Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545 0047

2018

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information Open to Public To be equal Department of the Treasury Internal Revenue Service

<u>A</u>	For t	he 2018 calen	dar year, or tax y	year beginn	ing		, 2018,	and en	ding			,		
В	Check	if applicable	C							D	Employer ider	ntification nu	mber	
	XA	ddress change	CENTRAL OF	REGON LA	NDWATCH						93-093	5170		
	Пи	ame change	2843 NW LC	LO DRIV	E #200					E	Telephone nur			
	\sqcap_{r}	nitial return	BEND, OR 9	7703							(541)	647-293	٩n	
	H	nal return/terminated									(341)	041 23	,,,	
	\vdash	mended return									0	ė	C 4 0 4	0.0
	\vdash	pplication pending	F Name and addre	ss of principal o	Higgs				lu(a)		Gross receipts up return for si		648,4	
	⊔^	pplication pending			mer				1	-		L	r	X No
	Tau		SAME AS C			···	140474 1441	1 163-1	<u>.</u>	if "No," atta	irdinates includ ch a list (see i	nstructions)] Yes [No
<u>: </u>		exempt status	X 501(c)(3)	501(c) () ◀ (ınsert n	0)	4947(a)(1) or	527	7					
<u>J</u>			LW.ORG	1			t	<u> </u>			iption number	<u> </u>		
K		n of organization	X Corporation	Trust #	Association Oth	ner 🏲	\ L \	ear of forn	nation	1986	M State of	legal domicil	e OR	
Pá		Summar Summar	у				······							
	1	Briefly descri	be the organizati	on's mission	or most signifi	icant ac	tivities_TO_	EDUCA	TE T	HE PUI	BLIC AND	HELP	TO	
ģ		PRESERVE	THE RECRE	<u>ATIONAL,</u>	_SCENIC_A	ND EN	<u>WIRONME</u>	NTAL :	RESO	JRCES_	ON_LAND	<u>S SITU</u>	ATED [ĪN_
Ĕ		CENTRAL	OREGON		- 	- -				- -	. _			
Ë		z			- -									
Š	2	Check this bo	x ► ∐ if the o	rganization	discontinued its	operat	ions or dispo	osed of	more th	nan 25%		ssets.		_
∞ ∞	3		iting members of dependent voting					161			3	ļ		
es	5		of individuals er						•		5	ļ		$\frac{7}{3}$
Ϋ́	6		of volunteers (e			710 (Fa	it v, iiie za,	μ.	•		6			
Activities & Governance	7a		ed business reve			(C) line	n 12				7a	 		0.
_			business taxabl							1	7b			0.
				- 11001110 110	7 5 550 1,	11000	RECE	IVEC) 	Prior		Curr	ent Year	
	8	Contributions	and grants (Par	t VIII. line 18	1)	IT				4	47,456.	Curr	648,4	
Revenue	9		ice revenue (Par		•	က္ကြု	NOV 1	Q 2010		- 3	47,430.	-	040,4	<u> 33.</u>
Ve Ve	10		come (Part VIII,			18	NOV I	<i>9</i> 2013	3 3	 	63.			63.
æ	11		e (Part VIII, colu				d-11e)			 	05.			03.
	12		- add lines 8 th					M 12017	F =	5	47,519.	 	648,4	98
	13		milar amounts p			_1		ediw		├ ──	11,010.		040,4	
	14													
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								2	00 654		202 6	<u> </u>
es											09,654.	<u> </u>	382,6	<u>59.</u>
Expenses		6a Professional fundraising fees (Part IX, column (A), line 11e)									nn e sankenninste	p=1 - 121, - 141	E	
ă	þ	Total fundrais	ing expenses (P	art IX, colun	nn (D), line 25)	-	2	0,798	. 💻		ينجره مجدمت			
ш	17		es (Part IX, colu				•			1	168,699.		222,2	04.
	18	Total expense	es Add lines 13-	17 (must eq	ual Part IX, colu	umn (A)), line 25)			4	78,353.		604,8	
	19	Revenue less	expenses Subti	ract line 18 f	from line 12						69,166.		43,6	35.
p 8									Be	ginning of	Current Year	End	of Year	
a de	20	Total assets (Part X, line 16)								92,007.		645,7	49.
Ψď	21	Total liabilities	s (Part X, line 26	5)							2,371.		12,4	
Not Assets Fund Balan	22	Net assets or	fund balances S	Subtract line	21 from line 20)				5	89,636.		633,2	71.
	rtilly	Signatur	e Block	 	·····			• • • •		<u>_</u>	,	·	000,2	<u></u>
				ined this return.	including accompan	vina schei	nules and statem	nents and	to the her	st of my kno	wledge and hel	hef it is true	correct an	
omp	olete De	eclaration of prepar	clare that I have exam er (other than officer)	is based on all	nformation of which	preparer	nas any knowled	ige		,	ougo uno uo		0011001, 0111	•
		Ž	1203	- Daves						l	1/14/19	9		
Sig	ın	Sighatur	e of officer	 j			-			Date	<u> </u>			
He	re	▶ PAUI	DEWEY						E	KECUTT	VE DIRE	CTOR		
			print name and title							120011	<u> </u>	01011		
		Print/Type pr	eparer's name	P	reparer's eignature	//	/	Date		Chec	k X if	PTIN		
•ai	id	DANA H	ANSON NEHL		Mls 7	2//	}	1/./	4.19	7	employed	P01300	1020	
	pare		DANA H	NSON NE	HL. LTC				<u> </u>	3511-1	pioyeu	1.01300	020	\
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			s return with the									X Yes		No
<i>-</i>		aperwork Ke	eduction Act No	uce, see tne	separate instri	actions	. /	∕ \	EEA0101	08/20/18	01	For	m 990 (2	2018) Pi

	n 990 (2018) CENTRAL OREGON LANDWATCH	93-093517	70	Page 2
Rai	Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1,	Briefly describe the organization's mission			
	TO EDUCATE THE PUBLIC AND HELP TO PRESERVE THE RECREATIONAL, SCE	NIC AND ENV	IRONME!	NTAL_
	RESOURCES ON LANDS SITUATED IN CENTRAL OREGON.	- .		
2	Did the organization undertake any significant program services during the year which were not listed on the pri	or		-
	Form 990 or 990-EZ?		Yes X	No
	If "Yes," describe these new services on Schedule O		ت	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Yes X	No
	If "Yes," describe these changes on Schedule O	_	_	
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	ices, as measure	d by exper	nses
	and revenue, if any, for each program service reported	s to others, the t	otal expen	ses,
4 a		Revenue \$)
	LAND USE: PROVIDED INFORMATION TO THE PUBLIC AND COMMENTS TO GOVE	RNMENTS ON	PROPOS	SED
	LAND USE ISSUES.			
		. 		
		. – – – – – – –		-
				
4 b		evenue \$)
	URBAN: PARTICIPATED IN, EDUCATED THE PUBLIC ON AND SUPPORTED CITY	<u>'_OF_BEND_U</u>	RBAN	
	GROWTH BOUNDARY PLANNING.			
4 c		evenue \$)
	WATER/WILDLIFE: INCREASE PUBLIC AWARENESS OF AND WORKED TO PROTECT	T_TUMALO_C	REEK	
	INSTREAM_FLOWS AND DESCHUTES_WATERSHED_ISSUES.			
			- -	
			- -	
4 d	Other program services (Describe in Schedule O)	 		
	(Expenses \$ including grants of \$) (Revenue \$)	
4 e	Total program service expenses ► 502, 519		 · · · 	

Form 990 (2018) CENTRAL OREGON LANDWATCH Partily. Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	12.3		
	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		X
•	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part VIII	11 c		<u> </u>
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X if 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	11 e	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
1	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
ı	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
t	olf 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		<u>X</u>

