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Form **990**

OMB No. 1545-0047 2016

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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<u>A</u> _	For the 2	2016 calen	dar year, or tax y	ear begin	ıning		, 20	16, and	endin	ıg			,	
В	Check if app	plicable:	С							_	D Employ	er Iden	tification number	
	Addres	s change	CENTRAL OR	EGON L	ANDWATCH						93-	0935	3170	
	Name	change	PO BOX 518								E Telepho			
	Initial r	return	BEND, OR 9	7709							(54	1) 6	547-2930	
	Final reti	urn/terminated										<u> </u>		
	Amend	led return									G Gross r	eceints	\$ 546,334.	
	Applica	ation pending	F Name and addre	ss of principa	officer.	-				H(a) Is this		<u> </u>		
	<u> </u>	, ,	SAME AS C							H(b) Are all if 'No,'	subordinates	s include		
ī	Tax-exen	npt status	X 501(c)(3)	501(c) () 4 (in	sert no.)	4947(a)(1) or T	527	If 'No,'	attach a list.	(see in	structions)	
J	Websit		LW.ORG	341.(4) (, , , , , , , , , ,		1 1011/0/	, 1_1	-	H(c) Group	exemption n	umber I	•	
ĸ		organization	X Corporation	Trust	Association	Other >		I Vaar o	f format	ion: 198			legal domicile. OR	
		Summar		11431	7 Goodiation	- Outer		E 1601 0		190	<u> </u>	30.0 01	logar dominio. OIC	
372	1 Bri	efly descri	be the organizati	on's miss	ion or most s	significant	activities: T	'O EDI	ТСАТ	E THE	PIIRT.TC	ANT	HELP TO	
4.	זמ !												S SITUATED IN	
JC.	Ĉ		OREGON.		-6334.5.	ze.z					3 _4 :	==:=	7.721227.10.	
Ë														
٥	2 Ch		x ► if the o									net as	ssets.	
2	3 Nu		ting members of									3	6	
Se	4 Nu		dependent voting									5	6	
vitie	6 Tot	iai number	of individuals er of volunteers (e	npioyea ii stimata if	necessary	ear 2016 (r	art v, line	2a)		• • • • • • • •	• • • • • • •	6	4	
Activities & Governance	7a Tot		ed business reve									7a	0.	
1	1		business taxabl									7b	0.	
\neg											rior Year		Current Year	
_	8 Co	ntributions	and grants (Par	t VIII, line	1h)	,					393,5	523.	546,291.	
an l			rice revenue (Pai											
Revenue			come (Part VIII,								1	L24.	43.	
æ			e (Part VIII, colu										,	
_			- add lines 8 tl								393,6	<u>547.</u>	546,334.	
	1		milar amounts p	•	•	•	•							
1	ľ		to or for member	•		• •								
y,	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							<u> </u>	206,4	<u> 180.</u>	203,916.			
§	l	6a Professional fundraising fees (Part IX, column (A), line 11e)												
Expenses	b Total fundraising expenses (Part IX, column (D), line 25) ►15,379.													
ω į	17 Oth	ner expens	es (Part IX, colu	mn (A), lı	nes 11a-11d	, 11f-24e).					164,7	788.	135,239.	
	18 Tot	al expense	es. Add lines 13-	17 (must	equal Part IX	K, column	(A), line 25	5)			371,2	268.	339,155.	
İ	19 Rev	venue less	expenses Subt	ract line 1	8 from line 1	2					22,3	379.	207,179.	
8 8										Beginnir	ng of Currer	nt Year	End of Year	
홈			(Part X, line 16)		•						319,9		527,473.	
Net Assets Fund Balan	21 Tot	al liabilitie	s (Part X, line 26	5)		\cdots $\mathbb{R}\mathbb{C}^{r}$	9.1.7£	f		·· [6,6	<u>578.</u>	7,003.	
25	22 Net	t assets or	fund balances.	Subtract I	ine 21 from l	ine 20 .					313,2	291.	520,470.	
Рa	HIICA S	Signatur	e Block											
Unde	r penalties o	of perjury, I de	clare that I have exam	ined this ret	urn, including acc	ompanying s	chedules and s	tatements	, and to	the best of m	y knowledge	and be	elief, it is true, correct, and	
		1.	Tel (Other trial Officer)	15 Dased OII	an intormation o	i willcii piepa	er nas any kin	uwieuge						
٠.		Signatu	re of officer	- Janes						l_ Da	ıto .	17 47	717	
Sig He	iu Iu			•								.	- CELOD	
nei	16		L DEWEY print name and title							EXEC	JTIVE	DIKE	CTOR	
		 	reparer's name		Preparer's sign	nature /	· · · · · · · · · · · · · · · · · · ·	Dat			- I	vi .	PTIN	
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Pai			LANSON NEHL	ANCOST	NEUT TO						self-employ	/ed	P01300020	
lie	eparer e Only	Firm's name										-	1 1576005	
U 31	Comy	Firm's addre	323 111		LSEA LOO	<u> </u>				 _	Firm's EIN		7-1576085	
Mari	the IDC	disques 45		OR 977		102 (500 !=				 	Phone no	541	330-1181	
			is return with the					• • •	<u>:</u> :	FA01131 11		•••	. X Yes No	

