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Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

<u>A</u>	For the	2014 cale	ndar year, or tax year beginning , 2014, and ending		, 20			
В	Check if a	applicable	C Name of organization WESTERN ORGANIZATION OF RESOURCE COUNCILS	D Employ	er identification number			
	Address	change	Doing business as EDUCATION PROJECT		84-1123481			
	Name ch	-	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telepho	one number			
$\overline{\Box}$	Initial retu	_	220 S. 27TH STREET B		406-252-9672			
\exists		n/terminated	Other than a state of the state	1				
\exists	Amended		BILLINGS, MT 59101	G Gross r	eceipts \$ 3,503,146			
Η				a group return for subordinates? Yes No				
	Application	on pending		-	es included? Yes No			
					a list (see instructions)			
<u> </u>	Website:	npt status	E 301(c)(3) = 301(c) () () () () () () () () ()	up exemption	•			
<u></u>				 				
K	Part I			19 W State	e of legal domicile MT			
		Summ		DT FOR C	ONARALINITY			
•	1	•	escribe the organization's mission or most significant activities: PROVIDE SUPPO					
Governance			ING, CAPACITY BUILDING AND ADVOCACY AROUND CLEAN AND RESPONSIBLE E		***************************************			
ä			TURE TO PUBLIC CHARITIES IN SEVEN STATES AND PROVIDE SUPPORT (continue					
Š	2		is box ▶☐ if the organization discontinued its operations or disposed of more th	1	rits net assets.			
යි	3		of voting members of the governing body (Part VI, line 1a)	. 3	8			
ళ	4		of independent voting members of the governing body (Part VI, line 1b)		8			
Activities &	5		mber of individuals employed in calendar year 2014 (Part V, line 2a)	. 5	0			
ξį	6	Total nur	mber of volunteers (estimate if necessary)	. 6	8			
Ą			related business revenue from Part VIII, column (C), line 12 3	. 7a				
	b	Net unre	lated business taxable income from Form 990-T, line 34	. 7b	0			
				Year	Current Year			
Revenue	8	Contribu	tions and grants (Part VIII, line 1h) . 📴NQV . 🖁 6 2015 . 💆 .	2,129,274	3,443,669			
	9	Program	service revenue (Part VIII, line 2g)	38,739				
	10	-	ent income (Part VIII, column (A), lines 3, 4, and 7d)	7,334				
Œ	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,175,347	3,503,146			
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	2,265,996				
	14		paid to or for members (Part IX, column (A), line 4)		3,333			
G	14-		other compensation, employee benefits (Part IX, column (A), lines 5-10)					
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)					
be.	ь		ndraising expenses (Part IX, column (D), line 25) ▶		,			
	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	43,254	59 505			
(2) (1) (2) -	18		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,309,250				
7	19		e less expenses. Subtract line 18 from line 12	(133,903)				
ي ر		nevenue		Current Year				
Assets or	වූ වූ	Total and	sets (Part X, line 16)					
ي وي			· · · · · · · · · · · · · · · · · · ·	753,932	T			
1 \$ Z	21		polities (Part X, line 26)	4,577				
_			ets or fund balances. Subtract line 21 from line 20	749,355	1,101,676			
JI	art II		ture Block					
			ury, I decide that I have examined this return, including accompanying schedules and statements, and to slete Downardion of perparer (other than officer) is based on all information of which preparer has any kni		my knowledge and belief, it is			
= =		T k	1/ 141 1/ 1/11/11	T A /	1			
) c:		<u> </u>	Mr L. Jumpur	16/13	<u> </u>			
	gn	Sign	Tohn D. Smillie	Date /				
П	ere		<i>,</i> 33					
_		- 1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	6 or print name and title		DTIV			
P	aid	Print/Ty	ype preparer's name Preparer's signature Date	Check	- .			
	repare	PAUL	STROM Paul De Strow 11-13-1	S self-em	ployed P00622429			
	se Onl		name ► STROM & ASSOCIATES, P.C.	Firm's EIN 🕨	20-5592100			
		Firm's		Phone no	406-252-2765			
M	ay the IF	RS discus	ss this return with the preparer shown above? (see instructions)		📝 Yes 🗌 No			
E-0	- Daman	ault Dadı	ection Act Notice and the congrete instructions		Form 990 (2014)			

Part	
٠	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO SUPPORT THE CHARITABLE AND EDUCATIONAL ACTIVITIES (WITHIN THE MEANING OF THE INTERNAL REVENUE CODE
	SECTION 501(c)(3)) OF THE WESTERN ORGANIZATION OF RESOURCE COUNCILS (WORC). A PUBLICLY SUPPORTED SECTION
	501(c)(4) ORGANIZATION, AS PERMITTED BY TREASURY REGULATIONS SECTION 1.509(a)-4K.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,400,000 including grants of \$ 1,400,000) (Revenue \$)
44	THE WORC EDUCATION PROJECT MADE A RESTRICTED GRANT TO WORC TO UNDERTAKE COMMUNITY ORGANIZING,
	PUBLIC EDUCATION, LEADERSHIP, STAFF DEVELOPMENT, TRAINING AND PUBLIC POLICY PROGRAMS.
4b	(Code:) (Expenses \$ 1,692,230 including grants of \$ 1,692,230) (Revenue \$)
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Form 99	0 (2014)		. 1	Page 3
Part l	Checklist of Required Schedules		F	
٠	the state of the s		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		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		1
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		✓
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			1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	9		•
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	✓	,
а				
	complete Schedule D, Part VI	11a		✓
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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, Parts 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		✓
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		<u>,</u>
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		<u>·</u>
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		▼
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 99	0 (2014)			Page 4
Part	Checklist of Required Schedules (continued)			
	Di Lilia de la compania del compania del compania de la compania del la compania de la compania del la compania de la compania de la compania del la		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		1
24 a	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		√
c b	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 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 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 "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
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 Schedule L, Part IV	28a 28b		1
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		√
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	,	√
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? <i>If</i> "Yes," <i>complete Schedule R</i> , <i>Part VI</i>	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	

