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DLN: 93493124016747 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990** 

For Paperwork Reduction Act Notice, see the separate instructions.

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

▶ Do not enter social security numbers on this form as it may be made public

Open to Public

Interna	l Reve	of the Treasur enue Service	Tinformation abou	Form 990 and its instructions is at i	www IRS g	ov/form			Open to Public Inspection
A F	or th	e 2016 ca		ning 01-01-2016 , and ending 1	2-31-2016	5			
		applicable	C Name of organization Wild Salmon Center				D Employ	er identif	ication number
		change	This callies come.				94-316	6095	
□Na		_	Doing business as						
Fir	tıal re ıal	eturn							
		mınated	Number and street (or P O box if ma	all is not delivered to street address) Room	n/suite		E Telephor	ne number	
		d return	721 NW 9th Avenue No 300	Í	•		(503) 2	22-1804	
⊔ Ар	plicati	on pending	City or town, state or province, coun	try, and ZIP or foreign postal code			, ,		
			Portland, OR 972093446				<b>G</b> Gross re	eceipts \$ 3	,026,775
		•	F Name and address of principal	officer	H(a)	Ic thic	a group re	•	
			Guido R Rahr III		(u)		dinates?	tuili loi	□Yes <b>☑</b> No
			721 NW 9th Avenue No 300 Portland, OR 972093446		н(ь)		l subordinat	tes	
T Ta	v-0v0	mpt status			─ <i>``</i>	ınclud	ed?		☐ Yes ☐No
	A CACI	mpt status	<b>☑</b> 501(c)(3) □ 501(c)( ) <b>◄</b> (	nsert no ) 4947(a)(1) or 527			•	•	instructions)
J W	ebsit	te:▶ wwv	w wildsalmoncenter org		H(C)	Group	exemption	number	<b>&gt;</b>
					I Vasa	-6 6	tion 1992	M Chaha	-611
<b>K</b> Forr	n of o	rganization	Corporation Trust Associ	ciation L Other >	L Year	or forma	ition 1992	WA	of legal domicile
Da	at T	Cuman	M 2 M 1						
Pa		_	nary cribe the organization's mission or	most significant activities					
				nost significant activities note the conservation and sustainabl	le use of wi	ıld salm	on ecosyste	ems acro	ss the Pacific Rim
e)				n wild salmonids and the human con					
2	:								
Ē	-								
Governance	-								
G G				continued its operations or disposed			of its net a		
ಸ	l		-	g body (Part VI, line 1a)				3	16
6 S	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)	)		•	4	16
롲	5	Total num	nber of individuals employed in cal	endar year 2016 (Part V, line 2a) .			•	5	24
Activities &	6	Total num	nber of volunteers (estimate if nec	essary)				6	0
Q.	7a	Total unre	elated business revenue from Part	VIII, column (C), line 12				7a	0
	Ь	Net unrela	ated business taxable income from	Form 990-T, line 34				7b	0
						Pric	or Year		Current Year
٥.	8	Contributi	ions and grants (Part VIII, line 1h)				8,044,	885	2,993,413
Ravenua	9	Program s	service revenue (Part VIII, line 2g)				23,	722	0
۸ċ	10	Investmer	nt income (Part VIII, column (A),	ines 3, 4, and 7d )			4,:	326	31,429
Œ	11	Other reve	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			22,	477	1,933
	l		, , , , , , , , , , , , , , , , , , , ,	st equal Part VIII, column (A), line 12	2)		8,095,		3,026,775
	_		id similar amounts paid (Part IX, c				903,	915	775,384
	l			lumn (A), line 4)			,	0	7,3,33
	l		, , ,	nefits (Part IX, column (A), lines 5–1	ω <u></u>		2,153,	E06	2,097,735
Expenses	l	•		nn (A), line 11e)	· —		2,133,	0	2,097,733
ઈ	Ι.		• , , ,	, ,,				4	
â	l		aising expenses (Part IX, column (D), lir	·					
	l		penses (Part IX, column (A), lines	•			1,081,	467	859,258
	1	•	enses Add lines 13–17 (must equ				4,138,	968	3,732,377
	19	Revenue l	less expenses Subtract line 18 fro	m line 12			3,956,	442	-705,602
Net Assets or Fund Balances					Beg	ginning	of Current Y	'ear	End of Year
fan		T-+-1	ote (Boot V. June 16)				12.026	200	6 210 726
Ass IBa	l		ets (Part X, line 16)				12,036,		6,319,726
<u> </u>	l		lities (Part X, line 26)		•		172,		200,729
			s or fund balances Subtract line 2	1 from line 20			11,863,	908	6,118,997
Pa			ature Block						
	ledge	and belief		ned this return, including accompany Declaration of preparer (other than		pased or	n all ınform		
C: -		Signatu	re of officer			Date	7-05-01 e		
Sign Here		, -							
	•		R Rahr III President and CEO print name and title						
		17	·	Preparer's signature	I Data	-	_ 1	PTIN	
D	J		nt/Type preparer's name ang Ahn	Sang Ahn	Date		ck 📙 ıf	PTIN P00540880	)
Paid			rm's name  McDonald Jacobs PC	1			employed n's EIN ► 93-	-0900570	
Pre <sub> </sub>	•	51   <u></u>	rm's address > 520 SW Yamhill Ste 500	1			ne no (503)		
Use	Un	iiy   ¨					(505)		
			Portland, OR 97204						
May t	he IR	RS discuss t	this return with the preparer show	n above? (see instructions)				<b>⊻</b> \	′es 🗌 No

Cat No 11282Y

Form **990** (2016)

2,673,880 Total program service expenses ▶ Form 990 (2016)

Section 501(c)(3) organizations.

Form	990 (2	2016)		
Par	t IV	Checklist of Required Schedules		
				Γ
1	Is the	e organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete dule A</i>	1	

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 🔒 . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII 💙 . . . . . . . . . .

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

assessments, or similar amounts as defined in Revenue Procedure 98-19?

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right

Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🕏

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ঙ 뉰

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported

b Was the organization included in consolidated, independent audited financial statements for the tax year?

**14a** Did the organization maintain an office, employees, or agents outside of the United States? . . . .

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . .

**b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, Yes

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Nο

Form 990 (2016)

Page 3

No

or X as applicable

29

31

Part IV Checklist of Required Schedules (continued) Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a No b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic Yes 21

Page 4

Νo

Nο

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No

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Yes

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35a

35h

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Yes

Yes

Yes

Yes

Form 990 (2016)

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I . . . . . . . . . . 🔧

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, 

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .  $\$ 

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I .

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🛸

the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

orm	990 (2016)			Page
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 17  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 10			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
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		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
-	2. 12., 2 2 2., a.a. a.a. 2., gamanaan 1110 1 0000 1 1 1 1 1 1 1 1 1 1 1 1 1	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	<b>7</b> 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		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b			
1	Section 501(c)(12) organizations. Enter	1		
а	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 )			
<b>)</b>	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	]		
_	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
4a	bid the organization receive any payments for indoor taining services during the tax year.			

orm	990 (2016)			Page <b>6</b>
Part	<b>Governance, Management, and Disclosure</b> For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	
Sec	Check if Schedule O contains a response or note to any line in this Part VI	• •		<u> </u>
1a	Enter the number of voting members of the governing body at the end of the tax year label 16		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent  1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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 taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed AR , AZ , CO , DC , FL , GA , MA , MD , MO OH , OR , PA , TN , UT , VA , WA , WI	I , NC ,	Ν ,	, NY ,
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	✓ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶Katherine Holler 721 NW 9th Avenue Suite 300 Portland, OR 972093446 (503) 222-1804			

Part VII

Director

Director

Director

Director

Director

Director

(5) Deke Welles

(6) Fraiser Rieche

(7) John Childs Director

(8) Ivan Thompson

(9) Frank Cassidy Jr

(10) John E McCosker 

(12) Brooks Walker

(13) Mitch Zulkie Director

(15) Rocky Dixon

(16) Tim O'Leary Director

President & CEO

(17) Guido R Rahr III

Director

(14) Randall Peterman

# Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

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

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

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

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Check this box if neither the organization r	or any related o	rganization compensated any c	urrent officer, dire	ctor, or trustee	
(A)	(B)	(C)	(D)	(E)	ſ
Name and Title	Average	Position (do not check more	Reportable	Reportable	Ĺ
	hours per	than one box, unless	compensation	compensation	ı
	week (list	person is both an officer	from the	from related	ı
	any hours	and a director/trustee)	organization	organizations	ı
	المصلحات بالكا		(14/ 2/1000	(14/ 3/1000	1

