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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A	For the	2013 cale	endar year, or tax year beginning	3 ,:	<u>2013, an</u>	d ending			, 20	
В	Check if a	applicable	C Name of organization Pacific Lui	mber Inspection Bureau				D Employ	er identification n	umber
	Address of	change	Doing Business As		-				91-0352790	
\Box	Name cha	•	Number and street (or P O box if n	nail is not delivered to street address	ss) I	Room/suite		E Telepho	ne number	
\exists	Initial retu	·							(253) 835-3344	
H	Terminate		City or town, state or province, cou	300		(200) 000-0044				
	Amended		G Gross re	cointe \$	1,615,566					
H			Federal Way, WA 98003 F Name and address of principal office	Cor Loffron A Contorni			LU/a) to thus a a		subordinates? Yes	
ш	Application	on penaing		*			1		sincluded? Tes	=
_			1010 S 336th ST STE 300, Fede		٦/4١ - ٦	7.07	4 ''		a list. (see instruction	
<u> </u>		npt status		(6) 4 (insert no) <u>4947(a</u>	()(1) or ∟	<u> </u>	4			
7	Website:		p://www.plib.org		1. ٧	- 1	H(c) Group			
K				ation	L Year	of formation	1903	M State	of legal domicile	WA
ľ	art I	Summ							L 1810	<u> </u>
_		•	escribe the organization's mis	_						
Activities & Governance			of lumber so that there is create			selling and	d buying lu	mber. Se	rvices are provi	ded at
Ta a			ımber manufacturers, wholesale							
Vē			his box $lacktriangleright \Box$ if the organization	_		posed of	more than	25% of	its net assets.	
යි			of voting members of the gov		•			3		10
مخ	4	Number	of independent voting member	ers of the governing body (F	Part VI, I	ine 1b)		4		10
ţį	5	Total nur	mber of individuals employed	in calendar year 2013 (Part	V, line 2	2a) .		5		8
₹			mber of volunteers (estimate if			.7		6		10
Š	7a '	Total uni	related business revenue from	Part VIII, column (C) line t	211	[7a		_0
			lated business taxable income	from Form 990-1 line 34	!	<u>ა∤ .</u>		7b		0
				9 1h) . 8 . AUG. 1 5 2	nia l	<u> </u>	Prior Ye	ar	Current Y	ear
a	8	Contribu	itions and grants (Part VIII, line	. 1h) . 18 . AUG. 1 5 2		\&\ _		225		123
Revenue		Program service revenue (Part VIII, line 2g)								1,098,119
eve	1	•	ent income (Part VIII, column (1) [1,2]	. U I	البيه.		4,243		8,384
~~	I .									5,865
)			enue-add lines 8 through 11 (e 12)	1	224,294 ,328,678		1,112,491
3—			and similar amounts paid (Part					0		0
	1		paid to or for members (Part I					0	· · · · · · -	
' A	1		other compensation, employee		lines 5-	-10)		625,966		645,110
Expenses	16a		onal fundraising fees (Part IX,		,, 100 0	.,		023,300		043,110
ĕ	b		ndraising expenses (Part IX, co	· · · · · · · · · · · · · · · · · · ·	• •	` `				
ă	17		penses (Part IX, column (A), li			• ⊢		666,479		509,729
			penses. Add lines 13–17 (mus		 line 25)	· · ⊢		,292,445		
	1		e less expenses. Subtract line		-	. ⊢				1,154,839
		nevenue	e less expenses. Subtract line	16 HOITI III e 12	• •		ginning of Cu	36,233	End of Ye	(42,348) ear
ts or	20	Total ass	note (Port V. line 16)			-		-		
Net Assets o	20		sets (Part X, line 16)			· ·		,445,178		1,371,993
į į	21		bilities (Part X, line 26)			· ·		176,591	· · · · · · · · · · · · · · · · · · ·	162,777
			ets or fund balances. Subtract	line 21 from line 20	• •	· · l	1	,268,587	<u> </u>	<u>1,209,216</u>
	art II		ture Block							15.1.6.1.
			ury, I declare that I have examined this plete Declaration of preparer (other that						my knowledge and	Dellet, It is
_		T k	04 0 7 1	- / :						
e:		Size	gature of officer	% 7			l Da	**		
Sig	_	319	rational conden				Ua		4 1 7 2 14	•
He	ere		Jeffrey H. Fanto	22 , President				PS UPUS	A 1,2014	
_		<u> </u>	e or print name and title	Droporodo propotivo		1 000			PTIN	
Pá	aid	FINDU	ype preparer's name	Preparer's signature		Date	1	Check	∐ #	
Pr	epare	r		<u> </u>			- , 	self-em	pioyea	
	se Only		name >				Fim	n's EIN ▶		
		Firm's	address >				Pho	ne no.		
Ma	y the IR	RS discus	ss this return with the preparer	shown above? (see instruc	ctions)	<u> </u>	· · · ·		<u></u> Ye	
F -	. D	and Dadi	uction Act Notice, see the sense	nto inctructions		Cot No	11292V		Form	990 (2013)