Form 990 (2016) CENTRAL OREGON LANDWATCH	93-0935170 Page 2
Rartillis Statement of Program Service Accomplishments	
Check if Schedule O contains a response or note to any line in this Part III	
Briefly describe the organization's mission:	
TO EDUCATE THE PUBLIC AND HELP TO PRESERVE THE RECREATIONAL	, SCENIC AND ENVIRONMENTAL
RESOURCES ON LANDS SITUATED IN CENTRAL OREGON.	
2 Did the organization undertake any significant program services during the year which were not listed	on the prior
Form 990 or 990-EZ?	Yes X No
If 'Yes,' describe these new services on Schedule O.	
3 Did the organization cease conducting, or make significant changes in how it conducts, any pro-	ogram services? Yes X No
If 'Yes,' describe these changes on Schedule O.	
Describe the organization's program service accomplishments for each of its three largest prog Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and and revenue, if any, for each program service reported.	ram services, as measured by expenses. allocations to others, the total expenses,
4a (Code:) (Expenses \$ 118,724. including grants of \$) (Revenue \$
PROVIDED INFORMATION TO THE PUBLIC AND COMMENTS TO GOVERNME	
ISSUES.	WITE ON EXOLOSED THAND ORE
153065.	
4 b (Code:) (Expenses \$ 109,591. including grants of \$ INCREASE PUBLIC AWARENESS OF AND WORKED TO PROTECT TUMALO CONTROLLES WATERSHED ISSUES.) (Revenue \$) REEK INSTREAM FLOWS AND
4c (Code:) (Expenses \$ 76,106. including grants of \$ PARTICIPATED IN, EDUCATED THE PUBLIC ON AND SUPPORTED CITY BOUNDARY PLANNING.) (Revenue \$) OF BEND URGAN GROWTH
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	~~~~~~~~~~~~
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	enue \$ )
4 e Total program service expenses ► 304, 421.	Form 990 (2016)
BAA TEEA0102L 11/16/16	FORM 330 (2016)

Pant V Checklist of Required Schedules

#### Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.. X 2 X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?..... X 3 X 4 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 X 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 X 6 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 .......... X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III..... 8 X 9 X X 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI X 11 a 11 b X c 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. X 11 c 11 d X e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... 11 e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.... X 11 f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII. X 12a X 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E...... 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a 14b X X 15 16 X X 17 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 X 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 IIL . . . . . . 19 X

# Form 990 (2016) CENTRAL OREGON LANDWATCH Rattive Checklist of Required Schedules (continued)

	•		Yes	No
20	la Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		х
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		х
	<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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	25a		X
	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 l	25b		х
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		Х
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		Х
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 A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u> </u>
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete  Schedule L, Part IV	28ь		Х
	c 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		х
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		$\frac{\lambda}{X}$
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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 L	33		х
	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		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
(	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Note. All Form 990 filers are required to complete Schedule O	38	X	

Check if Schedule O contains a response or note to any line in this Part V		
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		es No
	<u>8</u> 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	4	
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X
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	X
<b>b</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	
4 a 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)?	4 8	х
b If 'Yes,' enter the name of the foreign country: ►		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	. 5 c	
<b>6 a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	. 6a	х
b if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	. 6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	. 7a	Х
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	. 7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	. 7c	х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	للبسيد	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	$\frac{X}{X}$
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	· 71	<del> -^-</del> -
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g	
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.		
a Did the sponsoring organization make any taxable distributions under section 4966?	. 9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
0 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b		
1 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 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	. 12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b		
3 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	. 13a	
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand		
4a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		00 10015
AA TEEA0105L 11/16/16	Form 9	<b>90</b> (2016

Rativial Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI................................... Section A. Governing Body and Management Yes No 1 a 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. 6 b Enter the number of voting members included in line 1a, above, who are independent ... 6 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 3 X 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?..... 5 X X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? ...... 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?...... Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: SEE SCHEDULE O X 8 a X **b** Each committee with authority to act on behalf of the governing body?...... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?. 10a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?......... 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O  $\overline{\mathbf{X}}$ 12 a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X 12c 13 Did the organization have a written whistleblower policy?..... X X 14 Did the organization have a written document retention and destruction policy?....... 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official..... 15a X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Other (explain in Schedule O) SEE SCH. O X Upon request Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records: PAUL DEWEY PO BOX 518 BEND OR 97709 (541) 647-2930

Form 990 (2016) CENTRAL OREGON LANDWAY	СН								93-09351	70 Page <b>7</b>
Compensation of Officers, Directors	ors, Tru	stee	es, l	Key	/ Er	nplo	Эγе	es, Highest C	ompensated En	nployees, and
Check if Schedule O contains a response	or note to	any	line	in t	this	Part	VII.			П
Section A. Officers, Directors, Trustees, Ko										
a Complete this table for all persons required to be listed organization's tax year.      List all of the organization's current officers, directly all of the organization's current officers.	. Report c	ompe	nsat	tion	for t	he ca	lend	dar year ending wit	n or within the	nount of
compensation. Enter -0- in columns (D), (E), and (F) i	f no comp	ensa	tion	wa	s pa	ııd.		o or organization	3), rogaraioss or air	iounit or
<ul> <li>List all of the organization's current key employed</li> <li>List the organization's five current highest compound who received reportable compensation (Box 5 of Form organization and any related organizations.</li> </ul>	ensated e	emplo	ovee	s (o	other	thar	n ar	officer, director.	trustee, or key emp	oloyee) e
<ul> <li>List all of the organization's former officers, key of reportable compensation from the organization and any</li> </ul>	related org	ganız	atıor	ns.		-				han \$100,000
<ul> <li>List all of the organization's former directors or truste organization, more than \$10,000 of reportable compen</li> </ul>	es that red sation fro	m th	d, in e or	the gan	capa izati	icity a ion ai	ns a	former director or to any related organi	rustee of the zations.	
List persons in the following order: individual trustees employees; and former such persons.	or directo	rs; ın	stitu	utior	nal t	ruste	es;	officers; key emp	loyees; highest con	npensated
Check this box if neither the organization nor any relat	ed organiz	ation	con	npen	nsate	d any	y cu	rrent officer, direct	or, or trustee.	
				(C)	)					
(A) Name and Title	(B) Average hours per	than one box, u			not check more ox, unless person n officer and a cor/trustee)			(D)  Reportable compensation from	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) KAREN LILLEBO	11					}	1		_ 1	_
DIRECTOR	0	X	Щ	ļ	ļ		<u> </u>	0.	0.	0.
(2) ADAM ALBRIGHT	3							0	0	
DIRECTOR  (3) THEE DEPORAGES	0 3	X					<u> </u>	0.	0.	0.
_(3)_JEFF_PERREAULT DIRECTOR	3	x			{			0.	0.	0.
(4) EVAN THOMAS	1	^	$\vdash$		-	<del>  </del>	<del>                                     </del>		<u> </u>	<del>`</del>
DIRECTOR	<del> </del>	X			}			0.	0.	0.
	<del>+</del>	<del> </del>	<del></del>	$\vdash$	<del> </del>		_			