$\Box$ Check this box if neither the organization no	or any related or	ganization compensated any c	urrent officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Or not be a figure of the control of	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	ar c
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☐ Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	any o	current officer, dire	ctor, or trustee	
<b>(A)</b> Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	es d pe a individual trustee or director	an on on is	e bo both	x, u n an or/tr	m sside Highest compensated	er )	( <b>D</b> ) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) William Swindells Chairman of the Board	1 00	Х		х				0	0	0

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) William Swindells Chairman of the Board	1 00	х		х				0	0	0
(2) Nikita Mishin Director	1 00	х						0	0	0
	1.00			1	1					

(1) William Swindells	1 00	х	Х			0	0	0
Chairman of the Board								
(2) Nikita Mishin	1 00	_				0	0	0
Director		_ ^					9	
(3) Ilya Sherbovich	1 00	×				n	0	0
Director		^						
(4) Dan Plummer	1 00	V						
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Form 990 (2016)

Part VIII Section A. Officers, Directors	, Trustees, K	ey Em	ploy	ees	, an	d Hig	hes	t Compensated	Employees (	conti	nued)	
hours per week (list any hours			Position (do not check more than one box, unless person is both an officer and a director/trustee)						(E) Reportable compensatio from related organization	n d s	Estima amount o compen- from	ated of other sation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099 MISC)		organizat relat organiza	ed
(18) Sara LaBorde				х				123,681		0		23,962
Executive Vice President (19) David Finkel	1 00 40 00			х				104,666		0		26,440
Vice President	1 00			^				104,000		$\dashv$		
(20) Katherine Holler CFO, Secretary	40 00 1 00	••••		х				109,146		0		19,425
(21) Mariusz Wroblewski Western Pacific Prog Dir	40 00					Х		109,378		О		20,705
(22) Robert Van Dyk OR AND CA POLICY DIRECTOR	40 00	••••				х		101,180		0		19,672
						_				$\perp$		
1b Sub-Total					<b>&gt;</b>	-						
d Total (add lines 1b and 1c)	•				•	-		728,788	C			144,045
2 Total number of individuals (including but of reportable compensation from the organization)		those li	sted a	abov	e) w	/ho red	ceive	ed more than \$100	,000			
-											Yes	No
3 Did the organization list any <b>former</b> offic line 1a? <i>If "Yes," complete Schedule J for</i>			key e		oye	e, or h	ııghe •	est compensated er	nployee on	3		No
For any individual listed on line 1a, is the organization and related organizations grandividual									ne		V	
5 Did any person listed on line 1a receive o services rendered to the organization? If "										<u>4</u> 5	Yes	No
Section B. Independent Contractors	· 											140
Complete this table for your five highest of from the organization. Report compensations are compensations.	compensated in									pens	sation	
- · · · · ·	(A) pusiness address								(B)		(C) Compen	
								I		1		

Form **990** (2016)

Part	VIII Statement of Revenue						_
	Check if Schedule O contains	a respo	nse or note to any	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D)  Revenue excluded from
					function revenue	revenue	tax under sections 512-514
w 4	1a Federated campaigns	1a					
ant	<b>b</b> Membership dues	<b>1</b> b					
. Gr	<b>c</b> Fundraising events	1c					
ifts,	d Related organizations	1d					
S, E	e Government grants (contributions)	1e	428,882				
	f All other contributions, gifts, grants, and similar amounts not included	1f	2,564,531				
Contributions, Gifts, Grants and Other Similar Amounts	above  9 Noncash contributions included in lines 1a-1f \$	106,					
Cor	h Total.Add lines 1a-1f			2,993,413			
<u> </u>			Business				
Program Service Revenue	2a	_					
æ	b ————————————————————————————————————						
Ž.	c —						
Ž	d ————————————————————————————————————	_					
ram	f All other program service revenue						
₹og	gTotal.Add lines 2a-2f		_				
_	3 Investment income (including divided)		nterest and other	1			
	sımılar amounts)		•	31,429	9		31,429
	4 Income from investment of tax-ex	-					
	5 Royalties		(II) Personal	<u>* </u> 			
	6a Gross rents	31	(II) Fersorial	-			
				_			
	<b>b</b> Less rental expenses						
	c Rental income or (loss)						
	<b>d</b> Net rental income or (loss) .						
	(ı) Secur	ities	(II) Other				
	7a Gross amount from sales of assets other than inventory						
	<b>b</b> Less cost or			-			
	other basis and sales expenses						
	C Gain or (loss)			_			
	<b>d</b> Net gain or (loss) <b>8a</b> Gross income from fundraising ev	i	<b>•</b>				
Other Revenue	(not including \$ contributions reported on line 1c)	of					
eve	See Part IV, line 18			_			
ž. Œ	<b>b</b> Less direct expenses <b>c</b> Net income or (loss) from fundral	<b>b</b>   Isina ev	ents				
the	9a Gross income from gaming activity						
0	See Part IV, line 19	a l					
	<b>b</b> Less direct expenses	ь		$\dashv$			
	c Net income or (loss) from gaming	Į.	es <b>&gt;</b>				
	10aGross sales of inventory, less returns and allowances	-1					
	<b>b</b> Less cost of goods sold	a b					
	C Net income or (loss) from sales o	f invent					
	11a <sub>Miscellaneous</sub> Income		Business Code 90009	9 1,933	3		1,933
	ь						
	С						
	d All other revenue			1			
	e Total. Add lines 11a–11d		•				
	12 Total revenue. See Instructions	- •		1,933	3		
	== 10tal 1000lidel 300 mistractions	- •	• • • •	3,026,775	5	0	0 33,362 Form <b>990</b> (2016)

Form 990 (2016)				Page <b>10</b>
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete 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	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	241,514	241,514		
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, line 15 and 16	533,870	533,870		
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	735,774	391,651	143,335	200,788
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	947,976	704,940	29,863	213,173
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	61,573	55,645	939	4,989
9 Other employee benefits	186,862	133,569	5,719	47,574
<b>10</b> Payroll taxes	165,550	110,458	15,385	39,707
11 Fees for services (non-employees)				
a Management				
<b>b</b> Legal	14,679	8,561	6,118	
c Accounting	17,270		17,270	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	229,590	167,163	27,553	34,874
12 Advertising and promotion	38,802	17,798	360	20,644
13 Office expenses	61,466	29,070	17,934	14,462
14 Information technology				
15 Royalties				
<b>16</b> Occupancy	142,052	90,348	15,236	36,468
<b>17</b> Travel	205,639	141,519	5,567	58,553
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	,		-,	
19 Conferences, conventions, and meetings	38,576	9,649	527	28,400
<b>20</b> Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,031	6,541	9,490	
23 Insurance	19,780	4,601	15,026	153
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	·	·		
a Miscellaneous	63,508	20,252	33,875	9,381
		5 70 /		
b Dues and subscriptions	11,865	6,731	295	4,839
<u>c</u>				
<u>d</u>				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,732,377	2,673,880	344,492	714,005
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation  Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

		Beginning of year		End of year
1	Cash-non-interest-bearing	1,763,489	1	3,317,574
2	Savings and temporary cash investments	5,741,759	2	1,509,432
3	Pledges and grants receivable, net	4,414,417	3	748,363
4	Accounts receivable, net	19,019	4	32,93
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				

	4	Accounts receivable, net	19,019	4			
	5	Loans and other receivables from current and for trustees, key employees, and highest compensa II of Schedule L			5		
Assets	7	Loans and other receivables from other disquality section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations voluntary employees' beneficiary organizations. Part II of Schedule L. Notes and loans receivable, net	n 4958 Itions o	(c)(3)(B), and f section 501(c)(9)		6	
SS	8	Inventories for sale or use		Ē		8	
⋖	9	Prepaid expenses and deferred charges			74,912	9	1
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	262,934			
	ь	Less accumulated depreciation	10b	256,551	22,413	<b>10</b> c	

		Part II of Schedule L	structions) complete				
Assets	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		8			
	9	Prepaid expenses and deferred charges	74,912	9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	262,934			
	b	Less accumulated depreciation	10b	256,551	22,413	<b>10</b> c	
	11	Investments—publicly traded securities .				11	•
	12	Investments—other securities See Part IV, line	11 .			12	
	13	Investments—program-related See Part IV, line	•		13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11			15		
	16	Total assets.Add lines 1 through 15 (must equ	al line	34)	12,036,009	16	6,3

10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	262,934			
b	Less accumulated depreciation	10b	256,551	22,413	10c	6,383
11	Investments—publicly traded securities .				11	602,749
12	Investments—other securities See Part IV, line		12			
13	Investments—program-related See Part IV, line		13			
14	Intangible assets	Intangible assets				
15	Other assets See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equ	ial line	34)	12,036,009	16	6,319,726
17	Accounts payable and accrued expenses			172,101	17	165,329

102.294

200,729

4.031.516

2.087.481

6,118,997

6.319.726 Form **990** (2016)

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172,101

4.087,357

7,776,551

11,863,908

12,036,009

	basis Complete Part VI of Schedule D	1 TUA	202,954			
b	Less accumulated depreciation	10b	256,551	22,413	<b>10</b> c	6,383
11	Investments—publicly traded securities .		11	602,749		
12	Investments—other securities See Part IV, line		12			
13	Investments—program-related See Part IV, line		13			
14	Intangible assets		14			
15	Other assets See Part IV, line 11				15	
16	Total assets.Add lines 1 through 15 (must equ	al line	34)	12,036,009	16	6,319,726
17	Accounts payable and accrued expenses			172,101	17	165,329
18	Grants payable				18	
19	Deferred revenue				19	35,400

20

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Liabilities

Fund Balances

Assets or

Net

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958),

check here  $\blacktriangleright$   $\square$  and complete lines 30 through 34.