Form **990** (2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	· · ·	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			l .
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		√
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	<u> </u>	
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		/
L	If "Yes," enter the name of the foreign country:	70		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<u> </u>	1
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		├
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	60		1
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		√
	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		✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
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. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a	Initiation fees and capital contributions included on Part VIII, line 12			
ь 11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
12a b	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 12b	12a		
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	الحجيد	
-	Note. See the instructions for additional information the organization must report on Schedule O.		التي	
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form **990** (2014)

Form 99	• 10 (2014)		ı	age 6
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.	See ins	structi	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	<u> </u>
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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		163	
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		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		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6 7a	✓	√ √ √
ь 8	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
0	the year by the following:			
a	The governing body?	8a 8b	1	
9	Each committee with authority to act on behalf of the governing body?	9	•	-
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C	ode.)	
_			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		√
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		igsqcut	
12a b	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a 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 15	Did the organization have a written document retention and destruction policy?	14	✓	
а	The organization's CEO, Executive Director, or top management official	15a	✓	
b 16a	Other officers or key employees of the organization	15b	✓	
	with a taxable entity during the year?	16a		✓
	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 REQUIRED Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.			, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re EILEEN HANCHETT, 220 S. 27TH ST. SUITE B, BILLINGS, MT 59101 (406) 252-9672	cords:	>	

Part VII	Compensation of Officers, Directors	, Trustees, K	(ey Employees,	Highest C	compensated	Employees,	and
•	Independent Contractors						

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

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

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

Check this box if neither the organization no	r any relate	d orga	<u>aniz</u>	atio	n c	ompe	nsa	ited any currer	t officer, directo	r, or trustee.
	(C)									
(A)	(B)	(B) Position (do not check more than one					(D)	(E)	(F)	
Name and Title	Average					e than o i is both		Reportable	Reportable	Estimated
	hours per					tor/trus		compensation	compensation from	
	week (list any hours for	익	J _S	ç	Ke	em F	Former	from the	related organizations	other compensation
	related	divid	喜	Officer	y er	ploy	l me	organization	(W-2/1099-MISC)	from the
	organizations below dotted	C E	ğ		Key employee	9 g	`	(W-2/1099-MISC)		organization and related
	line)	Individual trustee or director	=		yee	# m				organizations
		8	Institutional trustee	ļ		Highest compensated employee				
					-	8				
(1) PATRICK SWEENEY	50									
EXECUTIVE DIRECTOR		✓	_	✓				0	0	0
(2) MABLE DOBBS	11									
CHAIR		✓.		✓	<u> </u>	ļ <u> </u>		0	0	0
(3) MITCH WOLGAMOTT	11	_								
VICE-CHAIR		✓		✓	<u> </u>	ļ	ļ	0	0	0
(4) LANA SANGMEISTER	11	_								
SECRETARY/TREASURER	<u> </u>	✓		✓	<u> </u>	ļ		0	0	0
(5) WILMA TOPE	ļ <u>1</u>	_								
BOARD MEMBER	 	1			ļ		<u> </u>	0	0	0
(6) PAUL SEAMANS	11					[i		
BOARD MEMBER	 	✓						0	0	0
(7) MONICA WIITANEN	11									
BOARD MEMBER	<u> </u>	✓					_	0	0	0
(8) LYNN WOLFF	11									
BOARD MEMBER		✓				<u> </u>		0	0	0
(9)	ļ									
(10)										
(11)										
(12)										
(40)	 						Ш			
(13)										
(14)										

•	(A) Name and title	(B) Average hours per week (list any	box,	unles	s pe dad	ition more	than on the thick the thic	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	am	(F) timated tount of	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fro orga and	pensation om the anization i related nizations	
(15)													
(16)													
(17)													
(18)												·	
(19)								-				·	
(20)													
(21)												<u></u>	
(22)													
(23)					ļ								
(24)								_					
(25)			-										
1b c d	Sub-total	VII, Section	n A					 	0 0	0			0 0
2	Total number of individuals (including bu reportable compensation from the organ	t not limited						e) w	ho received m	ore than \$100,00	00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	nest compensat	ed 3	Yes	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual												✓
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or individu			✓
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												ax
	(A) Name and business add	dress							(B) Description of s	services	(C Comper		
N/A													
								├-				_	
2	Total number of independent contractor received more than \$100,000 of compen							th	nose listed ab	ove) who	1		
	,			J						<u></u>	Fo	rm 990	(2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Form **990** (2014)

Par	VIII	Statement of Revenue								
,		Check if Schedule O contains a res	ponse or note to	any line in this (A)		(C)				
}				Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514			
nts	1a	Federated campaigns 1a								
Graf	b	Membership dues 1b								
ts, (С	Fundraising events 1c	ļ							
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations <u>1d</u>	ļ			•				
	e	Government grants (contributions) 1e								
ibutio	f	All other contributions, gifts, grants, and similar amounts not included above	3,443,669							
ontr nd C	g	Noncash contributions included in lines 1a-1f: \$								
<u>0</u> <u>8</u>	h_	Total. Add lines 1a-1f	Business Code			-	-			
Program Service Revenue	20	FEE FOR SERVICE		56,912						
ě	2a b		900099	30,912			-			
9										
ž	d					-				
ı Ş	l e									
grar	f	All other program service revenue .								
Ę.	g	Total. Add lines 2a–2f			· · -	<u> </u>				
	3	Investment income (including divid	ends, interest,							
		and other similar amounts)		2,565						
	4	Income from investment of tax-exempt b	ond proceeds▶							
	5	Royalties	▶							
		(i) Real	(II) Personal							
	6a	Gross rents								
	b	Less: rental expenses								
	С	Rental income or (loss)								
	d	Net rental income or (loss)	▶							
	7a	Gross amount from sales of (i) Securities	(II) Other	-						
		assets other than inventory				}				
	b	Less' cost or other basis and sales expenses .								
	С	Gain or (loss)								
	d	Net gain or (loss)	▶							
ive.	8a	Gross income from fundraising								
Other Revenue		events (not including \$ of contributions reported on line 1c).								
er R	}	See Part IV, line 18 a								
돋	b	Less: direct expenses b								
	С	Net income or (loss) from fundraising	events . ►				<u> </u>			
	9a	Gross income from gaming activities. See Part IV, line 19 a								
	<u>ا</u>	Less: direct expenses b								
	C	Net income or (loss) from gaming act								
	_	Gross sales of inventory, less		_			<u> </u>			
		returns and allowances a								
	ь	Less: cost of goods sold b								
		Net income or (loss) from sales of inv								
	 -	Miscellaneous Revenue	Business Code							
	11a									
	b									
	С									
	d	All other revenue								
	е	Total. Add lines 11a-11d	▶				ļ			
	12	Total revenue. See instructions	▶ [2 502 446						