Part		$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	The fundamental objective of Pacific Lumber Inspection Bureau is to provide uniform impartial inspection of forest products in accordance with contract specifications between buyer and seller; serve the interests of the customer, the shipper and producer	
	while adhering to the applicable published rule, regulation or custom specification.	
	while adhlering to the applicable published rule, regulation of custom specification.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	0
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	0
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$including grants of \$) (Revenue \$)	
	Pacific Lumber Inspection Bureau provides supervisory quality control services for structural dimension lumber and other specialty	
	lumber products under the various lumber grading rules used in the Pacific Northwest regions of the U.S. and Canada. This include	<u>s</u>
	lumber grade stamping, grade certificates and grader training and certification. Services are offered at cost to primary lumber	
	manufacturers, remanufacturers and the general public. PLIB also provides heat treating (HT) certification and HT stamping service	
	for sawmills, dry kilns and remanufacturers under the authority of USDA, APHIS, ALSC, CLSAB, and CFIA. The Bureau also provide	
	inspection and quality marking services to ISPM 15 compliant export wood packaging through its Wood Packaging Materials (WPM)	!
	program. Pacific Lumber Inspection Bureau also publishes and distributes the "Export 'R' List Grading and Dressing Rules" for	
	export lumber.	
	•••••	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_
70		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
<u> 4e</u>	Total program service expenses ▶	

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Part	IV Checklist of Required Schedules		·	. ago e
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		√
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		*	- 3
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		
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
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		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a	1	
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	1	1.
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Part's III and IV.	16		1
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 (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	-	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
_	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	†

Part	V Checklist of Required Schedules (continued)		_	
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	✓	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

14b

Form **990** (2013)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		,-	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	V	-
2a		•		
_	Statements, filed for the calendar year ending with or within the year covered by this return [2a] 8 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	7	-
ь	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	•	-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	✓	
b	If "Yes," enter the name of the foreign country: ▶ Canada			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			_
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	- 10		
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
ē	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			ļ
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	1		
a	Did the organization make any taxable distributions under section 4966?	9a	-	<u> </u>
10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 -	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		ŀ	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		ļ.
	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?	12a	<u> </u>	L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		1
	the organization is licensed to issue qualified health plans	-		
C	Enter the amount of reserves on hand	142	 	
142	Lijo the organization receive any hayments for indoor lanning services dilfing the lax year?	144	1	

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 10			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O.			i
р 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 10 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	7	1
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	i	1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	✓	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	✓	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		1	
0	stockholders, or persons other than the governing body?	7b	•	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	1	,
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓_
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
		40	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
D	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	✓	_
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	1	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13	√	
14	Did the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_		150		!
a b	The organization's CEO, Executive Director, or top management official	15a 15b	*	
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		 	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			İ
	with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed none Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	5010	C)(3)C	only)
.0	available for public inspection. Indicate how you made these available. Check all that apply.	501(<u> </u>	Orny)
	☐ Own website ☐ Another's website ☑ 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 into	erest	policy	, and
	financial 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: ► Hannah Petersen, Pacific Lumber Inspection Bureau, 1010 S 336th ST #300, Federal Way, WA 98003,	<u> 253-8</u>	35-33	44
				(2013)

Dage	- 4

Form 990 (2013)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

Check this box in Heither the organizat	ion nor any related	u orga	QI IIZ) C)	ompe	1130	Ted any curren	lt officer, director	, or trustee.
	(5)				-, ition			(5)	(5)	(m)
(A)	(B)					e than o		(D) Reportable	(E)	(F) Estimated
Name and Title	Average hours per		box, unless person is both a officer and a director/truste					compensation	Reportable compensation from	
	week (list any				_			/ trom	related	other
	hours for related	흑	stiti	Officer	Key employee	를	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ecta	tion	¥	Ϊp	yee	욕	(W-2/1099-MISC)		organization
	below dotted line)	~ ₹	nal t		loye]]				and related organizations
	"""	Individual trustee or director	Institutional trustee		e	ens				organizationo
			8			Highest compensated employee				
(1) Dale Bartsch		_			1					
Director	<1	✓		_	<u> </u>			0	0	0
(2) Paul Beltgens										
Director	<1	1				ļ		0	0	0
(3) John Blodgett						İ			İ	
Vice Chairman	<1	✓	<u> </u>	✓		<u> </u>		0	0	0
(4) Eric Fritch					İ					
Director	<1	✓			<u> </u>	<u> </u>	<u> </u>	0	0	0
(5) Karl Hallstrom		ļ				ļ	1			
Director	<1	✓	<u> </u>		L.	<u> </u>		0	0	0
(6) James Manke		1								
Director	<1	✓	ļ		<u> </u>		<u> </u>	0	0	0
(7) Alan Sherrington										
Director	<1	✓			<u>L</u>		┖	0	0	0
(8) Greg Smith]								
Chairman	<1	✓		✓	<u> </u>		L	0	0	0
(9) Rob Taylor]					ĺ			
Director	<1	✓			<u> </u>	ļ		0	0	0
(10) Jeff Thompson]			ł					
Director	<1	✓		L			L	0	0	0
(11) Ken Thorlakson]								
Director	<1	✓			<u> </u>			0	0	0
(12) Jeffrey Fantozzi]		1			İ			
President/Vice-President/Treasurer	40	<u>L</u>	<u> </u>	✓			L	139,734	0	39,980
(13) Hannah Petersen										
Secretary	40		<u></u>	✓	L			49,845	0	22,629
(14)		}								
		1	1	1	1	1	1			