Capital stock or trust principal, or current funds . . .

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

Form	990 (2016)						Page <b>12</b>
Par	t XI Reconcilliation	n of Net Assets					
	Check If Schedule	O contains a response or not	e to any line in this Part XI	<u> </u>		<u></u>	<b>✓</b>
1	Total revenue (must equa	al Part VIII, column (A), line 1	.2)	1		3,	026,775
2	Total expenses (must eq	ual Part IX, column (A), line 2	5)	2		3,	732,377
3	Revenue less expenses	Subtract line 2 from line 1 .		3			705,602
4	Net assets or fund balance	ces at beginning of year (must	t equal Part X, line 33, column (A))	4		11,	863,908
5	Net unrealized gains (los	ses) on investments		5		-	72,847
6	Donated services and use	e of facilities		6			
7	Investment expenses .			7			
8	Prior period adjustments			8			
9	Other changes in net ass	ets or fund balances (explain	ın Schedule O)	9		-5,	112,156
10	Net assets or fund balance	ces at end of year Combine li	nes 3 through 9 (must equal Part X, line 33, column (B))	10		6,	118,997
Par	t XIII Financial Stat	tements and Reporting	_				
	Check if Schedule	e O contains a response or no	te to any line in this Part XII				<b>✓</b>
			,			Yes	No
1	Accounting method used	to prepare the Form 990	☐ Cash ☑ Accrual ☐ Other				
•	-	• •	rom a prior year or checked "Other," explain in				
2a	Were the organization's f	inancial statements compiled	or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box belo separate basis, consolida		ncial statements for the year were compiled or reviewed o	n a			
	☐ Separate basis	☐ Consolidated basis	☐ Both consolidated and separate basis				
b	Were the organization's f	inancial statements audited b	y an independent accountant?		2b	Yes	
	If 'Yes,' check a box belo consolidated basis, or bo		ncial statements for the year were audited on a separate b	oasis,			
	Separate basis	✓ Consolidated basis	$\square$ Both consolidated and separate basis				
C			committee that assumes responsibility for oversight ements and selection of an independent accountant?		2c	Yes	
	· · · · · ·	•	s or selection process during the tax year, explain in Sched	lule O			

3a

3b

Nο

Form **990** (2016)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

## Additional Data

Form 990 (2016)

Software ID:

Software Version:

EIN: 94-3166095

Name: Wild Salmon Center

efile	GR/	APHIC prin	nt - DO NOT PROC	ESS	As Filed Data -			DLN: 9	3493124016747
SCH	IED	ULE A	Puh	lic C	harity Statu	s and Pub	olic Supp	ort	OMB No 1545-0047
(Fori	n 990			the org	ganization is a secti	ion 501(c)(3) d	organization o		2016
990E	Z)			4	4947(a)(1) nonexe ▶ Attach to Form 9				2010
		the Treasury	► Information	about	Schedule A (Form			ıctions is at	Open to Public Inspection
Name	of th	ue Service ne organiza	tion		<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>		Employer identific	<u> </u>
viid Sa	ılmon (	Lenter						94-3166095	
Par			for Public Charity					See instructions.	
ne or	ganız		a private foundation be		•	•	,	/A)/:)	
		•	onvention of churches,					(A)(I).	
2			scribed in section 170			·	• • • • • • • • • • • • • • • • • • • •		
3		•	or a cooperative hospit		-				
4		name, city,	esearch organization o and state			-			·
5			ation operated for the l ( <b>iv).</b> (Complete Part II		of a college or univer	sity owned or op	perated by a gov	rernmental unit descri	bed in <b>section 1/U</b>
6		A federal, s	tate, or local governm	ent or <u>c</u>	governmental unit de	scribed in <b>sectio</b>	on 170(b)(1)(A	۱)(v).	
7	✓		ation that normally reco			s support from a	governmental u	ınıt or from the gener	al public described in
8		A communi	ty trust described in <b>s</b> e	ection	170(b)(1)(A)(vi)	Complete Part I	Ι)		
9			ural research organizat ant college of agriculti						ege or university or a
LO		from activit	ition that normally recipes related to its exem income and unrelated to exection 509(a)(2	pt func busine	tions—subject to cert ss taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross
l1	П	-	ation organized and op	- '		public safety S	ee section 509	(a)(4).	
12		An organiza more public	ation organized and op ly supported organizat through 12d that desc	erated lions de	exclusively for the be escribed in <b>section 5</b>	nefit of, to perfo	rm the functions	s of, or to carry out th	
а		<b>Type I.</b> A so	supporting organization  n(s) the power to regu  Part IV, Sections A a	operat larly ap	ted, supervised, or co	ontrolled by its si	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization of the supporting or plete Part IV, Section	n supe ganızat	ion vested in the san				
C		Type III fo	unctionally integrate organization(s) (see ins	d. A su	ipporting organization				ted with, its
d		Type III n functionally	on-functionally integrated The organ  ) You must complet	grated. Ization	A supporting organi generally must satisf	zation operated i y a distribution i	ın connection wi	th its supported organ	
e		Check this	box if the organization or Type III non-function	receive	ed a written determin	ation from the II	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter		of supported organiza		g. area sapporting	gazation			
			ing information about	the sup	ported organization(	5)		•	
(i)Na	ime of	f supported o	organization (ii)EI	N	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv Is the organiz your governin	ation listed in	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
			I						
Total			tion Act Notice, see			Cat No 11285			 90 or 990-EZ) 2016

#### 3,067,675 Amounts from line 4 Gross income from interest, dividends, payments received on 7,719 securities loans, rents, royalties and

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 Schedule A, Part II, line 14

11

organization

instructions

supported organization

- income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital 2,287
  - assets (Explain in Part VI ) Total support. Add lines 7 through

Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))

box and stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

- 12 Gross receipts from related activities, etc. (see instructions)
- 5,157

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 

16a 33 1/3% support test-2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

17a 10%-facts-and-circumstances test-2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

h 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

h 33 1/3% support test-2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

4,304

44,269

2,832

- 22,477
- 4,326

12

14

15

2,993,413

31,429

1,933

Schedule A (Form 990 or 990-EZ) 2016

- 26,649,195 50,610

76,123

26,775,928

378,974

54 860 %

50 400 %

▶ ☑

▶□

Section A. Public Support	
the organization fails to qualify under the tests listed below, please complete Part II.)	
(Complete only if you checked the box on line 10 of Part 1 or if the organization failed to qualify under Part 11. I	ίT

Se	ection A. Public Support						
	Calendar year	(a)2012	<b>(b)</b> 2013	(c)2014	(d)2015	<b>(e)</b> 2016	(f)Total
1	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
_	membership fees received (Do not	I					
	ınclude any "unusual grants`")	<u> </u>					
2	Gross receipts from admissions,	I					
	merchandise sold or services performed, or facilities furnished in	I					
	any activity that is related to the	I					
	organization's tax-exempt purpose	I					
_	Cross receipts from activities that are						
3	Gross receipts from activities that are not an unrelated trade or business	I					
	under section 513	I					
4	Tax revenues levied for the						
	organization's benefit and either paid	I					
5	to or expended on its behalf The value of services or facilities						
,	furnished by a governmental unit to	I					
	the organization without charge	ļ					
6	Total. Add lines 1 through 5	<u></u>					
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	I					
	5 received from disqualified persons	<u> </u>					
b	Amounts included on lines 2 and 3						
	received from other than disqualified	I					
	persons that exceed the greater of \$5,000 or 1% of the amount on line	I					
	13 for the year	I					
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6 )						
31	ection B. Total Support	Г	1	T	Т		
	Calendar year (or fiscal year beginning in) ▶	(a)2012	<b>(b)</b> 2013	(c)2014	( <b>d)</b> 2015	<b>(e)</b> 2016	(f)Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
ь	income from similar sources Unrelated business taxable income						
U	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
	Add lines 10a and 10b  Net income from unrelated business						
11	activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI )						
13	Total support. (Add lines 9, 10c,						
	11, and 12 )  First five years. If the Form 990 is fo	r the organization	te first second the	hird fourth or fift	 	ction 501/c)(2) a:	raanization
14	check this box and <b>stop here</b>	Tale organización	r a mac, second, ti	ma, iourtii, or iiit	ii tax yeai as a se	CCOT 301(C)(3) 01	yanızatıon, <b>►</b> □
<u> </u>	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2016 (lin			column (f))		15	
16	Public support percentage from 2015 S		· ·	(.,,		16	
	ection D. Computation of Invest	<u> </u>				10	
17	Investment income percentage for 20:			line 13, column (f	))	17	
18	Investment income percentage from 2			,(	••	18	
	331/3% support tests—2016. If the			on line 14, and lir	ie 15 is more than		e 17 is not
	more than 33 1/3%, check this box and						▶ □
	33 1/3% support tests—2015. If the						. —

not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

ightharpoons

ightharpoons

Schedule A (Form 990 or 990-EZ) 2016

6

7

8

10a

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 Yes No

Page 4

5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016

_	If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose,		
	describe the designation If historic and continuing relationship, explain	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described		
	ın section 509(a)(1) or (2)	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	3a	
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 <b>Part VI</b> when and how the organization made the		