romi 99	0 (20,14)				Page 10
Part	IX Statement of Functional Expenses				
Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon				
	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 domestic organizations and domestic governments. See Part IV, line 21	3,092,230	3,092,230		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages				
9 10 11 a b	Other employee benefits				
d e f g	Lobbying				
12 13 14 15 16 17	Advertising and promotion				
19 20 21 22 23	for any federal, state, or local public officials Conferences, conventions, and meetings Interest				
24 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ADMINISTRATIVE EXPENSES	58,595	58,595	58,595	
b c d		58,595	58,395	58,395	
e 25	All other expenses Total functional expenses. Add lines 1 through 24e				
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)	3,150,825	3,092,230	58,595	
			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

P	art X				
	•	Check if Schedule O contains a response or note to any line in this Pa			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	709,670		709,670
	2	Savings and temporary cash investments		2	15,376
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees.			
ន	6	Complete Part II of Schedule L		5	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	44,262	11	26,281
	12	Investments—other securities. See Part IV, line 11	_ , ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12	
	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)	753,932		1,104,678
	17	Accounts payable and accrued expenses	4,577		3,000
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and			
iab		disqualified persons. Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	
	06	Total liabilities. Add lines 17 through 25	4 577		2 000
	26	Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and	4,577	20	3,000
es		complete lines 27 through 29, and lines 33 and 34.			
Ę	27	Unrestricted net assets	558,819	27	914,429
ala	28	Temporarily restricted net assets	164,255		160,966
9	29	Permanently restricted net assets	26,281	1	26,281
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34.	20/201		20/201
o s	30	Capital stock or trust principal, or current funds		30	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et	33	Total net assets or fund balances	749,355		1,101,676
Z	34	Total liabilities and net assets/fund balances	753,932		

Form 990 (2014) Page **12** Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 3,503,146 2 2 3,150,825 3 3 352,321 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4 749.354 5 5 6 Donated services and use of facilities 6 7 7 8 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 1,101,676 **Financial Statements and Reporting** Part XII Check if Schedule O contains a response or note to any line in this Part XII . . . Yes No Accounting method used to prepare the Form 990:
☐ Cash ☐ Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 2b ✓ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

3b

Form 990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name	of the organization					Employer Identification	number		
	TERN ORGANIZATION OF RESOURCE					84-112			
Par							ns.		
1 ne c	organization is not a private founda								
2									
	3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	The state of the s								
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6 7	 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.) 							neral public	
8	☐ A community trust described i	n section 170(b))(1)(A)(vi). (Complete l	Part II.)					
9	An organization that normally receipts from activities related support from gross investme acquired by the organization a	d to its exempt ent income and lifter June 30, 19	functions—subject to unrelated business 75. See section 509 (a	certain taxable in a)(2). (Cor	exceptio ncome (l nplete Pa	ns, and (2) no more ess section 511 ta: art III.)	than 3	33¹/₃% of its	
10 11	 ☐ An organization organized and ☑ An organization organized and one or more publicly supported the box in lines 11a through 11 	operated exclusi d organizations d	ively for the benefit of, lescribed in section 5 0	to perfor 09(a)(1) o	m the fur r section	octions of, or to carry 509(a)(2). See secti	ion 509	(a)(3). Check	
а	✓ Type I. A supporting organization(sorganization. You must con) ✓ Type I. A supported organization. ✓ Type I. A supporting organization. ✓ Type II. A supporting o	s) the power to re	egularly appoint or ele						
b	☐ Type II. A supporting organic control or management of the organization(s). You must control to the control organization (s). You must control to the control organization (s).	e supporting org	ganization vested in th						
С	Type III functionally integra its supported organization(s)						y integr	ated with,	
d	Type III non-functionally in that is not functionally integr requirement (see instructions)	ated. The organi	zation generally must	satisfy a	distribut	ion requirement and			
е	Check this box if the organiz functionally integrated, or Ty						I, Type	III	
f g	Enter the number of supported or Provide the following information		oorted organization(s).					1	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	other	Amount of support (see structions)	
			(See mondenency)	Yes	No	1			
(A) W	ORC	45-0356819	501(c)(4)	4		1,400,000			
(B)									
(C)									
(D)									
(E)									
Tota	<u> </u>					1,400,000			

Part II

	<u> </u>	_					
Part	Support Schedule for Organiza						
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support					T	
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.					l	L
	on B. Total Support					1 () 0044	(n =
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re			, or fifth tax ye		.
	on C. Computation of Public Suppor			1 agl: (A)		14	0/
14 15	Public support percentage for 2014 (line 6) Public support percentage from 2013 Sci		-	,		15	<u>%</u>
16a	331/3% support test—2014. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, and	d line 14 is 33¹	/3% or more, o	check this
b	331/3% support test—2013. If the organ check this box and stop here. The organ					15 is 33¹/3% 	or more, ▶ □
17a							
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizar Explain in Part VI how the organization m supported organization	tion meets the leets the "facts	facts-and-ci	rcumstances" tances" test. T	test, check th	nis box and st	top here.
18	Private foundation. If the organization di instructions				a, or 17b, chec	k this box and	see ▶ □