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd H	lighes	st C	ompensated E	mployees (conti	nued)		
	(B) Average hours per	age box, unless person is bo officer and a director/tru						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated om amount of other			
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compo from organ and	ensation in the nization related izations	
(15)							1						
(16)													
(17)													
(18)					_		_						
(19)													
(20)													
(21)													
(22)													
(23)					-								
(24)													
(25)								_					
1b c	Sub-total	•		•	•		•	▶	189,579	0			2,609 0
<u>d</u>	Total number of individuals (including bu						above	▶ e) w	189,579 ho received m			6	<u> 2,609</u>
3	Did the organization list any former of employee on line 1a? If "Yes," complete	ficer, direc							-	nest compensati	F -	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta	ble	con	npe	nsatio				he	√	
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individu	1	-	
Section	on B. Independent Contractors			-									
1	Complete this table for your five highest compensation from the organization. Reyear.												ax
	(A) Name and business add	iress	_			_			(B) Description of s	ervices	(C) Compens	ation	
None.						_							
											_		
	Total number of independent contractor	are finelucii	ng h	1+	no+	lumi	ed +	Ļ	hose listed sh	ove) who			
2	received more than \$100,000 of compen							, ll	UD UDICU AD	CVE) WIIO			

Part	VIII	Statement of Revenue					
		Check if Schedule O contains a r	esponse or note to				<u> </u>
	-			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts Its	1a	Federated campaigns 1	a 0				
irat our	ь	Membership dues 1	b 123				
s, G	С	Fundraising events 1	С 0				
ar la	d	Related organizations 1	d 0				
s, (imil	е	Government grants (contributions) 1	е о				
ion r Si	f	All other contributions, gifts, grants,					
but the		and similar amounts not included above 1	f o				
ntri d O	g	Noncash contributions included in lines 1a-1f:	\$ 0				
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		123			
			Business Code				
ven	2a	Program Assessments	561990	1,098,119	1,098,119		
Re	ь						
ice	С						
ě	d				_		
Ē	e						
Program Service Revenue	f	All other program service revenue.	-				
F	g	Total. Add lines 2a-2f		1,098,119			
	3	Investment income (including div	ridends, ınterest,				
		and other similar amounts)	🕨	8,384			8,384
	4	Income from investment of tax-exempt	bond proceeds	0			
	5	Royalties		0			
		(i) Real	(II) Personal				
	6a	Gross rents	0 0				
	b	Less: rental expenses	0 0				
	С	Rental income or (loss)	0 0				
	ď		<u> ▶</u>	0			
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory 503,0	75 0				
	b	Less: cost or other basis					
		and sales expenses (503,07			İ		1
	С	Gain or (loss)	0 0		~ -		
	d	Net gain or (loss)	. <u> </u>	0			
Φ				1			
Other Revenue	8a	Gross income from fundraising					
ě		events (not including \$ 0					
Œ		of contributions reported on line 1c). See Part IV, line 18					
Ē	١.						
5		Less: direct expenses	b0	-	ŀ		
	C	Net income or (loss) from fundraising Gross income from gaming activities		0			
	30	See Part IV, line 19					
	L	Less: direct expenses	a 0				
	b	Net income or (loss) from gaming a		ا ۾			
		Gross sales of inventory, les		0			
		returns and allowances					
	ь	Less: cost of goods sold	b 0				
		Net income or (loss) from sales of i		- 0	ł	-	-
	– ٔ	Miscellaneous Revenue	Business Code	- 4			
	11a	AA'		5865	- 5865	-	
	Ь	Miscellaneous	- 300033	3003	3003	· •.	
	c		•				
	d	All other revenue				-	
	e	Total. Add lines 11a-11d		365			
_	12	Total revenue. See instructions.	<u></u> . >	1,112,491	1,103,984	. 0	8,384