Form 990 (2018) CENTRAL OREGON LANDWATCH [Part | Checklist of Required Schedules (continued)

•			Vaa	11-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Yes	No X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete		-	 :
	Schedule J	23		X
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part (25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).			F#453
;	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
i	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>x</u>
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		<u>x</u>
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<u>x</u>
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ł	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Ŗai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 -	\coprod
	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1 b 0		Yes	No
(c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
BAA			990 (2	<u>:018)</u>

Form 990 (2018) CENTRAL OREGON LANDWATCH

Rantwo. Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			6 2 14
	ments, filed for the calendar year ending with or within the year covered by this return 2a	1.4		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		E 65/67/8
2	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		7 41	
	a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0	3 a		X
		3 ь		ļ
4	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
	b If 'Yes,' enter the name of the foreign country	# 14 E		256
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	11.70	27	
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	Charles a	X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	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?	6 a		Х
ı	o if 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		,
7	Organizations that may receive deductible contributions under section 170(c).		THE	
ě	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?	7 a	AH	X
ı	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
•	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d	37.7°		137
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ł	of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8				n Cett
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	10		
ā	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
ł	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter		产品	
	Initiation fees and capital contributions included on Part VIII, line 12	第74	4	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	3 44	45	
	Section 501(c)(12) organizations. Enter	200		
	Gross income from members or shareholders	1 THE	o de	E
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	12a	المع أعطار	المراجعة والمراجعة
				3
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	2224	* 55.0	
•	Note. See the instructions for additional information the organization must report on Schedule O	13a	fires or	Leretes
	Enter the amount of reserves the organization is required to maintain by the states in		Jan 1	
	which the organization is licensed to issue qualified health plans		5.4	
	Enter the amount of reserves on hand	Z-1	7 E	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1=		v
	excess parachute payment(s) during the year?	15	المادة والمادة	X
1.0				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If 'Yes,' complete Form 4720, Schedule O	16	A Chie	X
		- A - 17 (1	- HEL 9(1)	*****

Form 990 (2018) CENTRAL OREGON LANDWATCH 93-0935170 Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Se	ction A. Governing Body and Management			
_			Yes	No
1	a Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
	b Enter the number of voting members included in line 1a, above, who are independent . 1b			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	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		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		X
5	3 , 3	5		X
6		6	Х	
7	'a 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?	7 a	Х	
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	the following SEE SCHEDULE O			
•	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b		
	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	10.00	X
se.	ction B. Policies (This Section B requests information about policies not required by the Internal Re	everic	Yes	No
10	Le Did the erganization have local chapters, branches, or affiliates?	10 a	162	X
	 a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 	10 a		
	operations are consistent with the organization's exempt purposes?	10 ь		
11	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O			
12	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official	15 a	Х	
	b Other officers or key employees of the organization SEE SCHEDULE O	15 b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16	a 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		Х
	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?	16 b		
Se	ction C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 50 available for public inspection Indicate how you made these available. Check all that apply.)1(c)(3)s only	y)
	Own website Another's website X Upon request X Other (explain in Schedule 0)	SEE S	SCH.	0
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate the public during the tax year SEE SCHEDULE O	ble to		
20	· · · · · · · · · · · · · · · · · · ·			
	KORI SPARKS 2843 NW LOLO DRIVE, STE 200 BEND OR 97703 (541) 647-2930			

Form 990 (2018) CENTRAL OREGON LANDWA	ויויי ו	ויוים שכווא ב	I.A NIDI	REGON	OREC	CENTRAL.	(2018)	orm 990
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93-0935170

Page 7

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

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

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

 $\overline{
m X}$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

				(C))					
(A) Name and Title		than	one both	box, an o ector	unle	eck moss pers randa ee)	son	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	from the organization and related organizations
(1) ROBERT TURNER DIRECTOR	1	U						_	0.	0
····	0	X		-	-	├		0.	U.	0.
	1	Х						0.	0.	0.
(3) EVAN THOMAS	1									
DIRECTOR	0	Х						0.	0.	0.
(4) KAREN LILLEBO	1									
SECRETARY	0			X		<u> </u>		0.	0.	0.
(5) ADAM ALBRIGHT	3					1				
PRESIDENT	0			X		ļ		0.	0.	0.
(6) JOHN CASEY	2									
VICE PRESIDENT	0			X		<u> </u>		0.	0.	0.
(7) JEFF PERREAULT	2	ļ						_		_
TREASURER	0	<u> </u>		X		<u> </u>		0.	0.	0.
(8) PAUL DEWEY	_ 40 _	-							_	
EXECUTIVE DIRECTOR	0					Х		109,192.	0.	0.
_ (9)										
(10)										
<u>(11)</u>						ļ				
(12)										<u> </u>
					_		<u></u>			
(13)										
(14)					-					

Form 990 (2018) CENTRAL OREGON LANDWATC	H		_						93-093517	
Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated En										loyees (continued)
. (A) Name and title	Average hours per	box	, unte	Pos check	sition more erson direct	than is boti or/trus	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099 MISC)	relatéd organizations (W 2/1099-MISC)	compensation from the organization and related organizations
<u>(15)</u>		-			-					
(16)										
(17)	-	-								
(18)										
(19)		-								
(20)										
(21)										
(22)										
(23)							·			
(24)										
(25)										
1 b Sub-total c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)	on A	•					 	109,192. 0. 109,192.	0. 0. 0.	0. 0.
2 Total number of individuals (including but not limited from the organization ► 1	to those li	sted	abov	ve) v	vho	recei	ved		0 of reportable comp	pensation
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc			key	em e	ploy	/ee,	or h	iighest compensat	ed employee	Yes No
For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual.	reportabler than \$1	le coi 50,00	mpe 00?	nsa If 'Y	tion ′es,'	and com	oth ple	er compensation t te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accruing for services rendered to the organization? If 'Yes	e compen s,' comple	satio te Sc	n fre	om a lule	any <i>J fo</i>	unre r suc	late h p	d organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compen	sated inde	epeni	deni	COI	ntrac	tors	tha	t received more th	nan \$100,000 of	
compensation from the organization. Report compen	sation for	the ca	alen	dar	/ear	endı	ng v	vith or within the or	ganization's tax year	
Name and business addi	ress							Description of	of services	(C) Compensation
			•							
Total number of independent contractors (including b \$100.000 of compensation from the organization)		ted to	tho	se l	sted	abo	ve) v	who received more	than	