эa	Did the organization have a supported organization described in section 301(c)(4), (5), or (6), it res, answer (b) and (c)					
	below	3a				
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 <b>Part VI</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use	3с				
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					

	the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the		
	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
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	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
	Supervised by or in connection with its supported organizations		

	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3с	
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	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or	4b	
С	supervised by or in connection with its supported organizations  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 <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and		

4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
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 <b>Part VI</b> , 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	5a	

U	bld the organization have ditinate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support		
	to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes	4c	
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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the		
	organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)	5a	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the		
	organization's organizing document?	5b	

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Par	** Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	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		
C-	ection B. Type I Supporting Organizations			
se	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint of	ır 🗀	1.03	""
	elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Pa			
	<b>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	ection C. Type II Supporting Organizations		Yes	N.
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees	of [	res	No
1	were a majority of the organization's directors of trustees during the tax year also a majority of the directors of trustees each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the	or		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s)			
		1		
				•
Se	ection D. All Type III Supporting Organizations		T.	
	Did the appropriate any would be each of the grown which are not the best first first of the COL seconds of the	,	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of			
	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?	<u> </u>	-	<u> </u>
2	Were any of the organization's officers directors or trustoes either (1) appointed or elected by the supported arrangement	n 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 <b>Part VI</b> how the organization	"		
	maintained a close and continuous working relationship with the supported organization(s)	<u> </u>		
_	Divinion of the valeting described in (2) did the surround of	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in torganization's investment policies and in directing the use of the organization's income or assets at all times during the t			
	year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard	3		
			1	
	ection 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 instr	actions)		
a				
b				
С	The organization supported a governmental entity Describe in <b>Part VI</b> how you supported a government entity (	see instru	ictions)	)
2	Activities Test Answer (a) and (b) below.	_	Yes	No
a	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 <b>Part VI identify those supporte</b> organizations and explain how these activities directly furthered their exempt purposes, how the organization was	<b>3</b>		
	responsive to those supported organizations, and how the organization determined that these activities constituted	<u> </u>		
	substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the			
	organization's position that its supported organization(s) would have engaged in these activities but for the organization	s		
_	involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each the supported organizations? Provide details in Part VI.	of <b>3a</b>		
h	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its	$\vdash$	1	
,	supported organizations? If "Yes," describe in <b>Part VI.</b> the role played by the organization in this regard	3b		
		,	1	

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		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	<b>1</b> b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		

2

4

Schedule A (Form 990 or 990-FZ) 2016

Enter 85% of line 1

Enter greater of line 2 or line 3

Minimum asset amount for prior year (from Section B, line 8, Column A)

**b** Excess from 2013. . . . .

d Excess from 2015. . . . . .

e Excess from 2016. . . .

c Excess from 2014.



**SCHEDULE C** (Form 990 or 990-

Department of the Treasury

EZ)

# **Political Campaign and Lobbying Activities**

www.irs.gov/form990.

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047

2016 Open to Public

Inspection

DLN: 93493124016747

	an revenue del rico							
• S	ection 501(c)(3) organizations Cor Section 501(c) (other than section 5 Section 527 organizations Complet		e Part I-C s I-A and C below	Do not co	mplete Part I-	В	·	n
• 5	Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form 9 thave filed Form 5768 (election under s	section 501(h)) Co	mplete Pa	rt II-A Do not	comple	ete Part II-E	
		t have NOT filed Form 5768 (election ui n Form 990, Part IV, Line 5 (Proxy Ta:						
Pro	xy Tax) (see separate instruction	s), then	k) (see separate i	iisti uctioi	13) 01 1 01111 3	30-L <b>Z</b> ,	i ait v, iiii	3 000
	Section 501(c)(4), (5), or (6) organize me of the organization	zations Complete Part III			Employer id	ontific	ation num	hor
	d Salmon Center				94-3166095	entinc	ation nun	ibei
Par	t I-A Complete if the orga	nization is exempt under section	on 501(c) or is	a sectio		nizatio	on.	
1 2		ization's direct and indirect political car	npaign activities ir	Part IV				
	Political expenditures				•	\$		
3 2515	Volunteer hours  t I-B Complete if the organ	nization is exempt under section	n 501(c)(3)					
	·							
1 2	•	ex incurred by the organization under so ex incurred by organization managers u				\$ <u></u>		
3	, , , , , , , , , , , , , , , , , , ,	tion 4955 tax, did it file Form 4720 for t				→	☐ Yes	
- 4а	Was a correction made?		,				☐ Yes	□ No
b	If "Yes," describe in Part IV						⊔ Yes	⊔ No
		nization is exempt under section	on 501(c), exce	ept secti	on 501(c)(	3).		
1	Enter the amount directly expend	ed by the filing organization for section	527 exempt funct	ion activiti	ies 🕨	\$		
2	Enter the amount of the filing org function activities	anization's funds contributed to other c	organizations for se	ection 527	exempt •	\$ <u></u>		
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and o	n Form 1120-POL,	lıne 17b	<b>&gt;</b>	\$		
4	Did the filing organization fileFori	n 1120-POL for this year?					☐ Yes	□ No
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the ami that were promptly and directly deliver see (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing orga olitical org	anızatıon's fun Janızatıon, suc	ds Also	enter the	amount gregated
	(a) Name	( <b>b)</b> Address	(c) EIN	`filing o	ount paid fron organization's If none, enter -0-	co dı	) Amount of the contributions and prompt rectly delived separate programmers are contributed as a contribute of the cont	received otly and rered to a political If none,
2								
3								
4								
5								
6								
			1	1				

92,919

107,301

82,957

2.150,436

25,170

358,407

537.611

15,855

25,170

75,230

15,855

Schedule C (Form 990 or 990-EZ) 2016

(150% of line 2a, column(e)) Total lobbying expenditures

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Grassroots ceiling amount

Return Reference

activity

Volunteers?

1

(b)

Amount

(a)

Yes

No

#### Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) Part III-A (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B 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." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV 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

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

**SCHEDULE D** 

**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.

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Information about Schedule D (Form 990) and its instructions is at <a href="www.irs.gov/form990">www.irs.gov/form990</a>. **Employer identification number** 

OMB No 1545-0047 Open to Public Inspection

DLN: 93493124016747

Wild	I Salmon Center			94-316609	5	
Pa	<b>Organizations Maintaining Donor</b> Complete if the organization answere					
		(a) Donor advised fund	5	(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 funds are the organization's property, subject to t			dvised	☐ Yes	□ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?				<b>☑</b> Yes	□ No
Pa	rt III Conservation Easements. Complet	e if the organization answe	red "Yes" on For	m 990, Part		
1	Purpose(s) of conservation easements held by the	e organization (check all that a	pply)			
	$\square$ Preservation of land for public use (e g , rec	reation or education)	Preservation of a	n historically in	nportant land area	
	Protection of natural habitat		Preservation of a	certified histor	rıc structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization is	neld a qualified conservation co	ontribution in the fo			
	easement on the last day of the tax year				d at the End of the	Year
a	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified		.,	2b		
c d	Number of conservation easements included in (c)	•	•	2c 2d		
_	structure listed in the National Register					
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extinguishe	d, or terminated by	the organizat	ion during the	
4	Number of states where property subject to conse	ervation easement is located <b>&gt;</b>				
5	Does the organization have a written policy regar and enforcement of the conservation easements i	ding the periodic monitoring, it t holds?	nspection, handling	of violations,	☐ Yes ☐	No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violatio	ns, and enforcing o	conservation ea	asements during the	year
7	Amount of expenses incurred in monitoring, inspe	ecting, handling of violations, a	nd enforcing conse	rvation easem	ents during the year	
8	Does each conservation easement reported on lin	e 2(d) above satisfy the requir	ements of section :	170(h)(4)(B)(ı)	)	
	and section 170(h)(4)(B)(II)?				☐ Yes ☐	No
9	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation eas	of the footnote to the organiza				
Par	Organizations Maintaining Collect Complete if the organization answere	ions of Art, Historical Tr		her Similar	Assets.	
1a	If the organization elected, as permitted under SF art, historical treasures, or other similar assets he provide, in Part XIII, the text of the footnote to it	eld for public exhibition, educat	ion, or research in	atement and back furtherance of	palance sheet works public service,	of
b	If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items					
(	i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
(i	i)Assets included in Form 990, Part X			<b>▶</b> \$		
2	If the organization received or held works of art, following amounts required to be reported under			ancıal gaın, pro	ovide the	
а	Revenue included on Form 990, Part VIII, line 1	. , , ,		<b>▶</b> \$		
b	Assets included in Form 990, Part X			<b>▶</b> \$		
For I	Paperwork Reduction Act Notice, see the Instr	uctions for Form 990.	Cat No	52283D <b>S</b>	chedule D (Form 9	90) 2016