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , 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	0							
2	Grants and other assistance to individuals in								
	the United States. See Part IV, line 22	0							
3	Grants and other assistance to governments,								
	organizations, and individuals outside the			:	·				
	United States. See Part IV, lines 15 and 16	0	<u>.</u>						
4	Benefits paid to or for members	0							
5	Compensation of current officers, directors,								
	trustees, and key employees	252,188							
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	280,319							
8	Pension plan accruals and contributions (include								
_	section 401(k) and 403(b) employer contributions)	28,042							
9	Other employee benefits	44,045							
10	Payroll taxes	40,516							
11	Fees for services (non-employees):								
а	Management	0							
b	Legal	6,332							
C	Accounting	20,562							
d	Lobbying	0							
e	Professional fundraising services. See Part IV, line 17	0							
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column	1,075			-				
g	(A) amount, list line 11g expenses on Schedule O.)								
40		4,774							
12	Advertising and promotion	11,316							
13 14	Office expenses	16,740			_				
15	Royalties	895							
16	Occupancy	35,577							
17	Travel	81,744							
18	Payments of travel or entertainment expenses	01,744							
	for any federal, state, or local public officials	o							
19	Conferences, conventions, and meetings .	29,304							
20	Interest	616			<u> </u>				
21	Payments to affiliates	0.0	_	-					
22	Depreciation, depletion, and amortization .	26,835							
23	Insurance	25,516			-				
24	Other expenses. Itemize expenses not covered	25,0.0							
	above (List miscellaneous expenses in line 24e. If				'				
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)	l							
а	Association dues and assessments	207,763							
b	Other dues and subscriptions	16,917							
С	Business state and local taxes	5,953							
d	Repairs and Maintenance	2,919							
е	All other expenses Miscellaneous	14,891							
25	Total functional expenses. Add lines 1 through 24e	1,154,839							
26	Joint costs. Complete this line only if the								
	organization reported in column (B) joint costs from a combined educational campaign and								
	fundraising solicitation. Check here ▶ ☐ if								
	following SOP 98-2 (ASC 958-720)			1					

32

33

34

Page **11** Form 990 (2013) Part X **Balance Sheet** Beginning of year End of year 1 357.427 250,508 2 2 283,943 410,549 3 3 0 0 4 4 169,159 157,966 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 0 0 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 0 **Assets** 7 ol 7 0 8 0 0 Prepaid expenses and deferred charges . . 9 48,327 44,454 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 212.569 10b 53,339 10c Less: accumulated depreciation (132.393)80,176 406,377 11 11 Investments—publicly traded securities 554,946 Investments—other securities. See Part IV, line 11 0 12 12 0 0 13 13 Investments—program-related. See Part IV, line 11 0 0 14 14 0 0 15 15 0 1,445,178 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1,371,993 17 76,764 17 78,484 18 18 ol 0 19 ol 19 0 0 20 20 0 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 0 0 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 38,088 24,192 24 Unsecured notes and loans payable to unrelated third parties . . . 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 61,739 60.101 Total liabilities. Add lines 17 through 25 . . 26 26 176,591 162,777 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and **Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. ō 30 30 Net Assets 0 0 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 0

Retained earnings, endowment, accumulated income, or other funds.

Total liabilities and net assets/fund balances

1,209,216

1,209,216

1,371,993

1,268,587

1,268,587

<u>1,445,178</u>

32

33

34

Page	1	2
, ago	•	_

Part	XI Reconciliation of Net Assets		-	
	Check if Schedule O contains a response or note to any line in this Part XI			V
1	Total revenue (must equal Part VIII, column (A), line 12)		1,11	2,491
2	Total expenses (must equal Part IX, column (A), line 25)		1,15	4,839
3	Revenue less expenses. Subtract line 2 from line 1		(4:	2,348)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4		1,26	8,587
5	Net unrealized gains (losses) on investments		4	4,654
6	Donated services and use of facilities			0
7	Investment expenses			0
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain in Schedule O)	_	(6	<u>1,677)</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))		1,20	9,216
Part	XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>		
			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1
_	Schedule O.			- 1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	~	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			i
	reviewed on a separate basis, consolidated basis, or both:			1
•	Separate basis Consolidated basis Both consolidated and separate basis			ارزا
b	Were the organization's financial statements audited by an independent accountant?	2b		
	separate basis, consolidated basis, or both:			;
	Separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis			1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	-		į
C	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	1	
	If the organization changed either its oversight process or selection process during the tax year, explain in	20	_	
	Schedule O.			
За				ز ا
Ou	the Single Audit Act and OMB Circular A-133?	За		1
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	- 54		_
~	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Forr	n 99 0	(2013)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