	. •						
Schedu	e A (Form 990 or 990-EZ) 2014						Page 3
Part	(Complete only if you checked the If the organization fails to qualify	ne box on line	9 of Part I o	r if the organ	ızation failed		er Part II.
	on A. Public Support		- ·	<u> </u>			
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						

	on B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years If the Form 990 is for th	e organization	n's first secon	d third fourth	or fifth tax ve	ear as a sectio	n 501(c)(3)

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

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

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Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
	below, the governing body of a supported organization?	11a		✓
b	A family member of a person described in (a) above?	11b		√
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		_ ✓
Secti	on B. Type I Supporting Organizations		Yes	No
			162	MO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,		ŀ	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•	Did the organization operate for the benefit of any supported organization other than the supported		·	
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		1
Secti	on C. Type II Supporting Organizations			
00011	on or type it capper unity or game automo		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	i		
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ctions	s):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructio	ons).
_	Ashibit Task American (a) and (b) halous	ı	Yes	No
2	Activities Test. Answer (a) and (b) below.		162	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	,		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	
1	g tru	st on Nov. 20, 1970. See	instructions. All
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E	·
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		i	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	i		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7	y-int	egrated Type III support	ng organization (see
instructions).			

Part		3) Supporting Organi	zations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe	orted		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	poses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	ch the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	 	/::\	
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				*····
<u>b</u>				
С				
<u>d</u>				
е_	From 2013			
f_	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
!	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D. line 7:			
	<u> </u>			
<u>a</u> b	Applied to underdistributions of prior years Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
<u> </u>	Remaining underdistributions for years prior to 2014, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
•	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013		-	
е	Excess from 2014			

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Page	

Schedule A (Form 990 or 990-EZ) 2014					
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)				
PART IV, LII	NES 3b AND 3c: THE ORGANIZATION CONFIRMED THAT THE SUPPORTING ORGANIZATION QUALIFIED UNDER SECTION				
501(c)(4) BY	RECEIVING A COPY OF THE IRS DETERMINATION LETTER.				
THE ORGA	NIZATION ENSURES THAT ALL SUPPORT GIVEN TO SUPPORTED ORANIZATIONS WAS USED EXCLUSIVELY FOR				
SECTION 1	70(C)(2)(B) PURPOSES BY REGULARLY MONITORING THE SUPPORTED ORGANIZATIONS EXPENSES.				
•••••					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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 Inspection

Employer identification number

84-1123481 WESTERN ORGANIZATION OF RESOURCE COUNCILS EDUCATION PROJECT Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2a a Total number of conservation easements . . Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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Part	III Organizations Maintaining	Collections of	Art, Historical T	reasures, or Ot	her Similar Ass	ets (continued)
3 .	Using the organization's acquisition, a collection items (check all that apply):	accession, and otl	her records, chec	k any of the follow	wing that are a sig	inificant use of its
а	☐ Public exhibition		d 🗌 Loan	or exchange prog	rams	
b	☐ Scholarly research			r		
C	☐ Preservation for future generations	;				
4	Provide a description of the organizat	ion's collections a	and explain how t	hey further the org	ganization's exemp	ot purpose in Part
	XIII.					
5	During the year, did the organization	solicit or receive	donations of art,	historical treasure	s, or other similar	
	assets to be sold to raise funds rather	than to be mainta	ined as part of the	e organization's co	ollection?	☐ Yes ☐ No
Part	V Escrow and Custodial Arra	ngements.				
	Complete if the organization	answered "Yes'	" to Form 990, F	art IV, line 9, or	reported an amo	unt on Form
	990, Part X, line 21.					
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	ete the following to	able:	· · · · · · · · · · · · · · · · · · ·	
					Am	ount
С	Beginning balance			<u>10</u>	;	
d	Additions during the year			<u>10</u>	1	
е	Distributions during the year			16	•	
f	Ending balance			<u>11</u>		
2a	Did the organization include an amour					
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanatio	n has been provid	ed in Part XIII .	<u> 🗆 </u>
Par	t V Endowment Funds.					
	Complete if the organization				<u> </u>	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	44,262	45,275	44,173	43,185	38,463
b	Contributions			_		
С	Net investment earnings, gains, and					
	losses	(2,605)	(1,013)	1,102	988	4,722
d	Grants or scholarships					
е	Other expenditures for facilities and	i				
	programs					
f	Administrative expenses			_		
g	End of year balance	41,657	44,262			43,185
2	Provide the estimated percentage of t			, column (a)) held	as:	
а	Board designated or quasi-endowmer		%			
b	Permanent endowment ► 63	.09%				
C	Temporarily restricted endowment ▶	36.91%				
	The percentages in lines 2a, 2b, and 2					
За	Are there endowment funds not in the	possession of the	e organization the	at are held and ac	lministered for the	
	organization by:					Yes No
	(i) unrelated organizations					3a(i) ✓
	(ii) related organizations					3a(ii) ✓
	If "Yes" to 3a(ii), are the related organi					3b
4	Describe in Part XIII the intended uses		on's endowment to	unas.	<u> </u>	
Part			"	Now 11/ 15mo 44m 1	Caa Farra 000 F	lant V line 10
	Complete if the organization					
	Description of property	(a) Cost or other	1, , ,		Accumulated epreciation	(d) Book value
			,			
	Land	·				
b	Buildings	•				
С	Leasehold improvements	·				
d	Equipment	•		 -		
e	Other		00 Part V 1::	(D) /r= 10= 1		
I OTAL	AUD LINES LA TOTOLION LE (C:Ollion) (d) o	aust edual Form 99	чи. нап х. сошт	i instillae TUCJ -		