Part VIII Statement of Revenu	ue
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		Check if Schedule O	contains a resp	oonse or note to a	ny line in this Part V	/IIL		📙
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business révenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1 1 8	Federated campaigns	1 a		AND THE PARTY.			
ra I	ı	Membership dues	1 b					
5 E	١,	Fundraising events	1 c					
it s	١,	d Related organizations	1 d					
5 8		Government grants (contributi						
쫎땶	`	-						
ĕĕ	f	All other contributions, gifts, q similar amounts not included	grants, and					
듩뙫			L	648,435.				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included	in lines 1a-1f \$					
		Total. Add lines 1a-1f		, , , , , , , , , , , , , , , , , , ,	648,435.		ACPANA CALIF	
Program Service Revenue				Business Code			With the second	
e≰	² a				-			
еВ	E) 						
γic	•	; 						
8	•	i 						
аш	€)						
g	f	All other program service	ce revenue					
_م	ç	Total. Add lines 2a-2f		·	1			
	3	Investment income (inc	luding dividend	s, interest and				
	other similar amounts). 4 Income from investment of tax exempt bond proceed.				63.	63.		
	4		t or tax-exemp	bona proceeds.				
	5	Royalties		· · · · · · ·	Length M. Very Print of the Party (co.	UR SULAT ARE SERVED SANDERS AND	allers of minimum to the Wilson Paris	The National Secretary Sec
	_	_	(ı) Real	(II) Personal				
		Gross rents		ļ				
	t	Less rental expenses						
		: Rental income or (loss)						
	c	Net rental income or (lo	ss)	•	7			
	7 =	Gross amount from sales of	(i) Securities	(ii) Other				的情况的
	, ,	assets other than inventory						
		Less cost or other basis						
	•	and sales expenses						
	c	Gain or (loss)				"你是你不		
	c	Net gain or (loss)			- A SCHOOL STATE OF THE STATE O	Contract to the second		ST. MICHIGAN DIAMETERS
		Gross income from fund	draicina avanta				TALADORE MANAGES	ORTHOGRAPH TO
꽃	6 8	(not including \$	araising events					
ē		of contributions reported	d on line 1c)					
انج		See Part IV, line 18		a				
듄		Less direct expenses						
Other Reven		: Net income or (loss) fro	m fundraising	worte				
0			_	venta	A STATE OF THE PARTY OF THE PAR	THE PERSON NAMED IN THE PERSON NAMED IN	THE REPORT OF THE PARTY OF THE	
	9 a	Gross income from gam See Part IV, line 19	ning activities	a				
}		Less direct expenses		а Ь				
}		: Net income or (loss) fro	ım gəming əcti	uties •				
		• •	-	illes -	THE AND A STREET OF THE PARTY.	Control of the Control of the Control	NAMES OF A STREET OF THE STREET	
	10 a	Gross sales of inventory and allowances	y, less returns	a				
		Less cost of goods solo		a h				
		: Net income or (loss) fro		entory •				
}		Miscellaneous Revenu		Business Code	MATERIAL PROPERTY AND		NATIONAL PROPERTY OF THE PARTY	
}	11 a	·			LOT COMPANY DE LA COMPANY DE L	BOWNSHALL STREET		
	a				 			
	-	_ 		 			-	
	ب نہ	All other revenue		···	 			
}			ا ا	······		SINGLACTURE AND A SERVICE	Militar de Secretario	BY THE HANDS SHOWN WERE THE
		Total. Add lines 11a-11				THE PROPERTY OF THE PARTY OF TH	TEMPORAL PROPERTY.	FIFTH STATES
I	12	Total revenue. See inst	ructions	<u> </u>	648,498.	63.	0.	0.