➤ See separate instructions.
➤ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

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

	ction 501(c)(4), (5), or (6) orga of organization	anizations: Complete Part III		Employer ide	ntification number
	•			Limployer ide	
Pacific	Lumber Inspection Bureau Complete if the	e organization is exempt und	er section 501/	c) or is a section 527	91-0352790 organization
1		the organization's direct and indire			organization.
2					\$
3					
	Voluntoci nodio				
Part	I-B Complete if the	e organization is exempt und	er section 501(d	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under section	n 4955 ▶ 🥄	5
2	Enter the amount of any	excise tax incurred by organization	n managers under	section 4955 ▶ \$	5
3	•	ed a section 4955 tax, did it file Fo	•		🗌 Yes 🔲 No
4a					Yes No
<u>b</u>	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		ly expended by the filing organiz			
^)
2		filing organization's funds contributies			
3	· ·	expenditures. Add lines 1 and 2			
3	· .	· · · · · · · · · · · · · · · · · · ·			•
4		n file Form 1120-POL for this year			
5	- -	ses and employer identification nul			
3		ents. For each organization listed,			
		ontributions received that were pro			
		I fund or a political action committe			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) 2.14	filing organization's	contributions received and
				funds If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)					
(2)		ļ			
(3)					
(4)			1		1
(5)		<u> </u>	1		
			-		-
(6)			1	1	

_		_	
۲a	α	е	4

30110	Casic C (1 Citti 550 Ci 550 LE) 2010					, ugo —
Pa	rt II-A Complete if the organization section 501(h)).	is exempt un	der section 50	01(c)(3) and filed	d Form 5768 (ele	ction under
A	Check ▶ ☐ if the filing organization belo					up member's
	name, address, EIN, expens					
<u>B</u>	Check ► ☐ If the filing organization che			rol" provisions a	ipply.	
	Limits on Lobby				(a) Filing organization's totals	(b) Affiliated group totals
	(The term "expenditures" me	<u>`</u>			Organization's totals	group totals
	a Total lobbying expenditures to influence p		-			
	b Total lobbying expenditures to influence a	•		•		
	c Total lobbying expenditures (add lines 1a	•				
	d Other exempt purpose expenditures					
	e Total exempt purpose expenditures (add					
	 f Lobbying nontaxable amount. Enter the columns. 	ie amount iro	m the following	i table in both		
	If the amount on line 1e, column (a) or (b) is:		ontaxable amount	t is:	:	
	Not over \$500,000	20% of the amo		¢500.000		
	Over \$500,000 but not over \$1,000,000		5% of the excess of			
	Over \$1,000,000 but not over \$1,500,000		0% of the excess			
	Over \$1,500,000 but not over \$17,000,000		% of the excess or	ver \$1,500,000		
	Over \$17,000,000	\$1,000,000				
	 Grassroots nontaxable amount (enter 25% Subtract line 1g from line 1a. If zero or les 					
	 Subtract line 1g from line 1a. If zero or les Subtract line 1f from line 1c. If zero or les 	•				
	If there is an amount other than zero		h or line 1i did	the organization	file Form 4720	
	reporting section 4911 tax for this year?		-			Yes No
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)					
	Lobbying	Expenditures L	During 4-Year Av	eraging Period		
	Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

Part	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Forn	1 576 8		-
For e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(;	a)		(b)	
	iption of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a	Volunteers?]		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	-				
C	Media advertisements?	\vdash		-		
d	Mailings to members, legislators, or the public?			ļ		
e f	Publications, or published or broadcast statements?	-	_			
	Direct contact with legislators, their staffs, government officials, or a legislative body?					
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			<u> </u>		
i	Other activities?			<u> </u>		
j	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-	-	·		
b	If "Yes," enter the amount of any tax incurred under section 4912					
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	-	-			
Part		c)(5), d	or se	ction		
	ω η (ε),(σ).				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	✓	
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		✓
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes." Dues, assessments and similar amounts from members		Pari	III-A,	line	3, is
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of				
a	Current year	• •	2a		-	
b	Carryover from last year	• •	2b			
с 3	Total	• •	2c 3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion o	f the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobband political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par						
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr -B, line 1. Also, complete this part for any additional information.	oup list	t); Pai	t II-A, I	ine 2;	and
					•	
					•••••	

chedule C (Form 990 or 990-EZ) 2013 Pag				
Part IV	Supplemental Information (continued)			
·				
····				