(A)	(B) Average hours	(do	not ch	(C) Positieck r	tion more that	n one	(D)	(E) Reportable	(F) Estimated
Name and title	per week (list any hours for related organiza - tions below dotted inne)	offic	er and	da dı	rector/tra employee Key employee	ıstee)	Reportable compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(15)			$\top$	+		1			
(16)				$\dashv$	+	+-		<del></del>	
(17)			$\dashv$	+	<del>-   .</del>	-			
(18)									
(19)		1-1		+	_	1			
(20)			+	$\dashv$		-			
(21)						$\top$			
(22)			+	+	+				
(23)		1	1	+		-			
(24)									
(25)									
1 b Sub-total.  c Total from continuation sheets to Part VII, Section of Total (add lines 1) and 10)	on <b>A</b>					<b>&gt;</b>	86,900. 0.	0. 0.	0. 0. 0.
d Total (add lines 1b and 1c)						ived	86, 900. more than \$100,00		
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	tor, or tru h <i>ındıvıdu</i>	stee,	key	emp	oloyee,	or F	ighest compensat	ed employee	Yes No
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportabler than \$1	le con 50,00	npen 0? //	satı f 'Ye	on and	l oth nple	er compensation to the Schedule J for	from 	. 4 X
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e compen ,' comple	sation	n froi hedu	m ai ile J	ny unre	elate ch p	d organization or erson	individual	. 5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensus.		-							
compensation from the organization. Report compen-	sation for	the ca	lenda	ar ye	ear end	ing v	vith or within the or	ganization's tax year	
Name and business addr	ess						Description o	of services	(C) Compensation
				-					· · · · · · · · · · · · · · · · · · ·
Total number of independent contractors (including b \$100,000 of compensation from the organization		ted to	thos	e lis	ited abo	ove)	who received more	than	
BAA	×	TEEAOI	08L	11/16	/16		<del></del>		Form 990 (2016)

نبتتن	15.150	Check if Schedule O	contains a resp	onse or note to an	y line in this Part V	ИL		П
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns.  Membership dues  Fundraising events	1b					
Contributions, Gifts, and Other Similar An	e	Related organizations. Government grants (contributions) All other contributions, gifts, similar amounts not included	ons) 1 e			} ; ;		
Sontriba nd Oth	g	similar amounts not included Noncash contributions included Total. Add lines 1a-1f.	d in lines la-lf: \$	546,291.	5.45 .001		· ·	
			<del></del>	Business Code	546,291.			
Program Service Revenue	2 a b c							
Program	f g	All other program service Total. Add lines 2a-2f.						
	3 4 5	Investment income (incother similar amounts). Income from investment Royalties	t of tax-exemp	bond proceeds	43.	43.		
	6a b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
		Net rental income or (Id Gross amount from sales of assets other than inventory	OSS)	(ii) Other				
	С	Less: cost or other basis and sales expenses						
enne		Net gain or (loss)  Gross income from func (not including . \$ of contributions reported	draising events	···· / · · · · · · · · · · · · · · · ·				
Other Revenu		·		b				: :
Ü	9 a	Gross income from gam See Part IV, line 19 Less: direct expenses	ning activities.		, market 1, 100 miles 1, 100 mi			
	¢	Net income or (loss) fro	m gaming activ	~ L				
		Gross sales of inventory and allowances . Less: cost of goods sold		a b				
	c	Net income or (loss) fro Miscellaneous Revenu		entory ► Business Code				
	11 a b c							
:	e	All other revenue Total. Add lines 11a-11a	d'					
BAA	12	Total revenue. See inst	ructions		546,334.	43.	0.	0. Form <b>990</b> (2016)

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
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 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	86,900.	79,366.	4,519.	3,015.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	98,485.	87,652.	5,909.	4,924.
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	307.103.	0.7002.	0,303.	
9 Other employee benefits				
10 Payroll taxes	18,531.	16,493.	1,112.	926.
11 Fees for services (non-employees):				
a Management				
<b>b</b> Legal	3,117.	2,774.	187.	156.
c Accounting	3,709.	3,301.	223.	185.
d Lobbying	5,000.	5,000.		
e Professional fundraising services. See Part IV, line 17	· <del>········</del>		<del></del>	
f Investment management fees			<del></del>	
(A) amount, list line 11g expenses on Schedule O.SCH. Q	53,660.	47,757.	3,220.	2,683.
12 Advertising and promotion	3,510.	3,124.	211.	175.
13 Office expenses	5,322.	4,737.	319.	266.
14 Information technology				
15 Royalties	10 501	10.016		C7F
16 Occupancy	13,501.	12,016.	810.	675. 93.
17 Travel	1,864.	1,659.	112.	93.
expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings 20 Interest	2,191.	1,950.	131.	110.
21 Payments to affiliates			<del></del>	· · · · · · · · · · · · · · · · · · ·
22 Depreciation, depletion, and amortization	3,251.	2,893.	195.	163.
23 Insurance	3,391.	3,018.	203.	170.
24 Other expenses. Itemize expenses not	3,371.	5,010.		110.
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.)				
		المستورين والماسية والمساورة		
a APPEAL FEES	7,751.	6,898.	465.	388.
b EDUCATION/OUTREACH	6,482.	5,769.	389.	324. 281.
C EVENT COSTS	5,620. 3,860.	5,002. 3,435.	337. 232.	193.
d OFFICE FURNITURE/EQUIPMENT e All other expenses	13,010.	11,577.	781.	652.
25 Total functional expenses. Add lines 1 through 24e	339,155.	304,421.	19,355.	15,379.
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)	333,233.			
ВАА			<del></del>	Form 990 (2016)