Form 990 (2018) CENTRAL OREGON LANDWATCH

Part X: Statement of Functional Expenses

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

6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8)	•	Check if Schedule O contains a i	esponse or note to any	line in this Part IX		
organizations and domestic governments See Part IV, line 21st Linea to domestic 2 Grants and Other Assistance to domestic 3 Grants and Other Assistance to domestic 4 Grants and Other Assistance to foreign organizations, lorging governments, and foreign individuals See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Section 4958(f)(10) and persons described in section 4958(f)(10) and 605(0) grants for the first section 4958(f)(10) and 605(0) grants for first section 4958(f)(10) grants for first			(A) Total expenses	Program service	Management and	Fundraising
Individuals See Part IV, line 22 3 4 5 5 7 7 7 7 7 7 7 7	·	organizations and domestic governments See Part IV, line 21				
organizations, foreign governments, and foreign directions of current of the control of the con	2	Grants and other assistance to domestic individuals. See Part IV, line 22.				
S Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section #958(f)(1)) and persons described in section #968(f)(1) and persons described in section #968(f)(1) and persons described in section #968(f)(1) and persons described in section #968(f)(1)) and persons described in section #968(f)(1) and persons describ	3	organizations, foreign governments, and for-				
6 Compensation not included above, to disqualified persons (as defined under section 4956)(1)(1) and persons described in section 4956)(1)(1) and persons described in section 4956)(1)(1) and persons described in section 4908(c)(3)(8) and 403(b) employer contributions (include section 401(k) and 403(b) employer contributions (include section 403(b) 403(b) employer contributions (include		Compensation of current officers, directors,	109,192.	99,725.	5,678.	3,789.
8 Pension plan accurals and contributions (include section 401(k) and 403(b) employer benefits (20,963, 16,351, 3,773, 833) 10 Payroll taxes (27,197, 21,214, 4,895, 1,081) 11 Fees for services (non-employees) 12 Advantagement (26,150, 26	6	disqualified persons (as defined under section 4958(f)(1)) and persons described				0.
8 Pension plan accurals and contributions (include section 401(k) and 403(b) employer benefits (20,963, 16,351, 3,773, 833) 10 Payroll taxes (27,197, 21,214, 4,895, 1,081) 11 Fees for services (non-employees) 12 Advantagement (26,150, 26	7	Other salaries and wages	215,653.	168,209.	38,818.	8,626.
9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundrasing services See Part IV, line 17 finvestment management fees 9 Other (If line 1) gamount exceeds 10% of line 25, column (A) amount, list line 1) expenses on Schedule 0) 12 Advertising and promotion 13 Office expenses 11, 925. 9, 349. 2, 501. 71 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings in line 24e 11 Payments to affiliates 20 Depreciation, depletion, and amortization 2 Insurance 21 Other expenses sitemize expenses in line 24e expenses on Schedule 0) 2 APPENI FES DIES (SUMM (A) amount, list line 10 expenses on Schedule 0) 2 APPENI FES DIES (SUMM (A) amount, list line 24e expenses on Schedule 0) 2 APPENI FES DIES (SUMM (A) amount, list line 24e expenses on Schedule 0) 2 APPENI FES DIES (SUMM (A) amount, list line 24e expenses on Schedule 0) 2 APPENI FES DIES (SUMM (A) amount, list line 24e expenses on Schedule 0) 3 APPENI FES DIES (SUMM (A) amount, list line 24e expenses on Schedule 0) 4 ABOS. 28, 305. 28, 305. 30 (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	8	(include section 401(k) and 403(b)				386.
10 Payroll taxes 11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundrasing services See Part IV, line 17 f Investment management fees 9 Other - (In the 1) gamount resease 10% of line 25, column (A) amount, list line 1) expenses on Schedule 0) 12 Advertising and promotion 13 Office expenses 12,874 11,925 12,874 10,782 1,944 1141 110 Travel 11 Cocupancy 11,925 12,874 11,925 13 Office expenses 12,874 10,782 1,944 1141 117 Travel 110,202 11,925 11	9	Other employee benefits				839.
11 Fees for services (non-employees) a Management b Legal c Accounting d Lobbying e Professional fundrasing services See Parl IV, line 17 f Investment management fees 9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 12 Advertising and promotion 13 Office expenses 11, 1925 15 Royelites 16 Occupancy 11, 1925 19 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not or line 25, column (A) amount, list line 24e expenses on Schedule 0) 2 APPEAL FEES 2 Depreciation (A) amount, list line 24e expenses on Schedule 0) 2 APPEAL FEES 2 Depreciation (A) amount, list line 24e expenses on Schedule 0) 2 APPEAL FEES 3 2, 25, 30, 2, 730 4 OFFICE FURNITURE/FOUTPMENT 1, 440 6 All other expenses Add lines 1 through 24e 6 Od, 863 5 Od, 50, 50, 50, 50, 50, 50, 50, 50, 50, 50	_					1,088.
a Management b Legal 32,239. 32,182. 57. c. Accounting 4. Department 5. 101. 5. 101. 5. 101. d. Department for the first			2,7,137.	21/211.	.,,,,,,,	
b Legal c Accounting d Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other-off line Ilg amount secess 10% of line 25, column (A) amount, list line Ilg expenses on Schedule 0) 2 Advertising and promotion 2 Advertising and promotion 3 Office expenses 12, 874. 10, 782. 1, 944. 141 14 Information technology 4, 802. 3, 426. 415. 96. 7 Royalties 16 Occupancy 11, 925. 9, 349. 2, 501. 71 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Conferences, conventions, and meetings 11 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 4 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e of Hine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a APPEAL FEES 5 DEDIS/SUBSCRIPTIONS/MEMBERSHIPS 7 ASPEAL FEES 5 Legal File 24 amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O 1 4 Add office File NITURE/FOUIPMENT 1, 440.					.	
Section Sec		<u> </u>	32 230	32 182	57	
26,150. 26,150.		_		32,102.		
e Professional fundraising services See Part IV, line 17 f Investment management fees 9 Other - (film Filg amount exceeds 10% of line 25, column (A) amount, list line 10 expenses on Schedule 0) 2 Advertising and promotion 2 Operation 12, 874. 10, 782. 1, 944. 141 4 Information technology 4, 802. 3, 426. 415. 96: 15 Royalties 16 Occupancy 11, 925. 9, 349. 2, 501. 79: 17 Travel 10, 202. 9, 069. 633. 500 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 4, 740. 3, 766. 645. 32: 20 Interest 21 21 Payments to affiliates 9, 643. 9, 643. 22 Depreciation, depletion, and amortization 1, 327. 1, 035. 239. 55: 23 Insurance 9, 643. 9, 643. 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) 2 Appear I FEES 28, 305. 28, 305. 28, 305. 28, 305. 340. 410. 50. 30. 30. 30. 30. 30. 30. 30. 30. 30. 3		•		26 150	5,101.	
f Investment management fees 9 Other-(if line 1)g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) 42, 895. 40, 744. 2, 041. 110 111 120 12		, -	20,130.			.,
9 Other (If line 1)g amount exceeds 10% of line 25, column (A) amount, list line 1)g expenses on Schedule 0) 12 Advertising and promotion 20,273. 16,086. 588. 3,599 13 Office expenses 12,874. 10,782. 1,944. 141 14 Information technology 4,802. 3,426. 415. 966. 15 Royaltes 2		,		PENCHER THE RESERVE AND ASSESSED.	MANAGE AND THE PROPERTY OF AND	
(A) amount, list line 1 geoperses on Schedule 0) 2 Advertising and promotion 2 0, 273 . 16, 086 . 588 . 3, 591 3 Office expenses 12, 874 . 10, 782 . 1, 944 . 144 4 Information technology 4, 802 . 3, 426 . 415 . 965 5 Royalties Cocupancy 11, 925 . 9, 349 . 2, 501 . 71 7 Travel 10, 202 . 9, 069 . 633 . 500 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 11, 327 . 1, 035 . 239 . 51 21 Payments to affiliates 22 Depreciation, depletion, and amortization linearing and of the expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) 3 APPEAL FEES 4, 305 . 28, 305 . 28, 305 . 52 40 Diffice Funnture/Equipment 4, 306 . 3, 024 . 987 . 29 25 Total functional expenses Add lines 1 through 24e 604, 863 . 502, 519 . 81, 546 . 20, 79 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 in [16] following		-			0.041	110
13 Office expenses 12,874. 10,782. 1,944. 144 14 Information technology 4,802. 3,426. 415. 96 15 Royalties 16 Occupancy 11,925. 9,349. 2,501. 7 17 Travel 10,202. 9,069. 633. 500 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization and survivation and survivation of line 24 error travel 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) 3 APPEAL FEES 4 By 305. 28,305. 28,305. 5 5 DUES/SUBSCRIPTIONS/MEMBERSHIPS 2,730. 2,730. 2,730. 4 4 Office FURNITURE/EQUIPMENT 4,440. 1,440. 6 e All other expenses 4,306. 3,024. 987. 29 25 Total functional expenses Add lines 1 through 24e 604,863. 502,519. 81,546. 20,799 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 * In if following	•	(A) amount, list line 11g expenses on Schedule 0)				110.
14 Information technology 14,802. 3,426. 415. 965. Royalties 16 Occupancy 11,925. 9,349. 2,501. 75. 17 Travel 10,202. 9,069. 633. 500. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 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 APPEAL FEES b DUES/SUBSCRIPTIONS/MEMBERSHIPS C MAPPING C MAPPING C MAPPING C MAPPING C APPING C J Total functional expenses Add lines 1 through 24e 504, 863. 502, 519. 81, 546. 20, 79. 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)	12					
15 Royalties	13	•				148.
11, 925. 9, 349. 2, 501. 7!			4,802.	3,426.	415.	961.
17 Travel 10,202. 9,069. 633. 500 18 Payments of travel or entertainment expenses for any federal, state, or local public officials interest linearest lin	15	-			0.501	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 APPEAL FEES b DUES/SUBSCRIPTIONS/MEMBERSHIPS c MAPPING c MAPPING 2,730. 2,730. 2,730. d OFFICE FURNITURE/EQUIPMENT e All other expenses Add lines 1 through 24e 25 Total functional expenses Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶	16	Occupancy				75.
expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 23 Insurance 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) 2 APPEAL FEES 2 B, 305. 3 C, 304. 3 C, 730. 3 C, 730			10,202.	9,069.	633.	500.
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21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 APPEAL FEES b DUES/SUBSCRIPTIONS/MEMBERSHIPS c MAPPING c MAPPING d OFFICE FURNITURE/FQUIPMENT e All other expenses 1,440 2,730 2,730 2,730 2,730 2,730 2,730 2,730 2,730 3,024 987 29 25 Total functional expenses Add lines 1 through 24e 604,863 502,519 81,546 20,796 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 I if following	19	Conferences, conventions, and meetings	4,740.	3,766.	645.	329.
Depreciation, depletion, and amortization 1,327. 1,035. 239. 55 23 Insurance 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 APPEAL FEES DUES/SUBSCRIPTIONS/MEMBERSHIPS C MAPPING OFFICE FURNITURE/EQUIPMENT All other expenses All other expenses All other expenses Add lines 1 through 24e 25 Total functional expenses Add lines 1 through 24e Chapter of the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here	20	Interest				
23 Insurance 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 APPEAL FEES b DUES/SUBSCRIPTIONS/MEMBERSHIPS C MAPPING d OFFICE FURNITURE/EQUIPMENT e All other expenses Total functional expenses Add lines 1 through 24e 25 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 ▶	21	Payments to affiliates				
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 APPEAL FEES b DUES/SUBSCRIPTIONS/MEMBERSHIPS c MAPPING d OFFICE FURNITURE/EQUIPMENT e All other expenses Add lines 1 through 24e 29. Total functional expenses Add lines 1 through 24e 20. Total functional expenses Add lines only if the organization reported in column (B) 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	22	Depreciation, depletion, and amortization	1,327.	1,035.		53.
of line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a APPEAL FEES b DUES/SUBSCRIPTIONS/MEMBERSHIPS c MAPPING d OFFICE FURNITURE/EQUIPMENT e All other expenses 4,306. 3,024. 987. 29. 25 Total functional expenses Add lines 1 through 24e 604,863. 502,519. 81,546. 20,796 Check here ► ☐ if following	23		9,643.		9,643.	
of line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a APPEAL FEES b DUES/SUBSCRIPTIONS/MEMBERSHIPS c MAPPING d OFFICE FURNITURE/EQUIPMENT e All other expenses 4,306. 3,024. 987. 29. 25 Total functional expenses Add lines 1 through 24e 604,863. 502,519. 81,546. 20,796 Check here ► ☐ if following	24	Other expenses Itemize expenses not				
of line 25, column (A) amount, list line 24e expenses on Schedule O) a APPEAL FEES 28,305. 28,305. b DUES/SUBSCRIPTIONS/MEMBERSHIPS 3,252. 2,842. 410. c MAPPING 2,730. 2,730. d OFFICE FURNITURE/EQUIPMENT 1,440. 1,440. e All other expenses 4,306. 3,024. 987. 29. 25 Total functional expenses Add lines 1 through 24e 604,863. 502,519. 81,546. 20,799. 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		in line 24e. If line 24e amount exceeds 10%. 1				
a APPEAL FEES 28,305. 28,305. b DUES/SUBSCRIPTIONS/MEMBERSHIPS 3,252. 2,842. 410. c MAPPING 2,730. 2,730. d OFFICE FURNITURE/EQUIPMENT 1,440. 1,440. e All other expenses 4,306. 3,024. 987. 29. 25 Total functional expenses Add lines 1 through 24e 604,863. 502,519. 81,546. 20,799. 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 1,440.		of line 25, column (A) amount, list line 24e				
b DUES/SUBSCRIPTIONS/MEMBERSHIPS 3, 252. 2, 842. 410. c MAPPING 2,730. 2,730. d OFFICE FURNITURE/EQUIPMENT 1, 440. e All other expenses 4, 306. 3, 024. 987. 299 25 Total functional expenses Add lines 1 through 24e 604, 863. 502, 519. 81, 546. 20, 799 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	_	·			医沙巴特别氏外侧侧侧侧侧侧侧侧侧侧侧	
c MAPPING d OFFICE FURNITURE/EQUIPMENT e All other expenses Total functional expenses Add lines 1 through 24e 2,730. 2,730. 1,440. 1,440. 2987. 29 25 Total functional expenses Add lines 1 through 24e 604,863. 502,519. 81,546. 20,799 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					410	
d OFFICE FURNITURE/EQUIPMENT e All other expenses 4,306. 1,440. 2987. 299 25 Total functional expenses Add lines 1 through 24e 604,863. 502,519. 81,546. 20,799 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					410.	<u></u>
e All other expenses 4,306. 3,024. 987. 299 25 Total functional expenses Add lines 1 through 24e 604,863. 502,519. 81,546. 20,799 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 Inf following				2,730.	1 440	
Total functional expenses Add lines 1 through 24e 604, 863. 502, 519. 81, 546. 20, 799 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				2 024		295.
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		•			L	
the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following	25	· · · · · · · · · · · · · · · · · · ·	604,863.	502,519.	81,346.	20, 190.
	26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here				