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

Pacific	Lumber Inspection Bureau		91-0352790			
Par		or Advised Funds or Other Similar Fu				
	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 5	Aggregate value at end of year Did the organization inform all donors and	donor advisors in writing that the assets	held in donor advised			
•	funds are the organization's property, subject					
6	Did the organization inform all grantees, do					
	only for charitable purposes and not for the					
	conferring impermissible private benefit? .	<u></u>	· · · · · ·			
Part						
	Complete if the organization answ	ered "Yes" to Form 990, Part IV, line 7	•			
1	Purpose(s) of conservation easements held I					
	-	recreation or education) Preservation				
	Protection of natural habitat	☐ Preservation	of a certified historic structure			
0	Preservation of open space	tron bald a greathad agreementing agreet	tion in the form of a consequation			
2	Complete lines 2a through 2d if the organiza easement on the last day of the tax year.	mon held a qualified conservation contribut	Held at the End of the Tax Year			
а	Total number of conservation easements					
	Total acreage restricted by conservation eas					
	Number of conservation easements on a cer					
	Number of conservation easements includ					
	historic structure listed in the National Regis	ter	· · 2d			
3	Number of conservation easements modified	d, transferred, released, extinguished, or te	rminated by the organization during the			
	tax year ▶					
4	Number of states where property subject to					
5	Does the organization have a written pol violations, and enforcement of the conservations					
•						
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conservation	on easements during the year			
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation ear	sements during the year			
•	►\$	moposting, and officioning content taken cal	somerne daring the year			
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	of section 170(h)(4)(B)			
	(i) and section 170(h)(4)(B)(ii)?		· · · · · ·			
9	In Part XIII, describe how the organization re					
	balance sheet, and include, if applicable, the	_	inancial statements that describes the			
	organization's accounting for conservation e					
Part		ections of Art, Historical Treasures, o				
	If the organization elected, as permitted und	ered "Yes" to Form 990, Part IV, line 8				
ıa	works of art, historical treasures, or other	• • • • • • • • • • • • • • • • • • • •				
	public service, provide, in Part XIII, the text of					
b	If the organization elected, as permitted un	nder SFAS 116 (ASC 958), to report in its	s revenue statement and balance sheet			
	works of art, historical treasures, or other					
	public service, provide the following amount	•				
	(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					
	following amounts required to be reported u					
a	Revenues included in Form 990, Part VIII, lin	e1	· · · · > \$			
<u>b</u>	Assets included in Form 990, Part X	<u> </u>	<u> ▶ \$</u>			

Part	II Organizations Maintaining	Collections of A	Art, Hist	orical T	reasures	, or Ot	her Similar A	ssets (d	contir	nued)
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner recor	ds, chec	k any of th	e follov	ving that are a	significa	nt use	e of its
а	☐ Public exhibition		d l	□Loan	or exchang	e prog	rams			
b	☐ Scholarly research						•••••			
	☐ Preservation for future generations						····			
4	Provide a description of the organization		nd expla	in how t	hey further	the org	anization's exe	empt pur	pose	in Part
	XIII.			_						
5	During the year, did the organization assets to be sold to raise funds rather								Yes	□ No
Part	IV Escrow and Custodial Arra	ngements.								
	Complete if the organization 990, Part X, line 21.	answered "Yes"	to Forn	n 990, P	art IV, line	9, or 1	reported an a	mount o	n For	m
1a	Is the organization an agent, trustee, included on Form 990, Part X?								Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fo	llowing ta	able:		 	Amount		
С	Beginning balance					10		·		
d	Additions during the year					10				
e	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amoun								Ves	□ No
	If "Yes," explain the arrangement in Pa									
Pari		III. Office field	, ir ti ie e/	piariado	Thas been	provide	Sa III I alt XIII	· · ·	• '	
· ai	Complete if the organization	answered "Yes"	to Forn	n 990 P	art IV. line	10				
	Octriplato II talo olganization	(a) Current year	(b) Pro		(c) Two year		(d) Three years ba	ick (e) Fo	ur year	s back
1a	Beginning of year balance				· · · · ·			+	<u> </u>	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships							+		
e	Other expenditures for facilities and						-			
·	programs							- 1		
	Administrative expenses		-					+		
f	•									
g	End of year balance		d bolono	o /lina 1a	L column (s	// hold				
2	Provide the estimated percentage of the			e (iiiie Tg	i, column (a	ij) Heid	d5.			
a	Board designated or quasi-endowmen		70							
D	Permanent endowment									
С	Temporarily restricted endowment ▶	%	00/							
0-	The percentages in lines 2a, 2b, and 2			4: 46.	-4 b -l-l		ministered for	Aba		
3a	Are there endowment funds not in the	e possession or in	e organi.	zation tri	at are neio	and ad	ministered for	uie	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	organization by:							0-4	Yes	s No
	(i) unrelated organizations							. 3a(+
	(ii) related organizations							. 3a(i		-
b	If "Yes" to 3a(ii), are the related organic							. 3b	<u> </u>	
4	Describe in Part XIII the intended uses	-	n's enac	wment t	unas.					
Part				- 000 -	N = 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) F 000	. D V	l!	40
	Complete if the organization						1			
	Description of property	(a) Cost or oth			or other basis ther)		Accumulated epreciation	(d) B	ook val	ue
1a	Land	·	0		0					0
b	Buildings	. [0		0		0			0
C	Leasehold improvements		0		0		0			0
d	Equipment		0		212,569		132,393			80,176
е	Other		0		0		0			0
Total.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	90, Part)	(, columi	n (B), line 10	D(c).)	 ▶			80,176