		Check if Schedule O contains a response or note to any line in this Part X			
		,	(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	39,393.	1	70,105.
	2	Savings and temporary cash investments	272,335.	2	452,378.
	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. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	,	6	
Ø	7	Notes and loans receivable, net		7	<del></del>
Assets	8	Inventories for sale or use	<del></del>	8	
As	9	Prepaid expenses and deferred charges		9	· · · · · · · · · · · · · · · · · · ·
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation	8,241.	10c	4,990.
	11	Investments – publicly traded securities		11	
	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)	319,969.	16	527,473.
	17	Accounts payable and accrued expenses	716.	17	27.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>.</u>	21	Escrow or custodial account liability. Complete Part IV of Schedule D	the state of the s	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
1	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.	5,962.	25	6,976.
	26	Total liabilities. Add lines 17 through 25	6,678.	26	7,003.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
Ě	27	Unrestricted net assets	313,291.	27	520,470.
Bal	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds [		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds		32	
<u></u>	33	Total net assets or fund balances	313,291.	33	520,470.
. 1	34	Total liabilities and net assets/fund balances	319,969.	34	527,473.
BA	4				Form 990 (2016)

		93-0935170	ļ	Page 12
Pa	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI.			[
1	Total revenue (must equal Part VIII, column (A), line 12).	1		334.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,155.
3	Revenue less expenses. Subtract line 2 from line 1	3		,179.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		, 291.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses			
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	520	,470.
Pa	*XIII Financial Statements and Reporting			<del></del>
	Check if Schedule O contains a response or note to any line in this Part XII			🗀
	Chest in Concedure C Contents a response of flote to any line in this fact Att			es No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	•		
2	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or resperate basis, consolidated basis, or both:	iewed on a		
_	Separate basis Consolidated basis Both consolidated and separate basis		1	١.,
1	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a set basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	:parate	*:	
				<del></del>
1	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	1Ualt,	2 c	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		ť,	
3 8	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin- Audit Act and OMB Circular A-133?	jle	3a	х
ŀ	of 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required	l audit	26	

Form 990 (2016)

#### 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.

Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

भागात (६) राजधार विकासम्बद्धाः

	or mo or gameanon					Embioser identifica	ition number		
CEN	NTRAL OREGON LANDWATCH	H				93-093517	0		
Par	Reason for Public Cha	rity Status (All or	ganizations must o	omple	te this	part.) See instruc	tions.		
The	organization is not a private found	dation because it is: (	For lines 1 through 12,	check o	nly one	box.)			
1	A church, convention of church	nes, or association of ch	nurches described in sec	ion 170(	b)(1)(A)(	i).			
2	A school described in section								
3	<del></del>	A hospital or a cooperative hospital service organization described in section 170(bx1xAxiii).							
4	A medical research organiza						nter the hospital's		
	name, city, and state:		The state of the s						
5	An organization operated for	the benefit of a colle	ge or university owned	or oper	 ated by	a governmental unit de	escribed in		
6	section 170(b)(1)(A)(iv). (Co	•	ntal unit described in s	ection 1	70(b)(1)	(AYv).			
7	An organization that normally in section 170(b)(1)(A)(vi).	receives a substantial p					olic described		
8	A community trust described	,	AVvi) (Complete Part I	15					
	<b>=</b>			•		on with a land arout calls	20		
9	An agricultural research organi or university or a non-land-grain	nt college of agriculture	(see instructions) Enter	the nam	onjunctic	ori with a land-grant college	ge vr		
	university:	int conege or agriculture	(See Histiactions). Litter	ule nan	ie, city, c	and state of the conege t			
10									
10	An organization that normally in from activities related to its investment income and unreally June 30, 1975. See section	exempt functions—sub lated business taxable	pject to certain exception income (less section	ns, and	(2) no r	nore than 33-1/3% of i	s support from gross		
11	An organization organized a	nd operated exclusive	ly to test for public safe	ety. See	section	509(a)(4).			
12	An organization organized at or more publicly supported outlines 12a through 12d that do	rganizations describe	d in section 509(a)(1) d	or sectio	n 509(a)	(2). See section 509(a	ut the purposes of one (X3). Check the box in		
а	Type I. A supporting organization organization (s) the power to re	on operated, supervised	d, or controlled by its sur	ported o	rganizati	on(s), typically by giving	the supported on. <b>You must</b>		
<b>.</b>	complete Part IV, Sections A and B.								
b	management of the supporting must complete Part IV, Sect	organization vested in	the same persons that c	ontrol or	support manage	the supported organizat	on(s). You		
С	Type III functionally integrated organization(s) (see instructions	. A supporting organizat ons). You must comp	ion operated in connections in	n with, ar <b>A, D, an</b>	nd function <b>d E.</b>	onally integrated with, its	supported		
d	Type III non-functionally integ functionally integrated. The c instructions). You must com	rated. A supporting orgographic property organization generally	anization operated in cor must satisfy a distribu	nection tion requ	with its s uiremen	supported organization(s) t and an attentiveness	that is not requirement (see		
е	[ ]	ation received a writte	en determination from t	he IRS					
f	Enter the number of supported								
g	Provide the following informatio	n about the supported	d organization(s).						
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your g	ion listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
				Yes	No				
				103	-10	<del> </del>			
(A)				}					
		<del> </del>	<del></del>	<del> </del>					
(B)				ł					
	<del></del>			<del>                                     </del>		<del></del>			
(C)									
(D)									
	<del></del>			<del> </del>		<del></del>			
(E)									
Fotal		1 m							