		Check if Schedule O contains a response or note to	o any	line in th	nis Part X			
						(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing				66,643.	1	91,649.
	2	Savings and temporary cash investments .				522,441.	2	552,504.
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net .					4	
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated e Part II of Schedule L	office mploy	rs, direc rees Coi	tors, mplete		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions) Complete		6				
S	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
As	9	Prepaid expenses and deferred charges					9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a		10,702.			
	b	Less, accumulated depreciation	10 b		9,106.	2,923.	10 c	1,596.
	11	Investments - publicly traded securities		·	· '		11	
	12	Investments - other securities See Part IV, line 11					12	
	13	Investments - program-related See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equal line	34)			592,007.	16	645,749.
	17	Accounts payable and accrued expenses	2,370.	17	12,477.			
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
<u>e</u>	21	Escrow or custodial account liability Complete Part I				E tours of the plane of the case of the party	21	ementalistic sometime is 1 structure to 1 a.
Liabilities	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	trustees, persons.		22			
-1	23	Secured mortgages and notes payable to unrelated th	nird pa	arties			23	
	24	Unsecured notes and loans payable to unrelated third	l partie	es			24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	es to r plete	elated th Part X o	iird parties, f Schedule D	1.	25	1.
	26	Total liabilities. Add lines 17 through 25				2,371.	26	12,478.
s		Organizations that follow SFAS 117 (ASC 958), check he	re 🟲	X and	d complete			
8		lines 27 through 29, and lines 33 and 34.				500 636		622 071
<u>a</u>	27	Unrestricted net assets				589,636.	27	633,271.
Ba	28	Temporarily restricted net assets		•	· 29		28_	\
2	29	Permanently restricted net assets	1 4.			Lizhio vze-no-marantzak k-boline	29	Elizabeth Carlos
Net Assets or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), ch and complete lines 30 through 34.	зеск п	ere -				
(3	30	Capital stock or trust principal, or current funds			2		30	
18	31	Paid in or capital surplus, or land, building, or equipm			ーマコ		31	
۲	37 32 33	Retained earnings, endowment, accumulated income	, or ot	her fund	5 2200		32	/
19	33	Total net assets or fund balances			27.1	589,636.	133	633,271.
	34/	Total liabilities and net assets/fund balances		1111 20:-	<u> </u>	592,007.	184	645,749.
BA.	Y		IEEA0	111L 08/0	3/10		-	Form 990 (2018)

		3-0935170	Pag	e 12
Pa	Reconciliation of Net Assets		, ,	_
	Check if Schedule O contains a response or note to any line in this Part XI.			
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	648,49	8.
2	Total expenses (must equal Part IX, column (A), line 25)	2	604,86	
3	Revenue less expenses Subtract line 2 from line 1	3	43,63	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	589,63	
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O).	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	633,27	— 1.
Pai	TXIII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain	 		
	ın Schedule O			200
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviseparate basis, consolidated basis, or both Separate basis Both consolidated and separate basis	ewed on a		
ŧ	Were the organization's financial statements audited by an independent accountant?		2 b	Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both Separate basis Both consolidated and separate basis	parate		
(If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the at review, or compilation of its financial statements and selection of an independent accountant?.	udit,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3 8	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl Audit Act and OMB Circular A-133?	e	3 a	X
ŀ	o If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	audit	3 b	
BAA	TEEA0112L 08/03/18	-	Form 990 (2	018)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018



Employer identification number

		AL OREGON LANDWATCH	-				93-093517	
		Reason for Public Cha						tions.
The o	rga	nization is not a private found	dation because it is (f	or lines 1 through 12,	check o	nly one	box)	
1	L	A church, convention of church	ies, or association of ch	nurches described in sect	ion 170(b)(1)(A)((i).	•
2	_	A school described in section 1		•		•	()1	
3	L	A hospital or a cooperative h					• • •	
4	L	A medical research organiza	tion operated in conju	inction with a hospital o	describe	d in sec	tion 170(b)(1)(A)(iii) E	inter the hospital's
	_	name, city, and state						
5	L	An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a collemplete Part II)	ge or university owned	or oper	ated by	a governmental unit de	escribed in
6 7		A federal, state, or local gov	•					
-	X	An organization that normally r in section 170(b)(1)(A)(vi). (Complete Part II)		-	ental un	it or from the general put	olic described
8	\sqsubseteq	A community trust described	, , ,		-			
9	L	An agricultural research organi or university or a non-land-grai university:						
10	Г	An organization that normally r		33 1/3% of its support fr	om contr		membership fees, and	oross receipts
	<u></u>	from activities related to its envestment income and unreduced June 30, 1975. See section 9	exempt functions—sub lated business taxable	e income (less section)	ns, and 511 tax)	(2) no i	more than 33-1/3% of i	ts support from gross the organization after
11	Г	An organization organized at	nd operated exclusive	ly to test for public safe	ety. See	section	n 509(a)(4).	
12		An organization organized at or more publicly supported o lines 12a through 12d that de	rganizations described	d in section 509(a)(1) o	r sectio	n 509(a)(2). See section 509(a	ut the purposes of one)(3). Check the box in
а		Type I. A supporting organization organization (s) the power to re complete Part IV, Sections A	on operated, supervised	d, or controlled by its sup	ported o	roanizat	ion(s), typically by giving	the supported on You mus t
b		Type II. A supporting organize management of the supporting must complete Part IV, Sect	ation supervised or coorganization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ted organization(s), by the supported organizat	having control or ion(s) You
С		Type III functionally integrated organization(s) (see instruction	. A supporting organizati	on operated in connection	n with, ar	nd function	onally integrated with, its	supported
d		Type III non-functionally integrated The constructions) You must com	rated. A supporting organization generally	anization operated in cor must satisfy a distribut	nection	with its s	supported organization(s) t and an attentiveness) that is not requirement (see
е	Г	Check this box if the organiz	•		he IRS	that it is	a Type I. Type II. Typ	e III functionally
	_	integrated, or Type III non-fu	inctionally integrated s	supporting organization			31-1-31	•
f		iter the number of supported	-	l				L
		ovide the following informatio	(ii) EIN	(iii) Type of organization	4.3.1	- 11-	(v) Amount of monetary	(vi) Amount of other
,	1) 140	me of supported organization	(II) EIIV	(described on lines 1 10 above (see instructions))	organizat	s the ion fisted overning nent?	support (see instructions)	support (see instructions)
					Yes	No		
(A)								
(B)								
(C)					٠	:		
(D)								
(E)								
Total					37.0			