Part VII	Investments – Other Securit Complete if the organization a		m 990. Part IV. line	11b. See Form 99	0, Part X, line 12.
	(a) Description of security or cat (including name of security	egory	(b) Book value	(c) Method	of valuation year market value
(1) Financial	derivatives				
	neld equity interests				
(A)					
(B)				· · · · · · · · · · · · · · · · · · ·	
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.				
Part VIII	Investments—Program Rela	ated.			
	Complete if the organization	answered "Yes" to For	m 990, Part IV, line		
	(a) Description of investmen	nt	(b) Book value		of valuation year market value
(1)					
(2)					
(3)					·
_(4)					
(5)					
(6)					
(7)					
(8)					
(9)	(b) must equal Form 990, Part X, col. (B) line 13.	1 🕨		· · · · · · · · · · · · · · · · · · ·	
Part IX	Other Assets.	/ -			·-··
Part IX	Complete if the organization		m 990, Part IV, line	11d. See Form 99	
		(a) Description			(b) Book value
_(1)				-	 .
(2)			 		
(3)			·-	-	
(4)			· · · · · · · · · · · · · · · · · · ·		
(5)					
(6)					
(8)			···		
(9)	ımn (b) must equal Form 990, Part	Y col (R) line 15.)			
Part X	Other Liabilities.	A, Col. (B) IIIIe 13.)	· · · · · · ·		
PartA	Complete if the organization	answered "Ves" to For	m 990 Part IV line	11e or 11f See Fo	orm 990 Part X
	line 25.				
1.	(a) Description of liability	(b) Book value			
	ncome taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 25				Alama Arraman and a 11 a
2. Liability fo	r uncertain tax positions. In Part XIII,	provide the text of the footn	ote to the organization	rs financial statements	tnat reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part				Return.	
	Complete if the organization answered "Yes" to Form 990, F Total revenue, gains, and other support per audited financial statements			1	2.502.4.4
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				3,503,140
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
e	Add lines 2a through 2d			2e	(
3	Subtract line 2e from line 1			3	3,503,146
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				0,000,140
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	(
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	3,503,146
Part	XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses po	er Return.	
	Complete if the organization answered "Yes" to Form 990, F				
1	Total expenses and losses per audited financial statements			1	3,150,825
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	3,150,825
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
þ	Other (Describe in Part XIII.)	4b			
_	Add lines 4a and 4b			4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	e 18.) . .		5	3,150,825
	XIII Supplemental Information.	d 4. Dort IV	lines the and Ok	n Dort V Ivo	a 4. David V. Juna
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				e 4; Part X, line
		•	-		_
NEST	ERN RESOURCE COUNCIL EDUCATION PROJECT'S INTENDED USE OF IT'S E	NDOWMENT	FUNDS IS TO F	URTHERTH	<u>E</u>
NISSIC	ON OF THE ORGANIZATION.				
·				·	
					

Schedule D (Fo		Page 5
Part XIII	Supplemental Information (continued)	
•		
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••••••		
	······································	
		·

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,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ► Attach to Form 990.

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Western Organization of Resource Councils Education Project	uncils Education Programmes and	Necietance					84-1123481
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to subs	stantiate the amou	int of the grants or	assistance, the g	rantees' eligibility for	r the grants or assistanc	;
the selection 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.	award tne grants o ization's procedur	or assistance? es for monitoring	the use of grant fur	nds in the United	States.	· · · · · · · · ·	· · □Yes □No
Part II Grants and Other Assistance to Domestic Organs Part IV line 21, for any recipient that received more	ssistance to Do	mestic Organiz	ations and Dom	lestic Governm	inizations and Domestic Governments. Complete if the organization e than \$5,000. Part II can be duplicated if additional space is needed.	the organization answ	inizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, in than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Dakota Rural Action Brooking, SD	46-0398656	501(C)(3)	30,000				Ag and Food
(2) Western Native Voice	43-3771715	501(C)(3)	150.000				General Support
(3) Tse Wedi Elh		501(C)(3)	3,000				Hard Rock
(4) Land Stewardship Project Minneapolis, MN	41-1466054	501(C)(3)	10,000				Ag and Food
(5) Aligning for Responsible Mining Buffalo Gap, SD	26-118070	501(C)(3)	3,000				Hard Rock
(6) CA Indian Environmental Allianc Oakland, CA	27-0861293	501(C)(3)	3,000				Hard Rock
(7) Clearfork Community Council Eagan. TN	54-1873831	501(C)(3)	3,000				Hard Rock
(8) Council for Responsible Mining Rapid City, SD	46-4662892	501(C)(3)	3,000				Hard Rock
(9) Cncrd Citzns Retired Miners Co Superior, AZ	27-1432409	501(C)(3)	3,000	i			Hard Rock
(10) Cncrd Citzns of Haines Townshi Aaronsburg, PA	46-5243371	501(C)(3)	3,000				Hard Rock
(11) Dakota Rural Action Brookings, SD	46-0398656	501(C)(3)	3,000				Hard Rock
(12) Local Env Action Demanded Vinita, OK	73-1592485	501(C)(3)	3,000				Hard Rock
2 Enter total number of section 501(c)(3) and government organ	. 501(c)(3) and gov	vernment organiza	nizations listed in the line 1 table	ine 1 table			
3 Enter total number of other organizations listed in the line 1 table	organizations listed	I in the line 1 tadie					^ .

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	omestic Individua al space is needed	ils. Complete if the	organization answ	ered "Yes" to Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
2						
ဗ						
4						
5						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information re	equired in Part I, Iir	ne 2, Part III, columr	ı (b), and any other additi	onal information.
						-
						Schedule I (Form 990) (2014)

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

Name of the organization

Mestern Organization of Resource Councils Education Project

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▼ Attach to Form 990.

