	Noncash contribution amounts reported on	Method of d	•
		applicable		Form 990, Part VIII, line 1g	noncash contrib	ution amounts
1	Art - Works of art					
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	4	25,545.	FMV	
10	Securities - Closely held stock			· · · · · · · · · · · · · · · · · · ·		
11	Securities - Partnership, LLC, or					
	trust interests		<u> </u>			
12	Securities - Miscellaneous					
13	Qualified conservation contribution -					
	Historic structures					
14	Qualified conservation contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts	<u> </u>	L			
23	Scientific specimens					
24	Archeological artifacts					
25	Other (SOFTWARE)	X	3		FMV	
26	Other (OTHER)	X	1	1,175.	FMV	
27	Other ()	·				
28	Other ()	<u> </u>	<u> </u>			
29	Number of Forms 8283 received by the organ		-			
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement 29	 	
						Yes No
30a	During the year, did the organization receive to					53 C. 8 C. 8
	at least three years from the date of the initial	contribution	, and which is not	required to be used for exen	npt purposes for	
	the entire holding period?					30a X
b	If "Yes," describe the arrangement in Part II.					لحيث اكست استسا
31	Does the organization have a gift acceptance	•	•	•		31 X
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or sell noncash		
_	contributions?					32a X
	If "Yes," describe in Part II.					1-1-1
33	If the organization did not report an amount in	n column (c)	for a type of prope	rty for which column (a) is ch	necked,	1 34 " 11, 4
	describe in Part II.					1 3 4 1 4 1 1 1 1 1 1 1

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

Schedule M (Form 990) (2012)

Schedule M (Form 990) (2012) WESTERN RIVERS CONSERVANCY	93-1326405 Page
Part II Supplemental Information. Complete this part to provide the information received the organization is reporting in Part I, column (b), the number of contributions, the number complete this part for any additional information.	quired by Part I, lines 30b, 32b, and 33, and whether
SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION	IS REPORTING THE
NUMBER OF CONTRIBUTIONS.	
<u> </u>	
	

232142 12-20-12

Schedule M (Form 990) (2012)

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Name of the organization

WESTERN RIVERS CONSERVANCY

Employer identification number 93-1326405

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE ACQUIRE LAND TO CONSERVE CRITICAL HABITAT, PROVIDE PUBLIC ACCESS FOR

COMPATIBLE USE AND ENJOYMENT, AND COOPERATE WITH OTHER ORGANIZATIONS

AND AGENCIES TO SECURE THE HEALTH OF WHOLE RIVER ECOSYSTEMS.

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

FOUNDED IN 1988 AND INCORPORATED AS AN INDEPENDENT 501(C)(3) IN 2001,

WRC USES A MARKET-BASED APPROACH OF BUYING RIVERLANDS FROM CORPORATE

AND INDIVIDUAL WILLING SELLERS. WRC BRINGS TO BEAR CREATIVE REAL ESTATE

TECHNIQUES AND UNIQUE APPROACHES TO CONSERVATION FINANCE AND GET

MAXIMUM LEVERAGE FROM PRIVATE CAPITAL AND COMMUNITY PARTNERSHIPS. WITH

HEADQUARTERS IN PORTLAND, OREGON, WE HAVE ADDITIONAL OFFICES IN

SACRAMENTO, CALIFORNIA AND DENVER, COLORADO. WRC IS GOVERNED BY A

TEN-MEMBER BOARD OF DIRECTORS AND HAS 16 STAFF MEMBERS.

IN FISCAL YEAR 2013, WRC HAD ACTIVE PROJECTS ON FIFTEEN RIVERS IN FIVE
STATES. IN FISCAL YEAR 2013, WRC PERMANENTLY PROTECTED 4,019 ACRES AND
NINE RIVER MILES ALONG EIGHT OF THE FINEST RIVERS IN OREGON,
WASHINGTON, IDAHO AND COLORADO. AT THE CLOSE OF 2013, WRC HELD AN
ADDITIONAL 596 ACRES ALONG THREE RIVERS AND WORKED TO PLACE THESE LANDS
INTO PERMANENT PROTECTIVE STEWARDSHIP. WRC ALSO HAD CONTRACTUAL
COMMITMENTS TO CONSERVE 28,403 ACRES OF LAND IN FUTURE 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.

Schedule O (Form 990 or 990-EZ) (2012) Name of the organization	Employer identification number
WESTERN RIVERS CONSERVANCY	93-1326405
FUNDRAISING EXPENSES	0
TOTAL EXPENSES	329,497
OTHER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	43,446
MANAGEMENT AND GENERAL EXPENSES	40,884
FUNDRAISING EXPENSES	8,300
TOTAL EXPENSES	92,630
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	565,330
	
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Form **8868**

(Rev. January 2013)

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

Form 8868 (Rev. 1-2013)

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box 	ightharpoons							
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).								
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for	a corporation							
required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to reque	st an extension							
of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated V	Vith Certain							
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filling	of this form,							
visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits.								
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).								
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete								
Part I only	. ▶ 📖							
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.								
Type or Name of exempt organization or other filer, see instructions Employer identification	n number (EIN) or							
rint WESTERN RIVERS CONSERVANCY 93-1326405								
Eyla hyytha								
due date for filing your 71 S.W. OAK STREET Number, street, and room or suite no. If a P.O. box, see instructions. Social security number.	er (3314)							
return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
PORTLAND, OR 97204								
Enter the Return code for the return that this application is for (file a separate application for each return)	0 1							
Application Return Application	Return							
is For Code Is For Code								
Form 990 or Form 990-EZ 01 Form 990-T (corporation)	07							
Form 990-BL 02 Form 1041-A	08							
Form 4720 (individual) 03 Form 4720	09							
Form 990-PF 04 Form 5227	10							
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11							
Form 990-T (trust other than above) 06 Form 8870	12							
JULIETTE HARDING								
• The books are in the care of • 71 S.W. OAK STREET - PORTLAND, OR 97204								
Telephone No. ► <u>(503) 241-0151</u> FAX No. ►	. —							
If the organization does not have an office or place of business in the United States, check this box								
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole g	• • •							
box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the external and attach a list with the names and EINs of all members the external and attach a list with the names and EINs of all members the external and attach a list with the names and EINs of all members the external and attach a list with the names and EINs of all members the external and attach a list with the names and EINs of all members the external and EINs of all members and EINs of all members and EINs of all members and EINs of all members and EINs of all members and EINs of all members and EINs of all members and EINs of all members and EINs of all members and EINs of all members and EINs of all members and EINs of all members and EINs of all members and EINs of all members and EINs of all	nsion is for.							
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 2014 , to file the exempt organization return for the organization named above. The extension	on							
is for the organization's return for.								
calendar year or								
► X tax year beginning OCT 1, 2012 , and ending SEP 30, 2013								
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return								
Change in accounting period								
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	•							
nonrefundable credits. See instructions 3a \$	<u> </u>							
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	•							
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$	0.							
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,	0							
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$	0.							

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.