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

	organization rans to qualify	41.407 110 10010 110	riod bolott, product	s complete r art ii	• /			
Sec	tion A. Public Support	γ 						
beg	endar year (or fiscal year inning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	396,772.	393,523.	546,291.	547,456.	648,435.	2,532,477.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3.	396,772.	393,523.	546,291.	547,456.	648,435.	2,532,477.	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,663,671.	
6	Public support. Subtract line 5 from line 4						868,806.	
Sec	tion B. Total Support							
	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
7	Amounts from line 4	396,772.	393,523.	546,291.	547,456.	648,435.	2,532,477.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						0.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	6.	124.	43.	63.	63.	299.	
11	Total support. Add lines 7 through 10						2,532,776.	
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.	
13	First five years. If the Form 990 is organization, check this box and		n's first, second, the	ırd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ []	
	tion C. Computation of Pu							
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))		14	34.30 %	
15	Public support percentage from 2017 Schedule A, Part II, line 14							
16a	6a 33-1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ▼							
b	b 33-1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.							
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	VI how	
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and Private foundation of the organization organizatio	meets the 'facts-a d-circumstances' t	ind-circumstances est. The organiza	s' test, check this ition qualifies as a	box and stop her e a publicly supporte	e. Explain in Part ed organization	VI how the ►	
	Private foundation. If the organization	zation did not che	ck a box on line	ıs, Iba, Ibb, I/a,				
ЗАА					C . I	adula A (Farm 00	A AAA PT AA4A	

Faci	(Complete only if you che	cked the box on li	ne 10 of Part I o	of the organization	(a)(2) n failed to qualify	under Part II If t	he organization
	fails to quality under the to	ests listed below,	please complete	Part II.)			
	tion A. Public Support	· · · · · · · · · · · · · · · · · · ·					
Calend 1	dar year (or fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)					, b	
	tion B. Total Support		41.0015	1 11 2015	1 (1) 0017	(-) 2010	(O Total
	dar year (or fiscal year beginning in)	(a) 2014	(b) 2015	/(c) 2016	(d) 2017	(e) 2018	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from		/				
	similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b						
11	Net income from unrelated business 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).						
	Total support. (Add lines 9, 10c, 11, and 12).				_		
14	First five years. If the Form 990 organization, check this box and	is for the organized stop here	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 501(c)	(3)
	tion C. Computation of Pu						
	Public support percentage for 20			ine 13, column (f)		1/5	8_
	Public support percentage from					16	કૃ
	tion D. Computation of Inv					1	•
	Investment income percentage	,			umn (t))	17	8
18	Investment income percentage/				od line 15 is mess		
	22 1/20/	4ha aza		THE PART OF THE PA	acrose to is more		
19a	33-1/3% support tests-2018/if is not more than 33-1/3%, check	k this box and sto	p here. The orga	nization qualifies a	as a publicly supp	oorted organizatioi	
19a b	is not more than 33-1/3%, cfieck 33-1/3% support tests—2017. If line 18 is not more than 33-1/3%	k this box and sto the organization of %, check this box	p here. The orga lid not check a b and stop here. T	nization qualifies a ox on line 14 or lir ne organization qu	as a publicly supp ne 19a, and line 1 lialifies as a public	ported organization 6 is more than 33 cly supported orga	n
19a b	is not more than 33-1/3%, check 33-1/3% support tests—2017. If line 18 is not more than 33-1/39 Private foundation. If the organ	k this box and sto the organization of %, check this box	p here. The orga lid not check a b and stop here. T	nization qualifies a ox on line 14 or lir ne organization qu 14, 19a, or 19b, c	as a publicly suppose 19a, and line 1 lialifies as a public theck this box and	ported organization 6 is more than 33 cly supported orga d see instructions	n

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
		No
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near The	**************************************	
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9a	a sair	na Se 29
9b		
9c	275	
JC A7√€		
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10a	270,35	T. Pala
10b		esan Min

	edule A (Form 990 or 990-EZ) 2018 CENTRAL OREGON LANDWATCH	93-0935170	Pag	e 5
Pa	Supporting Organizations (continued)		TV 1 N	_
11	Has the organization accepted a gift or contribution from any of the following persons?	E	Yes N	lo उस्त्र
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, to governing body of a supported organization?			
1	b A family member of a person described in (a) above?	11a		—
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in I	}	+	
	etion B. Type I Supporting Organizations	art vi.	<u>'L</u>	—
360	Rion B. Type i Supporting Organizations		Yes N	lo
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly ap or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' desc Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization if the organization had more than one supported organization, describe how the powers to appoint and/o directors or trustees were allocated among the supported organizations and what conditions or restriction applied to such powers during the tax year.	ribe in 's activities r remove		
2	Did the organization operate for the benefit of any supported organization other than the supported organization that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how provibenefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled supporting organization	iding such		河域
Sec	tion C. Type II Supporting Organizations			
		Current Control	Yes N	0
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees of the organization's supported organization(s)? If 'No,' describe in Part VI how control or manage supporting organization was vested in the same persons that controlled or managed the supported organization.	ement of the		
Sec	tion D. All Type III Supporting Organizations			_
			Yes N	0
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies organization's governing documents in effect on the date of notification, to the extent not previously provided the provided during the support of the form 990 that was most recently filed as of the date of notification, and (iii) copies organization's governing documents in effect on the date of notification, to the extent not previously provided during the support of the fifth month of the organization of the org	e prior tax s of the		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the suppoint organization (s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part the organization maintained a close and continuous working relationship with the supported organization.	VI how		
3	By reason of the relationship described in (2), did the organization's supported organizations have a sign voice in the organization's investment policies and in directing the use of the organization's income or as all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organization this regard	sets at		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructions).		
ā	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below			
•	The organization supported a governmental entity Describe in Part VI how you supported a governm	ent entity (see instruc	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes N	0
â	Did substantially all of the organization's activities during the tax year directly further the exempt purpose supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organizations responsive to those supported organizations, and how the organization determined that these activities of substantially all of its activities	rted ation was		
t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the rethe organization's position that its supported organization(s) would have engaged in these activities but forganization's involvement	easons for	4. Sampar 2000	
3	Parent of Supported Organizations Answer (a) and (b) below.			S
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or treach of the supported organizations? <i>Provide details in Part VI</i> .	ustees of 3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	THE PARTY OF THE P		27

[[al	Type in Non-Functionally integrated 509(a)(3) Supporting Orga	aniza	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on N	Nov 20, 1970 (explain in ust complete Sections A	Part VI) See through E
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3		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	Language Int. J. Springer Language Company of the C	
Sec	tion C – Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions)	egrate		
BAA		-	Schedule A (Fo	orm 990 or 990-EZ) 2018