4	Organization	is maintaining co	HECCIONS OF ALL	, mistor	icai ii	Casu	163, 01	Other	Jillillai A	SSCLS (CO	nunueu)	
3	Using the organization' items (check all that ap		n, and other record	ds, check	any of	the foll	lowing th	at are a	significant	use of its o	collection	
а	Public exhibition			d		Loan	or exchai	nge prog	ırams			
b	Scholarly research	:h		е		Other						
c	Preservation for	future generations										
4	Provide a description o	f the organization's co	llections and explai	ın how th	ey furth	er the	organiza	tion's ex	kempt purpo	ose in		
5	During the year, did th assets to be sold to rai								ular	☐ Yes		No
Par	rt IV Escrow and	Custodial Arrange	ements									10
		ne organization ansi		orm 990	), Part	IV, lır	ne 9, or	reporte	ed an amo	unt on Fo	rm 990	, Part
1a	Is the organization an included on Form 990,		ian or other interm	ediary for	contril	outions	or other	assets	not	☐ Yes	□ <b>r</b>	No
ь	If "Yes," explain the ar	rangement in Part XII	I and complete the	following	table				-	Amount		
c	Beginning balance	J		_				1c				
d	Additions during the ye	ear						1d				
е	Distributions during the							1e				
f	Ending balance	,						1f				
2a	Did the organization in	clude an amount on Fo	orm 990, Part X, lır	ne 21, for	escrow	or cus	ے stodial ac	count lia	ability?	☐ Yes		— Vo
Ь	TE "Vac " avalain the an	rangement in Davit VIII	Charlehara if tha	avalanat		h		Dart \	/TTT			10
	If "Yes," explain the ar	Funds. Complete i					·				<u>.                                    </u>	
r a	Liidowillelit	Tunus. Complete i	(a)Current year	_	rior yea				(d)Three ye		e)Four yea	ars back
<b>1</b> a	Beginning of year balance	:e	(L)carrone your	1 (2)	,		(2)	aro bacit	(2)	ars suck (	<b>2)</b> . 34. 75.	ar b buent
b	Contributions											
С	Net investment earnings	, gains, and losses										
d	Grants or scholarships											
	Other expenditures for fand programs											
f	Administrative expenses											
g	End of year balance .											
2	Provide the estimated i	percentage of the curr	ent vear end balan	ce (line 1	a. colui	nn (a)	) held as		l			
а	Board designated or qu	· -	,	,	٥,	()	,					
b	Permanent endowment	:▶										
_	Temporarily restricted	endowment ▶										
·	The percentages on line		uld equal 100%									
3a	Are there endowment f		·	zation tha	t are h	eld and	d adminis	tered fo	r the			
	organization by										Yes	No
	(i) unrelated organizat									3a(	-	<u> </u>
b	(ii) related organizatio If "Yes" on 3a(ii), are t		ne listed as require	d on Scho	 odulo P	• •				3a( . 3b		<del>                                     </del>
4	Describe in Part XIII th	-						• •			,	<u> </u>
		ngs, and Equipme										
		ne organization ansi		orm 990,	, Part :	V, line	e 11a. S	ee For	m 990, Pa	rt X, lıne	10.	
	Description of property	(a) Cost or ot (investm		st or other	basis (d	ther)	(c)Accur	mulated d	epreciation	(d	)Book valu	ıe
1a	Land											
b	Buildings											
С	Leasehold improvements	5			6	7,545			67,098			447
	Equipment				19	4,776			188,840			5,936
е	Other					613			613			0
	II. Add lines 1a through :	Le (Column (d) must e	equal Form 990, Pa	rt X, colu	mn (B),	line 1	O(c)) .		<b>&gt;</b>			6,383

Part VII Investments—Other Securities. Complete if the org See Form 990, Part X, line 12.	ganization a	inswered '	Yes' on Form	990, Part IV, line 11b.
(a) Description of security or category (including name of security)	(b)B			lethod of valuation nd-of-year market value
(1)Financial derivatives		-		,
(2)Closely-held equity interests				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)  Part VIII Investments—Program Related. Complete if the o	rganization	answered	'Ves' on For	m 990 Part IV line 11c
See Form 990, Part X, line 13.	_			
(a) Description of investment	(b) Book va	ilue		1ethod of valuation nd-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )  Part IX  Other Assets. Complete if the organization answered 'Yes'	•  ' on Form 990	), Part IV, lı	ne 11d See Fo	orm 990, Part X, line 15
(1) (a) Description				(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )				•
<b>Part X Other Liabilities.</b> Complete if the organization answer See Form 990, Part X, line 25.	ered 'Yes' or	Form 99	), Part IV, lır	ne 11e or 11f.
(a) Description of liability     (1) Federal income taxes	(1	) Book val	ıe	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 ) <b>2.</b> Liability for uncertain tax positions In Part XIII, provide the text of the f	footnote to th	le organizat	on's financial	etatements that reports the
organization's liability for uncertain tax positions and art XIII, provide the text of the r				_

1

2

а

b

c

d

е

3

4

1

2

b

d

Schedule D (Form 990) 2016

2e

3

4c

Page 4

Part	XIII	Rec	oncili	atio	on c
5	Total revenue	Add lines	<b>3</b> and	4c.	(Thi
C	Add lines <b>4a</b> a	nd <b>4b</b> .			
b	Other (Describ	e in Part X	(III)	•	•

Subtract line 2e from line 1 .

Add lines 4a and 4b	4c	
Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	
<b>TXII</b> Reconciliation of Expenses per Audited Financial Statements With Expenses  Complete if the organization answered 'Yes' on Form 990, Part IV, Iir		
Total expenses and losses per audited financial statements	1	
Amounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities 2a		
Prior year adjustments		
Other losses	Ī	
Other (Describe in Part XIII )	Ī	
Add lines <b>2a</b> through <b>2d</b>	2e	
Subtract line <b>2e</b> from line <b>1</b>	3	
Amounts included on Form 990, Part IX, line 25, but not on line 1:		

Total revenue, gains, and other support per audited financial statements . . . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains (losses) on investments . . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b .

Donated services and use of facilities . .

Add lines 2a through 2d . . . .

Recoveries of prior year grants . . . . . Other (Describe in Part XIII ) . . . .

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

2a

2b

2c

2d

4a 4b

Explanation

'es' or	For	n 99	90,	Part	IV, I	ne	12a
							1
2a							
2b							
2c							
2d							
							2e
							3
						ſ	
4a							
4b							
							4c

e		
:		
C		
ny	addıtıonal	ınformatıon

Schedule D (Form 990) 2015

See Additional Data Table

Page <b>5</b>	Schedule D (Form 990) 2015				
	Information <i>(continued)</i>	Part XIII Supplemental Info			
planation		Return Reference			

Schedule D (Form 990) 2016

### **Additional Data**

Software Version: **EIN:** 94-3166095

Software ID:

Name: Wild Salmon Center

COME TAXES MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT T HERE ARE NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO

Return Reference Part X, Line 2 THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC ACCOUNTING FOR UNCERTAINTY IN IN

**Supplemental Information** Explanation

COMPLY WITH PROVISIONS OF THIS TOPIC

DLN: 93493124016747 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2016 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. **Open to Public** ► Attach to Form 990. ► See separate instructions. Department of the Treasury Inspection ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service **Employer identification number** Name of the organization Wild Salmon Center 94-3166095 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed ) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e g, program service, describe for and investments region and independent fundraising, program specific type of in region contractors in services, investments, grants service(s) in region region to recipients located in the region) (1) Russia and newly independent 0 0 Program services, grants Grants for building 161,600 network of salmon states to recipients in region sanctuaries in Russian Far East and Kamchatka (2) North America (Canada and 0 Program services, grants Grants for protection of 372,270 Ω Mexico, but not US) to recipients in region Skeena watershed (3) (4) (5) 0 533,870 3a Sub-total b Total from continuation sheets to Part I 533,870 c Totals (add lines 3a and 3b) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50082W Schedule F (Form 990) 2016

Independent States Support of States Watershed Council

(4) North America (CanadalSkeena Conservation 372,270Wire Transfer and Mexico, but not Grant

US)

exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . . . .