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2014 Open to Publi

OMB No 1545-0047

Open to Publi Inspection Employer identification number

84-1123481

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, ☐ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance Part I Part II

(h) Purpose of grant or assistance Hard Rock Coal Coal Coal (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3,000 3,000 3,000 3,000 3,000 3,000 1,000 3,000 3,000 7,500 7,500 15,000 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable 501(C)(3) 38-3748744 45-5178584 94-2650838 53-0204616 85-0406306 92-0131164 23-7438038 84-1447465 32-0374207 86-0999543 13-2654926 27-0128411 (p) (6) San Juan Ridge Taxpayers Asso (10) National Resources Defence Cn (8) Tolani Lake Enterprises 1 (a) Name and address of organization (1) Lynn Canal Conservation [11] National Wildlife Federation (2) Nrthn Alaska Env Center (5) San Juan Citzens Alliance (12) Wild Earth Guardians (9) TruthaboutMining.org (3) Plains Justice (4) Protect our Manoomin (7) Smith River Alliance North San Juan, CA Crescent City, CA Washington, DC -airbanks, AK Spearfish, SD New York, NY Santa Fe, NM Durango, CO Waukon, MN Winslow, AZ Billings, MT 2

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

Cat No 50055P

Schedule I (Form 990) (2014)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Part

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number

% □

□ Yes 84-1123481 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? Western Organization of Resource Councils Education Project
Part I General Information on Grants and Assistance Name of the organization

Part II Grants and Other Assistance to Domestic Organ Part IV, line 21, for any recipient that received mor	sistance to Do y recipient that	mestic Organiz received more th	ations and Domian \$5,000. Part	estic Governm Il can be duplica	inizations and Domestic Governments. Complete if the organizatior e than \$5,000. Part II can be duplicated if additional space is needed	the organization answ pace is needed.	inizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, e than \$5,000. Part II can be duplicated if additional space is needed.
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Powder River Basin Resource C		·					
Sheridan, WY	74-2183158	501(C)(3)	15,000				Coal
(2) Northern Plains Resource Counc							
Billings, MT	81-0367205	501(C)(3)	15,000				Coal
(3) Indigenous Env Network							
Bemidji, MN	79-3099465	501(C)(3)	5,000				Hard Rock
(4) Powder River Basin Resource C							
Sheridan, WY	74-2183158	501(C)(3)	25,000				Ag and Food
(5) Powder River Basin Resource C							
Sheridan, WY	74-2183158	501(C)(3)	40,000	!			Oil and Gas
(6) Dakota Rural Action							
Brookings, SD	46-0398656	501(C)(3)	25,000				Ag and Food
(7) Kobuk Traditional Council							
Kobuk, AK	92-0069649	501(C)(3)	2,000				Hard Rock
(8) Ambler Traditional Council							
Ambler, Ak	92-0067127	501(C)(3)	2,000				Hard Rock
(9) Native Village of Shungnak							
Shungnak, AK	92-0061970	501(C)(3)	2,000				Hard Rock
(10) Powder River Basin Resource C							
Sheridan, WY	74-2183158	501(C)(3)	5,000				Coal
(11) Rock Creek Alliance							
Sandpoint, ID	82-0502603	501(C)(3)	3,000				Hard Rock
(12) Western Energy Justice Project							
Durango, CO	45-3833546	501(C)(3)	10,000				Coal
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	ernment organiza	tions listed in the li	ine 1 table			.
3 Enter total number of other organizations listed in the line 1 table	rganizations listec	in the line 1 table					.

Schedule I (Form 990) (2014)

Cat No 50055P

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

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,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to

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

OMB No. 1545-0047 2014

Open to Public Inspection

Employer identification number

Western Organization of Resource Councils Education Project	uncils Education P	roject					84-1123481	
Part General Information on Grants and Assistance	on Grants and	Assistance						
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to sub	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assistano	e, and	
the selection of their used to award the grants of assistance?	award trie grants ization's procedur	or assistance? es for monitorina 1	he use of grant fur	ds in the United	States.			2
핕	ssistance to Do	mestic Organiz	ations and Dom	estic Governm I can be duplica	ents. Complete if ated if additional s	Complete if the organization answered "Yes" to Form 990, additional space is needed.	vered "Yes" to F	orm 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant
(1) Ambler Traditional Council	92-0067127	501(C)(3)	2 000				Hard Rock	
(2) Indigenous Env Network Bemidii, MN	79-3099465	501(C)(3)	5,000				Hard Rock	
(3) Uranium Watch Moab, UT	87-0668658	501(C)(3)	3,000				Hard Rock	
(4) Teller Traditional Council Teller, AK	92-0095060	501(C)(3)	2,000		_		Hard Rock	
(5) Takshanuk Watershed Council	33-1069246	501(C)(3)	3.000				Hard Rock	
(6) Available Media, Inc. Albequerque. NM	75-315430	501(C)(3)	3.000				Hard Rock	
(7) Sheep Mountain Alliance Telluride, CO	84-1294894	501(C)(3)	3,000				Hard Rock	
(8) Save the Wild UP Marquette, MI	20-1606171	501(C)(3)	3,000				Hard Rock	
(9) Pride Danville, VA	58-1624130	501(C)(3)	3,000				Hard Rock	
(10) North Eastern Minnesotans for Ely, MN	01-0743018	501(C)(3)	3,000				Hard Rock	
(11) Santa Fe Community Foundation Santa Fe, NM	85-0303044	501(C)(3)	3,000				Hard Rock	
(12) Mary's Igloo Traditional Council Teller, AK	92-0082479	501(C)(3)	3,000				Hard Rock	
2 Enter total number of section 501(c)(3) and government organ	1 501(c)(3) and gov	rernment organiza	nizations listed in the line 1 table	ne 1 table			.	
3 Enter total number of other organizations listed in the line 11	proanizations listed	in the line 1 table	•		•		^	

Schedule I (Form 990) (2014)