	Type III Non-Functionally Integrated 509(a)(3) Si	upporting Organizat	ions (continued)	
	tion D — Distributions			Current Year
	* Amounts paid to supported organizations to accomplish exempt pu			
2	Amounts paid to perform activity that directly furthers exempt purposes in excess of income from activity	of supported organizations	,	
3	to determine the second of the	supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7				
	Distributions to attentive supported organizations to which the organization Part VI) See instructions	ion is responsive (provide d	details	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	tion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
	Distributable amount for 2018 from Section C, line 6	THE SECTION OF THE SE		and the same plants only
	Underdistributions, if any, for years prior to 2018 (reasonable cause required – explain in Part VI) See instructions			
	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e	The second secon		
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount	TOWN THE SHARE		Second Statement of the August St. St. St. 14612 of the
	Carryover from 2013 not applied (see instructions)	12.		
	Remainder Subtract lines 3g, 3h, and 3i from 3f	and communication than . F. Last hinter and this first		
	Distributions for 2018 from Section D, line.7 \$			The majority and the majority and the
	Applied to underdistributions of prior years		COLUMN TEATRA TRANSPORT SALES SALES SALES	
	Applied to 2018 distributable amount Remainder Subtract lines 4a and 4b from 4	MATERIAL STATE OF THE STATE OF		PETTOREN AND AND LEAST AND
		PROPERTY AND ADMINISTRATION OF THE PROPERTY AND ADM		
5	Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c	<u></u>	《李龙里》和《	
8	Breakdown of line 7	经验证据	NOTE HERE	
	Excess from 2014	THE STATE OF THE S		
b	Excess from 2015	法制度的基本的证据		
	Excess from 2016			
d	Excess from 2017	(2000年)		
e	Excess from 2018			
DAA.			C. Ladula A /Fai	222 AAA ET AAAA

Schedule A (Form 990 or 990-EZ) 2018

93-0935170

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE		2018	2017	2016	2015	2014
INTEREST INCOME	TOTAL	\$ 63. \$ 63.	\$ 63. \$ 63.	\$ 43. \$ 43.	\$ 98. 26. \$ 124.	\$ 6. \$ 6.

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Openito Public Circles Circles Control C

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• 9	Section 501(c)(4), (5), or (6) or	organizations Complete Part III				
Name	of organization CENTRAL	OREGON LANDWATCH		Employer identific	atlon number	
CERT.	Maryer Carrier			93-093517		
		rganization is exempt under secti			zation.	
1		organization's direct and indirect political on of 'political campaign activities')	campaign activities in	Part IV		
2	Political campaign activity e	xpenditures (see instructions)		. ► \$	5	
		campaign activities (see instructions)				
Pai	t∄B Complete if the o	rganization is exempt under secti	on 501(c)(3).			
1	Enter the amount of any exc	ise tax incurred by the organization under	section 4955	▶ \$	0.	
2	Enter the amount of any exc	cise tax incurred by organization managers	under section 4955.	► \$	0.	
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 for	this year?		Yes No	
4 a	Was a correction made?				☐Yes ☐No	
t	If 'Yes,' describe in Part IV					
Rai	t C Complete if the o	rganization is exempt under secti	on 501(c), excep	t section 501(c)(3).		
1		pended by the filing organization for section				
2	Enter the amount of the filin 527 exempt function activities	g organization's funds contributed to other	organizations for sec	tion ► \$		
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b					
4	Did the filing organization file	e Form 1120-POL for this year?	••	·	Yes No	
5	organization made payments	and employer identification number (EIN) s. For each organization listed, enter the ai is received that were promptly and directly del il action committee (PAC). If additional spa	mount paid from the t	iling organization's fun	ds. Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-	
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

Schedule C (Form 990 or 990-EZ) 2018

Part II A Complete if section 501(the organization (h)).	is exempt under sec	ction 501(c)(3) and	filed Form 5768 (ele	ction under
A Check ► If the filin	ig organization belong	s to an affiliated group (and	list in Part IV each affilia	ated group member's name,	
address,	EIN, expenses, and	share of excess lobbying	expenditures)		
B Check ► I if the file	ng organization chec	ked box A and 'limited coi	ntrol' provisions apply		
(The term	Limits on Lobbyi 'expenditures' mean	ng Expenditures ns amounts paid or incurr	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	ures to influence put	olic opinion (grass roots lo	bbying)		
b Total lobbying expendition	ures to influence a le	egislative body (direct lobb	ying)	26,150.	
c Total lobbying expendit	ures (add lines 1a ai	nd 1b)		26,150.	0.
d Other exempt purpose of	•			578,713.	<u> </u>
e Total exempt purpose e	expenditures (add line	es 1c and 1d)		604,863.	0.
f Lobbying nontaxable and both columns	nount. Enter the amo	ount from the following tab	ole in	115,729.	
If the amount on line 1e, col	umn (a) or (b) is	The lobbying nontaxable	amount is		
Not over \$500,000		20% of the amount on line 1e			
Over \$500,000 but not over \$1	· · · · · · · · · · · · · · · · · · ·	\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$		\$225,000 plus 5% of the excess of	over \$1,500,000		
g Grassroots nontaxable a		\$1,000,000		PERSONAL PROPERTY OF THE PERSONAL PROPERTY OF	
h Subtract line 1g from lin				28,932.	0. 0.
i Subtract line 1f from lin				0.	0.
j If there is an amount other section 4911 tax for this	er than zero on either		anization file Form 4720		☐Yes ☐No
360001 4311 (8x 10) (11)	·	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
(Som	e organizations that	LYear Averaging Period L made a section 501(h) elow. See the separate insti	ection do not have to o		
		ing Expenditures During			
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2 a Lobbying nontaxable amount	74,24	67,831.	95,671.	115,729.	353,478.
b Lobbying ceiling amount (150% of line 2a, column (e))					530,217.
c Total lobbying expenditures	12,500	5,000.	15,400.	26,150.	59,050.
d Grassroots nontaxable amount	18,562	2. 16,958.	23,918.	28,932.	88,370.
e Grassroots ceiling amount (150% of line 2d, column (e))					132,555.
f Grassroots lobbying expenditures					0 . 990 or 990-EZ) 2018
BAA				Schedule C (Form	990 Or 990-F /1 2018

					03001.0	
	0 1 1 1/11 11		r section 501(c)(3) and has NOT	***		
元の 10 日 120	Complete it the organization	on is exempt linde	r section 501(cV3) and has NOT	tile	1 Form 576	ã X
240 20 YOUR DAY STEEL SHEET	Tompioto ii tilo organizati	on is exempt anac		1110	a i Oiiii 37	J O
	(election under section 50	1/6/1	• • • •			
	telection under Section 30	IX(1)).				

For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)		
		Yes	No	Am	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					
	a Volunteers?					
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements?					95
	d Mailings to members, legislators, or the public?					
	e Publications, or published or broadcast statements?					
	f Grants to other organizations for lobbying purposes?					
	g Direct contact with legislators, their staffs, government officials, or a legislative body?					
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	i Other activities?					
	i Total Add lines 1c through 1:	State of	Total T			
	a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	REGRESS	RIVER ELECT			44.5
	b If 'Yes,' enter the amount of any tax incurred under section 4912			Dell'Al March Control	36103516852	enerves.
	c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912					
	d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>	A-12114	发热的数		
	Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	. or		O COS. SNO	2000
	section 501(c)(6).	-/(-/	,			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the p	orior ye	ear?	3		
Pa	Complete if the organization is exempt under section 501(c)(4), section 501(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	c)(5) Part I	, or s II-A,	ection 5 line 3, is	01(c)	
1	Dues, assessments and similar amounts from members		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).					
	a Current year	1	2 a			
	b Carryover from last year	[2 b			
	c Total	[2 c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	[3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			