Part VII	Investments – Other Securit Complete if the organization a		rm 990, Part IV, line	e 11b. See Form 99	90, Part X, line 12.
	(a) Description of security or cate (including name of security)	gory	(b) Book value	(c) Method	d of valuation -year market value
(1) Financial					
	neld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E) (F)					
(G)			· 		
(H)			-		
	b) must equal Form 990, Part X, col. (B) line 12	.	· 		
Part VIII	Investments — Program Rela		<u> </u>	·	
r art vill	Complete if the organization a		rm 990 Part IV line	e 11c. See Form 99	90 Part X line 13
	(a) Description of investmen		(b) Book value	(c) Metho	d of valuation
				Cost or end-of	-year market value
(1)				-	·
(2)					
(3)					
(4)					
(5) (6)			-		
(7)					
(8)			· · · · · · · · · · · · · · · · · · ·		
(9)					
	b) must equal Form 990, Part X, col (B) line 13.	•	-		
Part IX	Other Assets.			•	
	Complete if the organization a	answered "Yes" to For	rm 990, Part IV, lin	e 11d. See Form 9	90, Part X, line 15.
		(a) Description			(b) Book value
(1)					
(2)	•				
(3)					=
_(4)					·
(5)					
(6)					
(7)					
(8)			 		-
(9)	mn (b) must equal Form 990, Part i	V col (P) lino 15)			
Part X	Other Liabilities.	K, col. (B) line 15.)	 		
PartA	Complete if the organization a	enewered "Vee" to Fo	rm 000 Part IV lin	a 11a or 11f Saa F	orm 990 Part Y
	line 25.	answered res toro	iiii 990, Fait IV, iiii	e i le or i ii. See i	onn 330, Fait A,
1.	(a) Description of liability	(b) Book value	1		
	ncome taxes	(4,	0		
	able Subscriber Deposits		60,101		
(3)	apie Subscriber Deposits		00,101		
(4)	-				
(5)	,				
(6)					
(7)					
(8)					
(9)					
Total. (Column ((b) must equal Form 990, Part X, col (B) line 25)	60,101		
	r uncertain tax positions. In Part XIII, p		note to the organization		
	's liability for uncertain tax positions u				

Part			Return.
	Complete if the organization answered "Yes" to Form 990, P		
1	Total revenue, gains, and other support per audited financial statements		1
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]
C	Recoveries of prior year grants]
d	Other (Describe in Part XIII.)	2d]
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1
b	Other (Describe in Part XIII.)	4b	<u> </u>
C	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		
Part			er Return.
	Complete if the organization answered "Yes" to Form 990, F		
1	Total oxportos and tosses por addition manifestation of the		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 . 1	
а	Donated services and use of facilities	2a	4
b	Prior year adjustments	2b	4
С	Other losses		4
d	Other (Describe in Part XIII.)		-
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4
_			
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		4c
с 5	Add lines 4a and 4b		4c 5
c 5 Part	Add lines 4a and 4b	e 18.)	5
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line
5 Part Provid	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line XIII Supplemental Information. The the descriptions required for Part II, lines 3 , 5 , and 9 ; Part III, lines 1a and 5 .	e 18.)	5 p; Part V, line 4; Part X, line

chedule D (For	m 9 9 0) 2013	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

... 46

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization Employer identification number 91-0352790 **Pacific Lumber Inspection Bureau** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the ☐Yes ☐No 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (b) Number of (c) Number of (a) Region (d) Activities conducted in (e) If activity listed in (d) is (f) Total employees, agents, and region (by type) (e.g., fundraising, program services, a program service, describe specific type of offices in the expenditures for and investments region independent investments, service(s) in region in region grants to recipients contractors in region located in the region) (1) North America 3 program services lumber grading/QC (306,418)(2) North America investments 679,233 (3) (4)(5)(6)(7) (8) (9) (10)(11)(12)(13)(14)(15) (16)(17)Sub-total За 1 3 372,805 Total from continuation sheets to Part I 0 0 0 Totals (add lines 3a and 3b) 1 3 372,805 Page 2