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-

(3) (4)

(5) (6) (7)

(8) (9) (10) (11) (12)

(13) (14)

(15) (16) (17) (18) Page 3

Schedule F (Form 990) 2016

Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (c) Number of (b) Region (d) Amount of (e) Manner of cash (f) Amount of (g) Description (h) Method of recipients cash grant disbursement non-cash of non-cash valuation (book, FMV, assistance assistance appraisal, other) (1) (2)

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Schedule F (Form 990) 2016			
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	<b>☑</b> No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)		
	2.1.3.1. decidens for 1 5.1.1.5 GS2G and GS2G Try	☐ Yes	<b>☑</b> No
	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign		
	Corporations (see Instructions for Form 5471)	$\square$ Yes	<b>✓</b> No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	<b>☑</b> No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instructions for Form 6003)	☐ Yes	<b>✓</b> No
	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form		
	5713)	∐ Yes	<b>✓</b> No

ichedule F (Form 990) 2016 Page						
Provide the amounts o method); a						
990 Schedule F, Supplemental Information						
Return Reference	Explanation					
Part I, Line 2	On a regular basis, usually quarterly, grantees are required to provide a grant report to the Organization to ensure that progress on deliverables is occurring. The Organization requires that satisfactory progress on deliverables and the achievement of outcomes is necessary for the next payment to be remitted to the grantee.					

efile GRAPHIC print - DO NOT PROCESS Schedule I

As Filed Data -

DLN: 93493124016747

2016

OMB No 1545-0047

Employer identification number

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

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

▶ Attach to Form 990.

Inspection

Department of the Treasury Internal Revenue Service Name of the organization Wild Salmon Center

(Form 990)

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

viia Saimo	n Center						94-3166095	
Part I	General Informa							
the s	selection criteria used t	o award the grants	or assistance?			for the grants or assistant	ce, and	☑ Yes 🗌 I
Part III	_		_	e of grant funds in the Un nd Domestic Governme		ganization answered "Yes	" on Form 990, Part IV, line	21. for any recipient
1 011 11	that received more t	han \$5,000 Part II	can be duplicated if addi	itional space is needed	T	T	1	1
. ,	me and address of organization r government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
1821 SĒ	on Chapter Sierra Club Ankeny Street OR 97214	94-6069890	501(c)(3)	34,245				Tillamook State Forest project
317 SW	c Rivers Council Alder St Ste 900 OR 97204	93-0946133	501(c)(3)	17,100				Public education and outreach to generate support for wilderness & lands protection in C
Industry 16524 S	st Sportfishing Association Bradley Road City, OR 97045	93-1107831	501(c)(3)	18,590				Public education and outreach to generate support for wilderness & lands protection in C
317 SW	ican Rivers Inc Alder St Ste 900 OR 97204	23-7305963	501(c)(3)	39,500				Public education and outreach to generate support for wilderness&lands protection in OR
COUNCIL PO BOX		93-1234456	501(c)(3)	20,419				SIUSLAW RIVER COAS COHO STRATEGIC ACTION PLAN
Council 1201 Tex	chalem Watershed cas Ave Ste A , OR 97064	72-1536873	501(c)(3)	14,630				Nehalem Coho Recovery Planing Project
1505 WE 1000	TEGIES 360 INC STLAKE AVE N STE , WA 98109	91-1304555	501(c)(3)	23,760				PUBLIC EDUCATION AND OUTREACH TO GENERATE SUPPORT FOR WILDERNESS & LANDS PROTECTION II OR
PO BOX	RIVERS LAND TRUST 1158 FORD, OR 97465	93-1289894	501(c)(3)	19,641				ELK RIVER COHO BUSINESS PLAN
STEELHE 6641 SE	TION OF NORTHWEST ADERS LAKE ROAD KIE, OR 97222	91-1031100	501(c)(3)	15,800				PUBLIC EDUCATION AND OUTREACH TO GENERATE SUPPORT FOR WILDERNESS & LANDS PROTECTION II OR
COUNCIL 222 NW	ENVIRONMENTAL DAVIS ST STE 309 ID, OR 97209	93-0578714	501(c)(3)	15,000				WATER COMMUNICATIONS AND OUTREACH DIRECTOR
1926 N k	IL RIVER INC IILLPATRICK ST STE B ID, OR 97217	45-4860210	501(c)(3)	10,000				PUBLIC EDUCATION AND OUTREACH TO GENERATE SUPPORT FOR WILDERNESS & LANDS PROTECTION II OR
PO BOX	RICAN WHITEWATER 1540 HEE, NC 28723	23-7083760	501(c)(3)	7,900				PUBLIC EDUCATION AND OUTREACH TO GENERATE SUPPORT FOR WILDERNESS & LANDS PROTECTION II OR
			-	listed in the line 1 table .			•	12
3 Ente	r total number of other	organizations lister	d in the line 1 table				•	

Schedule I (Form 990) 2016	5					Page <b>2</b>	
		Domestic Individuational space is needed	als. Complete if the org	anızatıon answered "Yes'	on Form 990, Part IV, line 22		
(a) Type of grant o	•	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
Part IV Suppleme	ental Informati	on. Provide the inf	ormation required in	Part I, line 2, Part III	, column (b), and any other ac	dditional information.	
Return Reference	Explanation	on					
Part I, Line 2 Grantees are required to report on the progress of activites performed and deliverables attained in order to receive grant payments. The Organization reserves to examine the books and records of the receiving organization.							

Schedule I (Form 990) 2016

#### **Additional Data**

Oregon Chapter Sierra Club

1821 SE Ankeny Street

317 SW Alder St Ste 900

Portland, OR 97214 Pacific Rivers Council

Portland, OR 97204

Northwest Sportfishing

16524 S Bradley Road

Oregon City, OR 97045

Industry Association

## Software Version: **EIN:** 94-3166095 Name: Wild Salmon Center

94-6069890

93-0946133

93-1107831

Software ID:

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

or government		-	assistance	other)	
					_

501(c)(3)

501(c)(3)

501(c)(3)

(q) Description of

non-cash assistance

(h) Purpose of grant

Tillamook State Forest

Public education and

outreach to generate

Public education and

outreach to generate

lands protection in OR

support for wilderness &

support for wilderness & lands protection in OR

or assistance

project

if applicable organization cash (book, FMV, appraisal, arant

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation

34,245

17,100

18,590

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 23-7305963 501(c)(3) 39,500 American Rivers Inc Public education and 317 SW Alder St Ste 900 outreach to generate

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

Nehalem Coho Recovery

Planing Project

Portland, OR 97204					support for wilderness&lands protection in OR
SUIUSLAW WATERSHED	93-1234456	501(c)(3)	20,419		SIUSLAW RIVER COAST

14,630

COHO STRATEGIC COONCIL PO BOX 422 ACTION PLAN MAPLETON, OR 97453

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

(c) IRC section

(a) Name and address of

Upper Nehalem Watershed

1201 Texas Ave Ste A Vernonia, OR 97064

Council

(b) EIN

72-1536873

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) STRATEGIES 360 INC 91-1304555 501(c)(3) 23,760 PUBLIC EDUCATION 1505 WESTLAKE AVE N STE AND OUTREACH TO GENERATE SUPPORT 1000 SEATTLE, WA 98109 FOR WILDERNESS & LANDS PROTECTION IN

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

					OR
WILD RIVERS LAND TRUST PO BOX 1158 PORT ORFORD, OR 97465	93-1289894	501(c)(3)	19,641		ELK RIVER COHO BUSINESS PLAN

ASSOCIATION OF NORTHWEST 91-1031100 501(c)(3) 15,800

(d) Amount of cash

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(c) IRC section

(a) Name and address of

**(b)** EIN

PUBLIC EDUCATION STEELHEADERS 6641 SE LAKE ROAD

AND OUTREACH TO GENERATE SUPPORT MILWAUKIE, OR 97222 FOR WILDERNESS &

LANDS PROTECTION IN OR

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other)

WATER

COUNCIL 222 NW DAVIS ST STE 309 PORTLAND, OR 97209			·		COMMUNICATIONS AND OUTREACH DIRECTOR
SOUL RIVER INC 1926 N KILLPATRICK ST STE B	45-4860210	501(c)(3)	10,000		PUBLIC EDUCATION AND OUTREACH TO