Cat No 50055P

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

General Information on Grants and Assistance

Part I

Western Organization of Resource Councils Education Project

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

84-1123481

is at www.irs.gov/form990. Employer identification number

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 criteria used to award the grants or assistance?	in records to subsaward the grants of	tantiate the amount assistance?	int of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assistanc	e, and
2 Describe in Part IV the organization's procedures for monitori	ization's procedure	es for monitoring	ing the use of grant funds in the United States.	ds in the United	States.		
Part II Grants and Other As	ssistance to Do	mestic Organiz	ations and Dom	estic Governm	ents. Complete if	the organization answ	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990,
Part IV, line 21, for any recipient that received mor	ly recipient that r	eceived more the	an \$5,000. Part	II can be duplica	e than \$5,000. Part II can be duplicated if additional space is needed.	pace is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Keeper of the Mountains Founda harleston, WV	14-1912095	501(C)(3)	3.000				Hard Rock
(2) Friends of the San Juans	91.1087153	501(0)(3)	3 000				Hard Rock
(3) Eyak Preservations Council		Carren					
ordova, AK	68-0424723	501(C)(3)	3,000				Hard Rock
(4) ENDAUM	83-0393446	501(C)(3)	3,000				Hard Rock
(5) Douglas Indian Association	02 0400023	504(0)(9)					7000 Pich
(6) Defenders of the Black Hills	7505010-76	(6)(2)106	000,5				Tail Noth
apid City, SD	32-0017272	501(C)(3)	1,400				Hard Rock
(7) Clean Water Alliance							
apid City, SD	27-3057575	501(C)(3)	3,000				Hard Rock
(8) Chilkat Indian Village							
laines, AK	92-0041889	501(C)(3)	3,000				Hard Rock
(9) Montana Women Vote							
	81-0472423	501(C)(3)	30,000				General Support
10) Forward Montana Foundation					-		
	26-2075145	501(C)(3)	30,000				General Support
11) Northern Plains Resource Counc							
illings, MT	81-0367205	501(C)(3)	45,000				General Support
12) ACLU Of Montana Foundation							
	81-0445339	501(C)(3)	000'09				General Support
	1501(c)(3) and gov	ernment organiza	itions listed in the li	ne 1 table			^
3 Enter total number of other organizations listed in the line 1 table	rganizations listed	in the line 1 table					A .

Schedule 1 (Form 990) (2014)

Cat No 50055P

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Western Organization of Resource Councils Education Project

Part I

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

2014

OMB No 1545-0047

Open to Public Inspection

Employer identification number

84-1123481

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

%□ □Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance

Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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 Part II

1 (a) Name and address of organization (b) EIN (c) IRC section or government if applicable	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description c cash assistance (book, Flub, appraisal, non-cash assistan	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Montana Human Rights Network							
	81-0472423	501(C)(3)	20,000				General Support
(2) Forward Montana Foundation			-				
	26-2075145	501(C)(3)	25,000				General Support
(3) Western Colorado Congress							
Grand Junction, CO	84-0837218	501(C)(3)	5,000				Coal
(4) Northern Plains Resource Counc							
Billings, MT	81-0367205	501(C)(3)	17,750				Coal
(5) Wild Earth Guardians							
Santa Fe, NM	85-0406306	501(C)(3)	17,750			į	Coal
(6) National Resource Defense Cou							
New York, NY	13-2654926	501(C)(3)	14,000				Coal
(7) Powder River Basin Resource C					-		
Sheridan, WY	74-2183158	501(C)(3)	17,750				Coal
(8) Aligning for Responsible Mining							
Rapid City, SD	26-2118070	501(C)(3)	3,000				Hard Rock
(9) Red Cliff Band of Lake Superior							
Bayfield, WI	39-1178866	501(C)(3)	3,000				Hard Rock
(10) Alliance for Global Justice							
Tucson, AZ	52-2094677	501(C)(3)	3,000			;	Hard Rock
(11) WaterLegacy							
Inver Grove, MN	26-3999186	501(C)(3)	3,000				Hard Rock
(12) Western Colorado Congress							
Grand Junction, CO	84-0837218	501(C)(3)	3,000				Hard Rock
2 Enter total number of section 501(c)(3) and government organiz	501(c)(3) and gov	ernment organiza	zations listed in the line 1 table	ine 1 table			A .

Schedule I (Form 990) (2014)

Cat No 50055P

Enter total number of other organizations listed in the line 1 table

SCHEDULE 1 (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2014

OMB No 1545-0047

Open to Public Inspection

84-1123481

Employer identification number ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990. General Information on Grants and Assistance Western Organization of Resource Councils Education Project Department of the Treasury Internal Revenue Service Name of the organization

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Part I

the selection criteria used to award the grants or assistance?	award the grants	or assistance?	· · · · · · · · · · · · · · · · · · ·	ode in the United	States		· · Yes No
ır ıı	sistance to Do	mestic Organizated	ations and Dom	estic Governm	ients. Complete if additional s	the organization answapace is needed.	Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Save Our Sky Blue Waters Juluth, MN	27-1315889	501(C)(3)	3,000				Hard Rock
(2) Save the Scenic Santa Ritas Fucson, AZ	86-0844725	501(C)(3)	3,000				Hard Rock
(3) Southeast Alaska Conservation Juneau, AK	92-0062992	501(C)(3)	3,000				Hard Rock
(4) Ketchikan Indian Community Ketchikan, AK	95-6002696	501(C)(3)	3,000				Hard Rock
(5) Maverick County Environmental Eagle Pass, TX	45-2584022	501(C)(3)	3,000				Hard Rock
(6) Great Basin Resource Watch Reno, NV	88-0429762	501(C)(3)	3,000				Hard Rock
(7) Rivers Without Borders San Francisco, CA	94-321310	501(C)(3)	3,000				Hard Rock
(8) Center for Science in Public Part Bozeman, MT	81-0512321	501(C)(3)	3,000				Hard Rock
(9) Southwest Research and Inform Albuquerque, NM	23-7159949	501(C)(3)	3,000				Hard Rock
(10) Northern Plains Resource Counc Billings, MT	81-0367205	501(C)(3)	2,000				Coal
(11) Powder River Basin Resource C. Sheridan, WY	74-2183158	501(C)(3)	16,000				Coal
(12) Northern Plains Resource Counc Billings, MT	81-0367205	501(C)(3)	16,000				Coal
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	501(c)(3) and gov	rernment organiza	tions listed in the li	ine 1 table			A
3 Enter total number of other organizations listed in the line 1	rganizations listec	d in the line 1 table					▲ .