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

Sec	tion A. Public Support			<del> </del>	<del></del>	<del></del>	
Cale beg	endar year (or fiscal year inning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any unusual grants.)	167,545.	224,058.	396,772.	393,523.	546,291.	1,728,189.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
<b>4 5</b>	Total. Add lines 1 through 3 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)	167,545.	224,058.	396,772.	393,523.	546,291.	1,728,189. 1,084,106.
6	Public support. Subtract line 5 from line 4						644,083.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	167,545.	224,058.	396,772.	393,523.	546,291.	1,728,189.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	,					0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). SEE PART VI.			6.	124.	43.	173.
	Total support. Add lines 7 through 10						1,728,362.
12	Gross receipts from related activ	rities, etc. (see ins	structions)			12	0.
	First five years. If the Form 990 is organization, check this box and	stop here		ird, fourth, or fifth t	ax year as a section	n 501(c)(3)	▶ []
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						37.27%
15	Public support percentage from	2015 Schedule A,	Part II, line 14.			15	56.00%
16a	33-1/3% support test—2016. If the and stop here. The organization	he organization di qualifies as a put	d not check the b blicly supported or	ox on line 13, and rganization	d line 14 is 33-1/3	% or more, check	this box
b	33-1/3% support test—2015. If the and stop here. The organization	e organization did qualifies as a pul	l not check a box olicly supported o	on line 13 or 16a	, and line 15 is 3	3-1/3% or more, o	theck this box
17a	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	: VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstances est. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly support	e. Explain in Part ed organization	VI how the  □
18	Private foundation. If the organization	zation did not che	ck a box on line	13, 16a, 16b, 1 <i>7</i> a,	or 17b, check the	s box and see ins	structions 🟲 🔲
ΑΛ		<del></del>			<del></del>	- 1 1 1 2	00 000 F20 0016

Randille Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Jec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)  Gifts, grants, contributions,	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include						
2	any 'unusual grants.')	}		<del> </del>	<del> </del>	<del> </del>	<del></del>
	merchandise sold or services performed, or facilities			}		1	
	furnished in any activity that is	1	i	}	}	1	
	related to the organization's tax-exempt purpose				}	}	
3	Gross receipts from activities	<del> </del>	<del></del>	<del> </del>	<del> </del>		
	that are not an unrelated trade or business under section 513.				1		
4	Tax revenues levied for the organization's benefit and						
	either paid to or expended on	}			1		
5	its behalf			\	<b> </b>		
	facilities furnished by a			}		1	
	governmental unit to the organization without charge			}	ł	1	
6	Total. Add lines 1 through 5	<del></del>		ļ			<del> </del>
	Amounts included on lines 1, 2, and 3 received from						<del></del>
	disqualified persons		{		1		
b	Amounts included on lines 2						<del> </del>
	and 3 received from other than disqualified persons that			1	}		
	exceed the greater of \$5,000 or 1% of the amount on line 13			1	}		
	for the year				}		
_	Add lines 7a and 7b						<del>, , , , , , , , , , , , , , , , , , , </del>
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from	,					
h	Unrelated business taxable				 		
~	income (less section 511						
	taxes) from businesses acquired after June 30, 1975				İ	1	
	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					1	
12	Other income. Do not include		<del></del>	<del> </del>	<del> </del>	<del> </del>	<del></del>
	gain or loss from the sale of capital assets (Explain in			1	1		
	Part VI.)						<del></del>
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and					a section 501(c)(3	
Sect	tion C. Computation of Pul						<del>=</del>
15	Public support percentage for 20	116 (line 8, column	n (f) divided by li	ne 13, column (f))			ક
16	Public support percentage from	2015 Schedule A,	Part III, line 15	· · · · · · · · · · · · · · · · · · ·		16	ક
	tion D. Computation of Inv						· · · · · · · · · · · · · · · · · · ·
	Investment income percentage for	- ·		-		<del></del>	<u> </u>
	Investment income percentage fi						8
19a	33-1/3% support tests-2016. If t is not more than 33-1/3%, check	the organization of this box and <b>sto</b> p	iid not check the <b>p here.</b> The orgar	box on line 14, ar าเzation qualifies ส	nd line 15 is more as a publicly supp	than 33-1/3%, and orted organization	d line 17 ► []
b	33-1/3% support tests-2015. If t line 18 is not more than 33-1/3%	he organization d	lid not check a bo	x on line 14 or lin	ne 19a, and line 1	6 is more than 33-	1/3%, and
	Private foundation. If the organization						
				,			20 000 57 2016

#### Partily Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- 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.
- c 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.
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- c 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.
- 5a 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer 10b below.
- 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.)