15,000

PORTLAND, OR 97217

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

501(c)(3)

93-0578714

OREGON ENVIRONMENTAL

GENERATE SUPPORT FOR WILDERNESS & 23-7083760 501(c)(3) 7,900

LANDS PROTECTION IN AMERICAN WHITEWATER PUBLIC EDUCATION AND OUTREACH TO PO BOX 1540

CULLOWHEE, NC 28723 GENERATE SUPPORT FOR WILDERNESS & LANDS PROTECTION IN

efil	e GRAPHIC pi	rint - DO NOT PROCESS As F	iled Dat	a -	DLN: 934	49312	4016	747
	edule J	Comp	ensat	ion Information	10	ИВ No	1545-0	0047
` Depart	n 990) ment of the Treasury	For certain Officers, Di C Complete if the organizat	rectors, 1 Compensation answ Attach	Trustees, Key Employees, and Hig ated Employees vered "Yes" on Form 990, Part IV n to Form 990. I (Form 990) and its instructions	, line 23.	<b>2</b> ()	o Pul	blic
	al Revenue Service		www.irs.	<u>.gov/form990</u> .	Employer identificat		ectio	
	ne of the organiza Salmon Center	ation			94-3166095	tion nu	imber	
Pa	rt I Questi	ons Regarding Compensation						
1a		opiate box(es) if the organization provid ection A, line 1a Complete Part III to p					Yes	No
	Travel for	s or charter travel companions nification and gross-up payments nary spending account		Housing allowance or residence for Payments for business use of perso Health or social club dues or initiation Personal services (e.g., maid, chauf	nal residence on fees			
b	or provision of a	xes in line 1a are checked, did the orga all of the expenses described above? If	"No," com	nplete Part III to explain	nent or reimbursement	<b>1</b> b		
2	Did the organiza directors, truste	ation require substantiation prior to rein ees, officers, including the CEO/Executiv	nbursing /e Directo	or allowing expenses incurred by all r, regarding the items checked in line	e 1a?	2		
3	organization's C	If any, of the following the filing organi EO/Executive Director Check all that a d organization to establish compensati	pply Do i	not check any boxes for methods				
	☐ Independ	ation committee ent compensation consultant of other organizations	□ ✓	Written employment contract Compensation survey or study Approval by the board or compensa	tion committee			
4	During the year related organiza	, did any person listed on Form 990, Pa ation	art VII, Se	ection A, line 1a with respect to the fil	ing organization or a			
а	Receive a sever	ance payment or change-of-control pay	ment?			4a		No
b	Participate in, o	r receive payment from, a supplement	al nonqual	ıfıed retırement plan?		4b		No
С		r receive payment from, an equity-base of lines 4a-c, list the persons and provide	•	<del>-</del>	t III	4c		No
5	For persons liste	), 501(c)(4), and 501(c)(29) organed on Form 990, Part VII, Section A, linguistry on the revenues of						
а	The organization	n?				5a		No
b	Any related orga					5b		No
6		ed on Form 990, Part VII, Section A, lin ontingent on the net earnings of	e 1a, dıd	the organization pay or accrue any				
а	The organization					<b>6</b> a		No
b	Any related orga					6b		No_
_	•	6a or 6b, describe in Part III						
7	payments not d	ed on Form 990, Part VII, Section A, linescribed in lines 5 and 6? If "Yes," described in lines 5 and 6.	ribe in Pa	ort III	ed	7		No
8		nts reported on Form 990, Part VII, pa nitial contract exception described in Re			escribe	8		No
9	If "Yes" on line 53 4958-6(c)?	8, did the organization also follow the r	ebuttable	presumption procedure described in	Regulations section	9		
For P	Paperwork Redu	iction Act Notice, see the Instruction	ns for Fo	orm <b>990.</b> Cat No 5	50053T Schedule J	(Form	990)	2016

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990
1 Guido R Rahr III President & CEO	(i)	160,737	20,000	0	11,069	22,772	214,578	0
	(ii)	0	0	0	0	0	0	0
See Addıtıonal Data Table								
Table	7							
	+							
	+							

Schedule J (Form 990) 2016										
Part III Supplemental Inform	art III Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information										
Return Reference	Explanation									

Schedule 1 (Form 990) 2016

_		int - DO NOT PR	OCESS	As Filed Data -		D	LN: 9349	312401	6747
	EDULE M		N	loncash Contri	hutions		ОМВ	No 1545	-0047
(For	m 990)		ı	tonousii oonun	Julion3			<u></u>	_ ر
		I	=	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	4	01	U
		► Attach to Form		14 (T		,,			
	tment of the Treasury	►Information abo	out Schedu	ile M (Form 990) and its i	nstructions is at <u>www.irs</u>	s.gov/forms	— °	en to Pu Ispectio	
	al Revenue Service e of the organizat	l ion				Employer ic			
	Salmon Center								
Da	rt I Types	of Property				94-3166095			
	Турсз	отторенц	(a)	(b)	(c)		(d)		
			Check if	Number of contributions or	Noncash contribution		thod of det		
			applicable	items contributed	amounts reported on Form 990, Part VIII, line	noncas	h contribut	ion amou	nts
					1g				
	Art—Works of art								
2	Art—Historical tro Art—Fractional in								
4	Books and public								
	Clothing and hou								
e	goods								
6 7	Cars and other vi Boats and planes								
	Intellectual prope								
9	Securities—Public	,	X	835	97,060	Sale value			
	Securities—Close								
11	Securities—Partr or trust interest								
12	Securities—Misce								
13	Qualified conserv								
	contribution—Hi structures .								
14	Qualified conserv								
15	contribution—Of Real estate—Res								
16	Real estate—Cor								
17	Real estate—Oth	er							
18	Collectibles .								
19	Food inventory								
20 21	Drugs and medic	ai supplies							
	Historical artifact	ts							
23	Scientific specim	ens							
24	Archeological art	rifacts							
	Other ► ( vare donation )		X	1	8,025	Retail value			
26	Other ► (		Х	4	1,328	Retail value			
Othe <b>27</b>	r goods ) Other <b>&gt;</b> (								
28	Other ▶ (	•							
	Number of Forms	s 8283 received by t		ation during the tax year for		1			
	for which the org	ganization completed	Form 8283	3, Part IV, Donee Acknowled	gement	29		<u> </u>	
20-	During the year	did the organization	n receive b	y contribution any property r	enorted in Part I lines 1 th	rough 20 +L	2+ F	Yes	No
30a		· -				-	at		
		•		ate of the initial contribution,	, and which is not required	to be used		_	1
L		ooses for the entire h		ou'			·	30a	No
	•	e the arrangement i						_	
31	_	_		olicy that requires the review	•		-	31	No
32a	Does the organi contributions?	zation hire or use th		or related organizations to so	olicit, process, or sell nonca	sh 	;	32a	l No
b	If "Yes," describ	e ın Part II							1 100
33	If the organizati	on did not report an	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
	describe in Part	II							
For D	anamuark Badustis	on Act Notice see the	Instruction	s for Form 000	Cat No. 512271	c	chedule M (	Earm 000	1/20151

ichedule M (Form 9	90) (2016)	Page 2							
Part III Su	pplemental Info	rmation.							
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in F									
I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete									
thi	s part for any add	itional information.							
Return Reference		Explanation							
		Schedule M (Form 990) (2016)							

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493124016747 OMB No. 1545-0047 **SCHEDULE N** Liquidation, Termination, Dissolution, or Significant Disposition of Assets (Form 990 or 990-EZ) **2016** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36. ▶ Attach certified copies of any articles of dissolution, resolutions, or plans. Attach to Form 990 or 990-EZ. Open to Public ▶Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Wild Salmon Center 94-3166095 Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed. (a) Description of asset(s) (b) Date of (c) Fair market value of (d) Method of (e) EIN of recipient (f) Name and address of recipient 1 (g) IRC section asset(s) distributed or distributed or transaction distribution determining FMV for of recipient(s) (if amount of transaction asset(s) distributed or tax-exempt) or typeof expenses paid transaction expenses entity expenses Yes No Did or will any officer, director, trustee, or key employee of the organization 2a 2b Become an employee of, or independent contractor for, a successor or transferee organization? . **2**c 2d If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat No 50087Z Schedule N (Form 990 or 990-EZ) (2016)