Schedule I (Form 990) (2014)

Cat No 50055P

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

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OMB No 1545-0047

Open to Public Inspection Employer identification number

Western Organization of Resource Councils Education Project	uncils Education Properties and	Assistance					84-1123481	
Does the s	ain records to subs award the grants of	stantiate the amou	nt of the grants or	assistance, the g	rantees' eligibility fo	r the grants or assistanc	e, and	&
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ization's procedur	es for monitoring 1	the use of grant fur	nds in the United	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	ssistance to Do	mestic Organiz	ations and Dom	nestic Governm Il can be duplica	ents. Complete if ated if additional s	Grants and Other Assistance to Domestic Organizations and Domestic Governments. 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.	vered "Yes" to F	orm 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant ce
(1) National Wildlife Federation Washington. DC	53-0204616	501(C)(3)	11,000				Coal	
(2) National Resources Defense Co	13-2654926	501(C)(3)	11.000				Coal	
(3) Wild Earth Guardians Santa Fe, NM	85-0406306	501(C)(3)	16,000				Coal	
(4) Wild Earth Guardians Santa Fe, NM	85-0406306	501(C)(3)	22,500				Coal	
(5) National Wildlife Federation Washington, DC	53-0204616	501(C)(3)	10,000				Coal	
(6) Powder River Basin Resource C Sheridan, WY	74-2183158	501(C)(3)	30,000				Coal	
(7) Northern Plains Resource Counc Billings, MT		501(C)(3)	12,500				Coal	
(8) Concerned Citizens of Haines To Aaronsburg, PA	46-5243371	501(C)(3)	3,000				Hard Rock	
(9) Oregon Rural Action La Grande, OR	03-0383463	501(C)(3)	20,000				General Support	
(10) Wild Earth Guardians Santa Fe, NM	85-0406306	501(C)(3)	21,250				Coal	
(11) Powder River Basin Resource C. Sheridan, WY	74-2183158	501(C)(3)	21,250				Coal	
(12) Northern Plains Resource Counc Billings, MT	81-0367205	501(C)(3)	21,250				Coal	
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1 501(c)(3) and gov	ernment organizat	tions listed in the li	ne 1 table			A .	
3 Enter total number of other organizations listed in the line 1	rganizations listed	in the line 1 table					A .	

Schedule I (Form 990) (2014)

Cat No 50055P

SCHEDULE (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

2014

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasu Internal Revenue Service	Department of the Treasury Internal Revenue Service	► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.	Open to Fublic Inspection
Name of the organization	organization		Employer identification number
WESTERN	ORGANIZATIO	WESTERN ORGANIZATION OF RESOURCE COUNCILS EDUCATION PROJECT	84-1123481
Part I	General I	Part General Information on Grants and Assistance	
1 Do	es the organiz	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ance, and
the	selection crit	the selection criteria used to award the grants or assistance?	· · · · · · · · · · · · · · · · · · ·
2 De	scribe in Part	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	
Part II	Grants ar	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990,	nswered "Yes" to Form 990,
	Part IV, lin	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	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WORC 220 S. 27TH ST, BILLINGS, MT 59101	45-0356819	501(c)(4)	1,400,000				GENERAL SUPPORT
(2)							
(5)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table 	501(c)(3) and gov ganizations listec	rernment organizat in the line 1 table	ions listed in the li	ine 1 table			96
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	s for Form 990.		Ö	Cat No 50055P		Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► 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.

Employer identification number

Name of the organization	Employer identification number	
WESTERN ORGANIZATION OF RESOURCE COUNCILS EDUCATION PROJECT	84-1123481	
FORM 990 PART I, LINE 1 - ORGANIZATION'S MOST SIGNIFICANT ACTIVITIES (continued)		
TO WORC'S CHARITABLE ACTIVITIES INCLUDING RESEARCH, PUBLIC EDUCATION, AND ADVOCAC	Y MATERIALS ON FOSSIL FUEL	
ENERGY, FOSSIL FUEL ENERGY DEVELOPMENT, RENEWABLE ENERGY PRODUCTION, GENETICAL	LY MODIFIED CROPS, AND LOCAL	
FOOD ISSUES.		
100D 1330E3.		
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION		
THE ODG AND A TION DECRONDED TO INFORMATION DECLIFERS IN SINCE WATER FEDER	AL AND CTATE LAWC	
THE ORGANIZATION RESPONDS TO INFORMATION REQUESTS IN FULL COMPLIANCE WITH FEDER.	AL AND STATE LAWS.	
FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990		
AUTHORIZED OFFICERS, BOARD MEMBERS, COMPTROLLER, AND ADDITIONAL STAFF WORK WITH	I LEGAL COUNCIL TO REVIEW	
FORM 990.		
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICT POLICY		
WORC EDUCATION PROJECT'S CONFLICT OF INTEREST POLICY REQUIRES EACH DIRECTOR AND	OFFICER TO DISCLOSE	
ANNUALLY ANY FINANCIAL INTERESTS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS,		
OR COMMITTEE OF THE BOARD, DETERMINES WHETHER ANY PROPOSED TRANSACTIONS CREATE A CONFLICT OF INTEREST,		
AND IF SO, REVIEWS THE TRANSACTION. ANY PERSON WITH A CONFLICT OF INTEREST MAY ANSWER QUESTIONS AND PROVIDE		
INFORMATION TO THE BOARD OR COMMITTEE, BUT MAY NOT PARTICIPATE IN THE BOARD'S OR C	OMMITTEE'S DELIBERATION	
ABOUT OR VOTE ON THE PROPOSED TRANSACTION.		
ABOUT OR VOTE ON THE PROPOSED TRANSACTION.		
FORM 990, PART VI, LINE 15A & 15B - COMPENSATION PROCESS FOR OFFICERS		
CURRENTLY WORC EDUCATION PROJECT DOES NOT COMPENSATE ANY OF ITS DIRECTORS AND	THE ORGANIZATION	
HAS NO EMPLOYEES.		