		Yes	No
	1		
	'		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
i			
	5a		
	5b		
	5c		
		;	
	6		
	U		
	7		
	8		
	9a		
	Ja		
	9b		
	9с		
	ЭC		
•	10		
	10a		
	10b		

13.8	Supporting Organizations (continued)	<del></del>	<del></del>
11	Has the organization accepted a gift or contribution from any of the following persons?	Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
	b A family member of a person described in (a) above?	116	
	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	<del> </del>
_	ction B. Type I Supporting Organizations		<del>'</del>
	9	Yes	No
ι	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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	
Se	ction C. Type II Supporting Organizations		
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes	No
Sec	ction D. All Type III Supporting Organizations	<del></del>	
		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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3	By reason of the relationship described 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3	
Sec	tion 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 Instructions).		
	The organization satisfied the Activities Test. Complete line 2 below.		
	The organization is the parent of each of its supported organizations. Complete line 3 below.		
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions).	•
2	Activities Test. Answer (a) and (b) below.	Yes	No
į	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	
l	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.		
i	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? <i>Provide details in Part VI</i> .	3a	
l	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	
			2040

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	Nov. 20, 1970 (explain in Fust complete Sections A th	Part VI). <b>See</b> nrough E.
Sec	ction 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 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		
Sec	ction 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):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
C	i Total (add lines 1a, 1b, and 1c)	1d		
6	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, 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		<del>,</del>
Sec	tion 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		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	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grate		
BAA			Schedule A (For	m 990 or 990-EZ) 2016

	Type III Non-Functionally Integrated 509(a)(3) S	upporting Organizati	ions (continued)	·			
Sec	tion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt po						
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity							
3	Administrative expenses paid to accomplish exempt purposes of s	supported organizations					
4	Amounts paid to acquire exempt-use assets						
_ 5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
_7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organization <b>Part VI</b> ). See instructions.	tion is responsive (provide d	etails				
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
Sec	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016			
1	Distributable amount for 2016 from Section C, line 6						
	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.						
	Excess distributions carryover, if any, to 2016:			: 			
			والمنافع المنافع				
			The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon				
	From 2013						
	From 2014		إستانيه والساب بتناب المتأثث				
	From 2015		المراجع والمستجد والمستجد المستجد				
	Total of lines 3a through e		- ( )				
	Applied to underdistributions of prior years			<u></u>			
f	Applied to 2016 distributable amount						
	Carryover from 2011 not applied (see instructions)		ر في دروست مورست دروست	) 			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			·			
4	Distributions for 2016 from Section D, line 7: \$						
а	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.						
_7_	Excess distributions carryover to 2017. Add lines 3j and 4c.		المن المستوليد المستوليد عرب				
	Breakdown of line 7:						
a							
	Excess from 2013						
c	Excess from 2014						
d	Excess from 2015		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s				
е	Excess from 2016			· · · · · · · · · · · · · · · · · · ·			
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2016			

Schedule A (Form 990 or 990-EZ) 2016 CENTRAL OREGON LANDWATCH 93-0935170

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1;

Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

(See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2016	2015	2014	2013 2012
INTEREST INCOME TOTAL	\$ 43. \$ 43.	\$ 98. 26. \$ 124.	\$ 6. \$ 6.	\$ 0. <u>\$</u> 0.

Page 8

#### SCHEDULE C (Form 990 or 990-EZ)

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

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

OMB No. 1545-0047

Schedule C (Form 990 or 990-EZ) 2016

Giotale C Springer

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

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

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

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

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

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

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) or	organizations: Complete Part III.			
Name	e of organization			Employer Identifica	tion number
	NTRAL OREGON LANDWA			93-093517	
		rganization is exempt under section			zation.
1		organization's direct and indirect political con of 'political campaign activities')	ampaign activities in	Part IV.	
2	Political campaign activity ex	xpenditures (see instructions)		► \$	
		campaign activities (see instructions)			
Pâ	rteB Complete if the o	rganization is exempt under sections is exampt under sections at a section under the organization under	on 501(c)(3).		
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955		0.
		cise tax incurred by organization managers			
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4:	a Was a correction made?			,	
	b If 'Yes,' describe in Part IV.				
Pa	rt C Complete if the o	rganization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1		pended by the filing organization for section			
2	Enter the amount of the filing of function activities	organization's funds contributed to other organ	izations for section 527	/ exempt ► \$	
3	Total exempt function expen	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL.		
4	Did the filing organization file	e Form 1120-POL for this year?			Yes No
5	Enter the names, addresses	and employer identification number (EIN) s. For each organization listed, enter the ails received that were promptly and directly delal action committee (PAC). If additional spa	of all section 527 poli	itical organizations to w	hich the filing
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-,	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(The term 'expenditures' means amounts paid or incurred.)  1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.
B Check ► if the filing organization checked box A and 'limited control' provisions apply.  Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)  1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)  b Total lobbying expenditures to influence a legislative body (direct lobbying)	O.
Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)  1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying)  5,000.	O.
(The term 'expenditures' means amounts paid or incurred.)  1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)	O.
b Total lobbying expenditures to influence a legislative body (direct lobbying)	
c Total Johnving expenditures (add lines 1a and 1h)	
	0.
d Other exempt purpose expenditures	0.
3037.2031	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns	
If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is:	
Not over \$500,000 20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000       \$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000       \$225,000 plus 5% of the excess over \$1,500,000.         Over \$17,000,000       \$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	0.
h Subtract line 1g from line 1a. If zero or less, enter -0	0.
i Subtract line 1f from line 1c. If zero or less, enter -0	0.
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	s No
4-Year Averaging Period Under section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five	
columns below. See the separate instructions for lines 2a through 2f.)  Lobbying Expenditures During 4-Year Averaging Period	
Calendar year (or fiscal year beginning in)  (a) 2013  (b) 2014  (c) 2015  (d) 2016  (e) 2015	Total
2a Lobbying nontaxable amount	39,138.
b Lobbying ceiling amount (150% of line 2a, column (e)).	58 <u>,707.</u>
c Total lobbying expenditures . 11,438. 10,940. 12,500. 5,000.	39,878.
d Grassroots nontaxable amount	59,785.
e Grassroots ceiling amount (150% of line 2d, column (e))	89,678.
f Grassroots lobbying expenditures 460. 150.	610.