Schedute F	Schedule F (Form 990) 2013
Part II	II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)																
							_		_							
(h) Description of non-cash assistance																
(g) Amount of non-cash assistance																
(f) Manner of cash disbursement																
(e) Amount of cash grant d																
(e) An																
(d) Purpose of grant																
(c) Region																
(b) IRS code section and EIN (if applicable)																
(a) Name of organization																
-	Ξ	(2)	ල	€	<u> </u>	9	ε	<u> </u>	<u> </u>	<u>5</u>	Ξ	(12)	<u>1</u> 3	£	(15)	(16)

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter N

Enter total number of other organizations or entities

Schedule F (i	Schedule F (Form 990) 2013
Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
	Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal,
(5)							Other
(2)							:
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Scho	Schedule F (Form 990) 2013

_	4
Page	"

Part	IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts at Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With U.S. Owner (see Instructions for Forms 3520 and 3520-A)	nd	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect Certain Foreign Corporations. (see Instructions for Form 5471)		✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 862 Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Election Fund. (see Instructions for Form 8621)	21,	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certa Foreign Partnerships. (see Instructions for Form 8865)		✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructio for Form 5713)		☑ No

Part V	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional
	information (see instructions).
•••••	

SCHEDULE J (Form 990)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

Pacific Pacific	Lumber Inspection Bureau 91-03527	79 <u>0</u>		
Part	Questions Regarding Compensation			
		,	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use	1		
	☐ Travel for companions ☐ Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			İ
	☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment		-	
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			,
	explain	1b		✓
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all		-	
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2	✓	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
_	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	✓ Compensation committee			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	✓ Form 990 of other organizations ✓ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
•	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		· /
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Ż
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		7
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	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 contingent on the revenues of:			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III.			
£	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	1		
U	compensation contingent on the net earnings of:			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For personal listed in Form 000 Part VIII Costion A line to did the experience provide and the		-	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
-	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe		}	
	ın Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Pagulations section 53 4958-6/c)?		1	1

Schedule J (Form 990) 2013

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/	W-2 and/or 1099-MIS	or 1099-MISC compensation	(C) Betirement and	O Nontaxable	l	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(D)-(I)(B)	(F) Compensation reported as deferred in prior Form 990
				compensation				
	8	137,263		2,471	14,000	25,980	179,714	0
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41	(E)							
	8							
15	(ii)							
] (0)							
16	(ii)							
							Sch	Schedule J (Form 990) 2013

d 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	Part I - Line 1a & b: Reimbursement for spousal travel for up to two meetings per year is permitted with maximum reimbursement determined by the board of directors.									Schedule J (Form 990) 2013
Provide the information, explanation, or descriptions required for Part I, I for any additional information.	Part I - Line 1a & b: Reimbursement for spousal travel for up to two meetings per yea									

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Pacific Lumber Inspection Bureau	91-0352790
Part I - Summary	
Line 6: Uncompensated Directors are listed as volunteers for the purposes of this form. Directors volu	nteer approximately 10 to 30 hours per
year to sit as the governing body of Pacific Lumber Inspection Bureau. There are no other volu	nteers in the organization.
Part VI - Governance, Management and Disclosure	
Line 2: Greg Smith (Director) has a business relationship with Ken Thorlakson (Director)	
Line 6: PLIB has two classes of membership as stated in the Articles of Incorporation and Bylaws. Each	h active member facility is entitled to
one vote on all items put to the members. Inactive members are not entitled to a vote.	
Line 7a: The governing body is the Board of Directors and is elected annually by the members.	
Line 7b: Approval of the auditors and annual financial statements is reserved for the members. Approv	val of changes to the Articles of
Incorporation is reserved for the members. Members also elect the governing body.	
Line 11b: The Form 990 and all accompanying schedules were emailed to each Director for review prior	r to submitting the form to the IRS.
Board members are reminded annually to review the form by a specific deadline and submit	comments to the staff.
Line 12C: The PLIB Conflict of Interest policy and Disclosure Statement is reviewed annually at the Win	nter Board of Directors meeting. All
conflicts and relationships, if any, are reported by the directors on the Disclosure statements	s and they are kept on file at the main
office. When conflicts arise, that director recuses themselves from the voting. In addition, at	every meeting, the Chairman reviews
the organization's Anti-Trust Statement.	
Line 15a&b: Compensation for the top management official and all other officers or key employees is of	done by a committee as determined by
the Board of Directors using the PLIB Executive Compensation Policy.	
Line 19: All governing documents, annual financial statements, and the conflict of interest policy are a	vailable on request.
Part XI - Reconcilliation of Net Assets	
Line 5: Other changes in Net Assets is the Foriegn Currency Translation adjustment of (\$61,677).	

chedule O (Form 990 or 990-EZ) (2013)	Page 2
lame of the organization	Employer identification number
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