Pa	rt I	Liquidation, Termination, or	Dissolution (	continued)						, - <u>-</u>
	Note.	. If the organization distributed all of it	ts assets during	the tax year, then Form 9	90, Part X, column (B), I	ine 16 (Total assets), ai	nd line 26 (Total liabilities), should equal	I -0-	Yes	No
3	Did th	ne organization distribute its assets in a	accordance with	its governing instrument(	s)? If "No," describe in P	Part III		3		
4a	Is the	e organization required to notify the att	torney general o	r other appropriate state o	official of its intent to dis	solve, liquidate, or term	nnate?	4a		
b	If "Ye	s," did the organization provide such n	notice?					4b		
5	Did th	ne organization discharge or pay all of	its liabilities in a	ccordance with state laws	<sup>7</sup>			5		
<b>6</b> a	Did th	ne organization have any tax-exempt b	onds outstandın	ig during the year? .     .				6a		
b	If "Ye laws?		harge or defease	e all of its tax-exempt bon	d liabilities during the ta	x year in accordance wi	th the Internal Revenue Code and state	6b		
С	If "Ye	s" on line 6b, describe in Part III how					ın Part III			
Pai	rt II						Part II can be duplicated if addition	al space i	s need	ed.
1		(a) Description of asset(s) distributed or transaction expenses paid	or transaction distribution asset(s) distributed or determining FMV for		of recip tax-exer	(g) IRC section of recipient(s) (if ax-exempt) or typ of entity				
I	nvestm	ents and pledges receivable	06-30-2016	5,112,156	;	20-5602442	THE STRONGHOLD FUND	501(C)(3)		
							721 NW 9TH AVENUE SUITE 300 PORTLAND, OR 97209			
									Yes	No
2	Did oi	r will any officer, director, trustee, or k	key employee of	the organization						
а	Becor	ne a director or trustee of a successor	or transferee or	ganızatıon <sup>7</sup>				2a		No
b	Becor	ne an employee of, or independent co	ntractor for, a su	iccessor or transferee orga	anızatıon <sup>7</sup>			. 2b		No
С	Becor	me a direct or indirect owner of a succe	essor or transfer	ee organization?				<b>2</b> c		No
d	Recei	ve, or become entitled to, compensation	on or other simil	ar payments as a result of	the organization's signif	ficant disposition of asse	ets?	2d		No
е	If the	organization answered "Yes" to any of	f the questions o	on Imes 2a through 2d, pro	ovide the name of the pe	rson involved and expla	nin in Part III 🕨			

Schedule N (Form 990 or 990-EZ) (2016	Page <b>3</b>									
Part III Supplemental Information.										
Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.										
Return Reference	Explanation									
	The Organization is establishing a multi-million-dollar fund, to be spent on wild salmon and steelhead conservation throughout the Pacific Rim the Stronghold Fund, a supporting organization, will provide a reliable source of financial support for timesensitive, critical conservation efforts in Alaska, British Columbia, the Pacific Northwest, California, and Russia. The fund will target only the richest, strongest wild salmon and steelhead rivers in the Pacific The Organization transferred net assets in the amount of \$5,112,156 to the supporting organization to accopmish its mission.									

Schedule N (Form 990 or 990-EZ) (2016)

efile GRAPH	IC print - DO NOT PROCESS	DLN	: 93493124016747				
( <b>Form 990 or EZ)</b> Department of the T	CHEDULE O form 990 or 990- 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.						
Name of the org	r	<b>Employer ident</b> 94-3166095	ification number				
Return Reference	Explanation						
Form 990, Part VI, Section A, line 1	Executive committee is made up of the board chair, and the committee chairs for Auc nce and Nominating Committees, as well as the President & CEO and two additional bers. It is chaired by the current board chair. Bylaws allow the committee to perform it, but not all of the Board functions. Most importantly, the committee is prohibited from Itering or repealing the Bylaws and Articles of Incorporation, electing, appointing or recoving any director, officer or committee member, adopting a plan of merger with anot rporation, authorizing the voluntary dissolution of the organization.	board mem nost a m					

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The external accounting firm prepares Form 990 and supplemental schedules as soon as possible after the completion of the annual financial audit, and forwards a draft of the return to the Chief Financial Officer for review. After reviewing Form 990, the CFO forwards a draft of the return to the Executive Vice President for approval. Once the EVP has approved Form 990 and supplemental schedules, the return is forwarded to all Board members for its review and to the Audit/Finance Committee for its review and approval. After the Audit/Finance Committee has approved the return, the CFO instructs the external accounting firm to prepare a final version of the return for signature by the President and CEO for filing with the Internal Revenue Service. Every effort is made to file the return in a timely mann er with the IRS. A copy of the completed, signed and filed Form 990 with schedules is presented at the next Board of Directors meeting.

# 990 Schedule O, Supplemental Information Return Explanation

flict and perform a similar function to resolve the conflict

Form 990, Part VI, Section B, line 12c	On an annual basis, Board members and all employees complete the conflict of interest ques tionnaire, which asks them to list each of the potential conflicts as described in the policy. The Executive Vice President and the CFO review the forms and disclosures for all mem bers of the Board and staff, respectively. For the Board members, the Executive Vice President makes a summary of the results and gives them to the Executive Committee for review. The Executive Committee of the Board makes a determination as to whether the perceived con
	flict is real or not. We have not had a real conflict in the last years, but if we did, th
	e nature of the conflict would be reviewed by the Board, and appropriate actions would be
	taken (depending on the type of conflict) to eliminate the conflict (This could be as simp
	le as the Board member recusing him/herself from a decision, to disposing or terminating t

he conflicting relationship) For employees, the management committee would review the con

Return Explanation
Reference

990 Schedule O, Supplemental Information

Form 990,
Part VI,
Section B,
Inne 15

Wild Salmon Center's process for determining CEO compensation included a survey and review
of comparable data for other similar nonprofits in the US. It was prepared by Katherine H
oller, CFO and reviewed by Sara LaBorde, Executive Vice President. Any adjustments are app
roved by the Compensation Committee of the BOD.

Return Explanation
Reference

990 Schedule O, Supplemental Information

line 19

Form 990,
Part VI,
Section C,
WSC's audited financials are available on the WSC's website, Articles of Incorporation, By
laws and Conflict of Interest Policy are available upon request from the CFO

990 Schedule O, Supplemental Information Explanation Return Reference Form 990, ASSETS TRANSFERRED TO A SUPPORTING ORGANIZATION -5.112.156

Part XI, line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990,
Part XII, Line
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493124016747 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships 2016** (Form 990) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Wild Salmon Center 94-3166095 Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I **(f)** Direct controlling (a)
Name, address, and EIN (if applicable) of disregarded entity (b) Primary activity (c) Legal domicile (state (d) Total income (e) End-of-year assets or foreign country) entity

Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	<b>s</b> Complete if the orgai	nization answered '	'Yes" on Form 990,	, Part IV, line 34 be	ecause it had one or	more	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor enti	512(b) ntrolled
(1)THE STRONGHOLD FUND 721 NW 9th Avenue Suite 300  Portland, OR 97209 20-5602442	Promote long-term salmon abundance, diversity, and habitat protection	OR	501(c)(3)	Line 12a, I	THE WILD SALMON CENTER	Yes	No No
For Paperwork Reduction Act Notice, see the Instructions for Form 99	90.	Cat No 5013!			Schedule R (Form	990) 20	16

		1 // // //	1 4 5 1		1 45	1 40	1 .			1 ()	1 4		
(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	Predominant income(related unrelated, excluded from tax under sections 512-	Share of total income		(H Disprop alloca	rtionate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana	ral or aging ner?	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
											1	1 1	
Identification of Related Organiza because it had one or more related or						zation ansv	vered "Yes	" on Fo	orm 9!	90, Part IV,	line	34	
		a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e)	vered "Yes  (f) Share of total income	Share	(g) of end- year assets	(1	ı) ntage	Se (1	(I) ection 512 3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	on or trus (c) egal micile	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	<ol><li>control</li></ol>
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?
because it had one or more related or  (a)  Name, address, and EIN of	rganizations treated as	a corporation	(c) egal micile or foreign	st during th	(d) controlling entity  Typ (C co	(e) e of entity orp, S corp,	<b>(f)</b> Share of total	Share	(g) of end- year	of- Perce	ı) ntage	Se (1	3) control entity?

Schedule R (Form 990) 2016					Pa	ge <b>3</b>
Part V Transactions With Related Organizations Complete if the organization answered "Yes	s" on Form 990, Par	t IV, line 34, 35b	, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related	d organizations listed in	Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity				1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b> b		No
${f c}$ Gift, grant, or capital contribution from related organization(s)				1c		No
f d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
g Sale of assets to related organization(s)				<b>1</b> g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				<b>1</b> i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1p		No
<b>q</b> Reimbursement paid by related organization(s) for expenses				1q		No
r Other transfer of cash or property to related organization(s)				1r	Yes	
${f s}$ Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this li	ine, including covered r	elationships and tra	nsaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	mount in	volved	
(1)THE STRONGHOLD FUND	R	5,112,156				

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	l domicilo l	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		costion		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	ite )	(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General o managin partner	or Ig ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No															
													_														
									_	Schedul	e R (Forn	1 99	0) 2016														