Rantili Bis Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers?..... b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . . . d Mailings to members, legislators, or the public?.. e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes?..... g Direct contact with legislators, their staffs, government officials, or a legislative body?..... h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?.... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?...... b If 'Yes,' enter the amount of any tax incurred under section 4912..... c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912...... d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?..... Rart IIIA Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members?..... Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?..... Rantill B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) Part III-A, line 3, is answered 'Yes.' Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 a **b** Carryover from last year. ... .. 2 c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues ....... 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 4 expenditure next year?.

Part V Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

5

# SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 2016

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Department of the Treasury Internal Revenue Service Name of the organization

	CENTRAL OREGON LANDWATCH	93-0935170
Pâ	Organizations Maintaining Donor Advised Funds or Other Similar Fund	s or Accounts.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.	<u></u>
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor are the organization's property, subject to the organization's exclusive legal control?	or advised funds Yes No
	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes impermissible private benefit?	can be used only urpose conferring Yes No
Pai	だII塗 Conservation Easements.	
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 7	
1		
		historically important land area
		certified historic structure
2	Preservation of open space	6
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form clast day of the tax year.	of a conservation easement on the
		Held at the End of the Tax Year
i	Total number of conservation easements	2 a
ı	Total acreage restricted by conservation easements	2 b
•	Number of conservation easements on a certified historic structure included in (a)	2 c
(	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic	
•	structure listed in the National Register.	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax year ▶	organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handle	ing of violations,
_	and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservations  ▶\$	on easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section and section 170(h)(4)(B)(ii)?	on 170(h)(4)(B)(i) Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense include, if applicable, the text of the footnote to the organization's financial statements that desconservation easements.	statement, and balance sheet, and cribes the organization's accounting for
Par	Organizations Maintaining Collections of Art, Historical Treasures, or O Complete if the organization answered 'Yes' on Form 990, Part IV, line 8	ther Similar Assets.
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research in furth in Part XIII, the text of the footnote to its financial statements that describes these items.	e statement and balance sheet works of nerance of public service, provide,
Ł	olf the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statistical treasures, or other similar assets held for public exhibition, education, or research in further following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial	· · · · · · · · · · · · · · · · · · ·
_	amounts required to be reported under SFAS 116 (ASC 958) relating to these items:  Revenue included on Form 990, Part VIII, line 1	►\$
	Assets included in Form 990, Part VIII, line I	· · · · · · · · · · · · · · · · · · ·
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************************************

Schedule D (Form 990) 2016 CENT	RAL OREGO	N LA	NDWATCH				93-0935	5170		Page 2
Partille Organizations Mainta				orical	Treasures, or	Other S	imilar Asso	ets (co	ontinu	ed)
3 Using the organization's acquisition items (check all that apply):										
a Public exhibition			d Loan	or exch	ange programs					
<b>b</b> Scholarly research			e Other							
c Preservation for future gene	rations		٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ		<del></del>					
4 Provide a description of the organiz Part XIII.		ions and	l explain how they	further	the organization's	exempt p	urpose in			
5 During the year, did the organiza to be sold to raise funds rather t	ation solicit or han to be ma	receive intained	e donations of ar I as part of the o	t, histor	rical treasures, or ition's collection?	other sin	nilar assets	Yes		No
Rantily Escrow and Custodia line 9, or reported an	l Arrangen	nents.	Complete if t	he ord	anization ans	wered '	Yes' on For	m 990	), Par	t I∨,
1 a Is the organization an agent, true	stee, custodia	n or oth	ner intermediary	for con	tributions or othe	r assets r	not included	Yes		
on Form 990, Part X? b If 'Yes,' explain the arrangement	ın Part XIII a	and com	plete the followi	ng table	e:	· · · · · · · · · · · · · · · · · · ·			L	
						<u> </u>		Amount		
c Beginning balance										
d Additions during the year.										
e Distributions during the year										
f Ending balance										
2a Did the organization include an a										No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII.	Check h	nere if the explar	nation h	as been provided	on Part	XIII		· · · · · L	J
and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t										
Part V Endowment Funds. C										<del></del>
4 December 16 to 1	(a) Current	year	(b) Prior year	r	(c) Two years back	(d) TI	ree years back	(e) F	our years	back
1 a Beginning of year balance	ļ		ļ		<del></del>			ļ		
<b>b</b> Contributions					<del></del>	<del></del>		<u> </u>		
c Net investment earnings, gains, and losses										
d Grants or scholarships								<u> </u>		
e Other expenditures for facilities										
and programs								<del> </del>		
f Administrative expenses			<b> </b>							
g End of year balance		<del></del>	<u> </u>		<del></del>			<u> </u>		
2 Provide the estimated percentag		nt year	end balance (lin	ne 1g, c	olumn (a)) heid a	s:				
a Board designated or quasi-endown			—*							
b Permanent endowment ►										
c Temporarily restricted endowmen			*							
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100	0%.							
3 a Are there endowment funds not in t	he possession	of the c	organization that a	are held	and administered	for the		-		
organization by:			_						Yes	No
(i) unrelated organizations								3a(i)		
(ii) related organizations								3a(ii)		
<b>b</b> If 'Yes' on line 3a(II), are the rela	-		•			. <b>.</b>		3b		
4 Describe in Part XIII the intended			ation's endowme	ent func	ls.					
Ramavis Land, Buildings, and			N/ 1 =	200	5 10/ 8	11 - 0-		۰		10
Complete if the organ	ization ans	werea	Yes on For	m 990	, Part IV, line					
Description of property		(a) Cos (ir	t or other basis evestment)	( <b>b)</b> (	Cost or other asis (other)	(c) Acc depre	umulated eciation	(d) E	Book va	alue 
<b>1 a</b> Land										
<b>b</b> Buildings										
c Leasehold improvements										
<b>d</b> Equipment					10,702.		5,712.		4	,990.
e Other										
Total. Add lines 1a through 1e. (Colum	nn (d) must e	qual Foi	rm 990, Part X,	column	(B), line 10c.)					,990.
BAA							Schedu	ıle D (Fo	orm 990	) 2016