Rart V Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

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

5

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

	CENTRAL OREGON LANDWATCH			93-0935170	
Pá	ரு Organizations Maintaining Done				
avi Avi	Complete if the organization ans	wered 'Yes' on Form 990, F	Part IV, line 6.		
		(a) Donor advised fur	nds (b) F	unds 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 do are the organization's property, subject to the	nor advisors in writing that the as organization's exclusive legal co	sets held in donor advised ntrol?	funds Yes No	
6	Did the organization inform all grantees, done for charitable purposes and not for the benefit impermissible private benefit?	ors, and donor advisors in writing t of the donor or donor advisor, o	that grant funds can be us r for any other purpose co	ed only nferring . Yes No	
<u>P</u> a	Complete if the organization ans	wered 'Yes' on Form 990	Part IV line 7		
<u>-</u>					
•	Preservation of land for public use (e.g.,	_	Preservation of a historica	Ily important land area	
	Protection of natural habitat		Preservation of a certified		
	Preservation of open space		, 1000, 1000, 0, 0, 0, 0, 1, 1, 1, 1		
2		held a qualified conservation contrib	uition in the form of a conser	vation easement on the	
_	last day of the tax year	neid a qualified conservation contrib		valion casement on the	
				Held at the End of the Tax Year	
	a Total number of conservation easements		2 a		
	b Total acreage restricted by conservation ease	ments	. 2 b		
	c Number of conservation easements on a cert	ified historic structure included in	(a) . 2c		
	d Number of conservation easements included	in (c) acquired after 7/25/06, and	not on a historic		
	structure listed in the National Register		2d	1	
3	Number of conservation easements modified, tra tax year ►	nsferred, released, extinguished, or	terminated by the organization	on during the	
4	Number of states where property subject to cons	ervation easement is located >			
5	Does the organization have a written policy re	egarding the periodic monitoring,	inspection, handling of vio	lations,	
	and enforcement of the conservation easeme	nts it holds? .		. Yes INO	
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations, a	nd enforcing conservation ea	sements during the year	
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, handling of violations, and ei	nforcing conservation easem	ents during the year	
8	8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No				
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for					
.,	conservation easements				
Ŗä	Trillis Organizations Maintaining Collection Complete if the organization and	ections of Art, Historical Tr swered 'Yes' on Form 990, I	Part IV, line 8.	nilar Assets.	
1	a If the organization elected, as permitted under art, historical treasures, or other similar assets h in Part XIII, the text of the footnote to its final	eld for public exhibition, education,	or research in furtherance of	nt and balance sheet works of public service, provide,	
	b If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items	er SFAS 116 (ASC 958), to report for public exhibition, education, or re	in its revenue statement a search in furtherance of pub	nd balance sheet works of art, lic service, provide the	
	(i) Revenue included on Form 990, Part VIII	, line 1	•	► \$	
	(ii) Assets included in Form 990, Part X			> \$	
2	If the organization received or held works of art, amounts required to be reported under SFAS			ovide the following	
	a Revenue included on Form 990, Part VIII, line	e 1		► \$	
	b Assets included in Form 990. Part X			►\$	

Mai Citize Organizations mainta	ming concett		Tival Housalds, C	Tallor Ollillial (133	(00/////			
3 Using the organization's acquisition items (check all that apply).	n, accession, and o	·	,	·	collection			
a Public exhibition		d Loan or exchange programs						
	Scholarly research e Other							
c Preservation for future gener	rations							
Part XIII	The state of the s							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part IV: Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV,								
line 9, or reported an	amount on Fo	rm 990, Part X,	he organization ar line 21.	nswered Yes on Fo	orm 990, P	art IV,		
1 a Is the organization an agent, true on Form 990, Part X?		•	•	ner assets not included	Yes	No		
b If 'Yes,' explain the arrangement	in Part XIII and	complete the following	ng table.					
					Amount			
c Beginning balance			•	1 c				
d Additions during the year		•	•	1 d	···			
e Distributions during the year	•			1 e				
f Ending balance				1f				
2 a Did the organization include an a					Yes	∐ No		
b If 'Yes,' explain the arrangement	in Part XIII. Che	ck here if the explan	ation has been provid	ed on Part XIII .				
Rant V部 Endowment Funds. C	omplete if the	organization an	swered 'Yes' on F	orm 990, Part IV, lii				
	(a) Current year	(b) Prior year	(c) Two years bad	ck (d) Three years back	(e) Four ye	ears back		
1 a Beginning of year balance								
b Contributions						 		
c Net investment earnings, gains, and losses								
d Grants or scholarships								
 Other expenditures for facilities and programs 								
f Administrative expenses								
g End of year balance								
2 Provide the estimated percentag	e of the current y	ear end balance (lin	e 1g, column (a)) helc	as:				
a Board designated or quasi-endowm	nent ►	8						
b Permanent endowment ▶	8							
c Temporarily restricted endowment ► %								
The percentages on lines 2a, 2b, a	nd 2c should equa	1 100%						
3 a Are there endowment funds not in t			ire held and administere	od for the				
organization by	the possession of	ine organization that a	ic ricia and daministere	a for the	Yes	No		
(i) unrelated organizations				•	3a(i)			
(ii) related organizations					3a(ii)			
b If 'Yes' on line 3a(ii), are the rela	ated organization	s listed as required o	on Schedule R?	i	3b			
4 Describe in Part XIII the intended	d uses of the org	anization's endowme	ent funds					
Part Land, Buildings, and	Equipment.							
Complete if the organ	ization answe			,				
Description of property (a) Cost or other basis (investment) (b) Cost or other depreciation (c) Accumulated depreciation								
1 a Land .								
b Buildings								
c Leasehold improvements								
d Equipment			10,702.	9,106.		1,596.		
e Other								
Total. Add lines 1a through 1e (Colum	nn (d) must equa	Form 990, Part X, o	column (B), line 10c)	•		1,596.		
BAA				Sched	lule D (Form S			

Investments - Other Securities.	'Vas' on Form 00	N/A	+ V line 12
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year marking	
(1) Financial derivatives	(b) book value	(C) Method of Valdation, cost of end-of-year marks	
(2) Closely-held equity interests			
(3) Other			
(A) (B)			
(c)			
<u></u>			
(D) (E)			
· (F)			
(G) (H)			
			· · · · · · · · · · · · · · · · · · ·
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) Part XIII Investments — Program Related.		11/A	
Complete if the organization answered	'Yes' on Form 996	N/A D. Part IV. line 11c. See Form 990. Part	X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year m	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13)			Taur Ministra
Pair IX Other Assets.	N/A		
Complete if the organization answered		0, Part IV, line 11d. See Form 990, Part	X, line 15.
	cription	(b) Bo	ook value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			· · · · · · · · · · · · · · · · · · ·
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B)) line 15).		
Part X Other Liabilities.			
Complete if the organization answered 'Yes' on Fo		1e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) ROUNDING	- -	1.	
(3)			
(4) (5)			
(6)			
(7)	-		
(8)			
(9)			
(10)	· · · · · · · · ·		
(11)			
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	•	1	
2. Liability for uncertain tax positions In Part XIII, provide the text of the foo		TENNINGS WINDS TO LAND AND AND AND AND AND AND AND AND AND	incertain
tax positions under FIN 48 (ASC 740) Check here if the text of the footnote his	as been provided in Part XIII		

CENTRAL OREGON LANDWATCH	33-03331/0 raye 4
Rankxi Reconciliation of Revenue per Audited Financial Statements With R	evenue per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, lin	
1 ` Total revenue, gains, and other support per audited financial statements	. 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	***
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b Other (Describe in Part XIII)	
c Add lines 4a and 4b	4 c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Rank XIII Reconciliation of Expenses per Audited Financial Statements With E	xpenses per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, lin	•
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities 2 a	
b Prior year adjustments	
c Other losses 2 c	
d Other (Describe in Part XIII)	
e Add lines 2a through 2d	2 e
3 Subtract line 2e from line 1	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII) 4 b	
c Add lines 4a and 4b.	4 c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5

Ran XIII Supplemental Information.

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

BAA

Schedule D (Form 990) 2018

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

CENTRAL OREGON LANDWATCH

Employer Identification number

93-0935170

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

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

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

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

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

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

COMPENSATION IS REVIEWED AND APPROVED BY BOARD OF DIRECTORS

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

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

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