Page 3

Part VIII Investments - Other Securities.	2//	N/A	
Complete if the organization answered			
(a) Description of security or category (including name of security)  (1) Financial derivatives	(b) Book value	(c) Method of valuation: Cost or end-of-year ma	rket value
(2) Closely-held equity interests	···		
(3) Other			
~			
(B)			
(C)	<del></del>		<del></del>
(A) (B) (C) (D) (E)			
(E)			
(F)			
(G)	<del></del>		
(H) (I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12).		FIGURE STATE OF THE	
Part VIII Investments – Program Related.	<del></del>	N/A	<u> </u>
Complete if the organization answered		0, Part IV, line 11c. See Form 990, Pa	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year	market value
(1)	<del></del>		
(2)			<del></del>
(3)			
(5)	<del></del>		
(6)			<del></del>
(7)			
(8)			
(9)			
(10)	·	Number of the feet of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).	N/A		
Complete if the organization answered	'Yes' on Form 990	0, Part IV, line 11d. See Form 990, Pa	art X, line 15.
	scription	(b)	Book value
(1)	<del></del>		
(3)	- <del></del>		
(4)	<del></del>		
(5)			
(6)			
<u>(7)</u> (8)	<del></del>		
(9)			
(10)	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)		
<u>PartX</u> Other Liabilities.	000 0 1 11/11: 1	1 116 O - 5 000 B - 1 V E - 05	
Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line I (b) Book value	le or 11t. See Form 990, Part X, line 25	· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes	(b) Book value		
(2) PAYROLL LIABILITIES	6,97	76.	
(3)			
(4)			
		g. T	
(5)	<del></del>	<del></del>	
(6)			
(6) (7) (8) (9)			
(6) (7) (8) (9) (10)			
(6) (7) (8) (9) (10) (11)			
(6) (7) (8) (9) (10)			or uncertain

Schedule D (Form 990) 2016 CENTRAL OREGON LANDWATCH	93-0935170	Page 4	
Reconciliation of Revenue per Audited Financial Statemen			
Complete if the organization answered 'Yes' on Form 990, P			
1 Total revenue, gains, and other support per audited financial statements	• • • • • • • • • • • • • • • • • • • •	<u>1</u>	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2 a		
<b>b</b> Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII.)	2 d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1			
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
<b>b</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.).		· · · · · · · · · · · · · · · · · · ·	
Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, P	nts With Expen	ses per Return. N/A	
1 Total expenses and losses per audited financial statements			
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
<b>b</b> Prior year adjustments	2 b		
<b>c</b> Other losses			
d Other (Describe in Part XIII.)			

Part XIII Supplemental Information.

a Investment expenses not included on Form 990, Part VIII, line 7b.4 ab Other (Describe in Part XIII.)4 b

4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

e Add lines 2a through 2d.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

c Add lines 4a and 4b.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)...

BAA

Schedule D (Form 990) 2016

3

4 c

5

#### 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.

► Attach to Form 990 or 990-EZ

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

OMB No. 1545-0047 2016 भेकता के जीवनीत

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93-0935170

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CENTRAL OREGON LANDWATCH

SCHEDULE A, PART II, LINE 5

WE INCORRECTLY FAILED TO FILL OUT PART II IN PREVIOUS FORMS (FILLING OUT PART III IN ADDITIONAL TO FILLING OUT PART II FOR 2016, WE ALSO SHOW WHAT PART II WAS FOR 2015.

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

MEMBERS OF GOVERNING COUNCIL ELECT MEMBERS OF THE BOARD OF DIRECTORS (GOVERNING BODY), DO NOT PARTICIPATE IN GOVERNANCE OR APPROVE SIGNIFICANT DECISIONS OF THE BOARD OR SHARE IN ANY "PROFITS", "EXCESS DUES" OR "ASSETS".

FORM 990, PART VI. LINE 8 - EXPLANATION OF NO CONTEMPORANEOUSLY DOCUMENTATION OF MEETINGS MINUTES WERE KEPT FOR THE GOVERNING BODY BUT THE ORGANIZATION HAD NO COMMITTEES.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

TAX RETURN REVIEWED BY EXECUTIVE DIRECTOR; COPIES PROVIDED TO BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES COMPENSATION IS REVIEWED AND APPROVED BY BOARD OF DIRECTORS

FORM 990, PART VI, LINE 18 - EXPLANATION OF OTHER MEANS FORMS AVAILABLE FOR PUBLIC INSPECTION NO DOCUMENTS MADE PUBLICY AVAILABLE EXCEPT FOR FORM 990. FORM 1023 FILED BEFORE JULY 15, 1987. FORM 990 AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

ADOPTED WRITTEN CONFLICT OF INTEREST POLICY, WRITTEN WHISTLEBLOWER POLICY AND WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY IN 2014. DOCUMENTS MADE AVAILABLE TO PUBLIC IDENTIFIED UNDER LINE 18 ABOVE.

1 1 V

Schedule **O** (Form 990 or 990-EZ) 2016 Name of the organization Employer Identification number CENTRAL OREGON LANDWATCH 93-0935170

# FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

(A)	(B)	(C)	(D)
TOTAL	PROGRAM	MANAGEMENT	FUND-
	SERVICES	& GENERAL	RAISING
53,660.	<u>47,757.</u>	3,220.	2,683.
TOTAL \$ 53,660.	\$ <u>47,757.</u>	\$ 3,220.	\$ 2,683.