EMGE & WHYTE 2505 W. 11TH EUGENE, OR 97402 541-485-2100

May 3, 2016

CONFIDENTIAL

CASCADIA WILDLANDS CASCADIA WILDLANDS PO BOX 10455 EUGENE, OR 97440-2455

For professional services rendered in connection with the preparation of the following tax forms for year ending 12/31/12.

Amount due \$ 500.00

Form 8879-F

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning ________, 2012, and ending _______, 20

Department of the Treasury u Do not send to the IRS. Keep for your records. Internal Revenue Service Name of exempt organization Employer identification number 93-1293019 CASCADIA WILDLANDS Name and title of officer JEREMY HALL PRESIDENT Type of Return and Return Information (Whole Dollars Only) Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ▶ X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b _____ _b Total revenue, if any (Form 990-EZ, line 9) _____ 2b ___ 2a Form 990-EZ check here ▶ 🔲 Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b _____ Part II **Declaration and Signature Authorization of Officer** Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only I authorize __ to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Part III **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. _ Date } ERO's signature ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

u The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 **2012** Open to Public Inspection

A	For the	2012 calendar year, or tax year beginning		, and ending								
В	Check if appl	licable: C Name of organization					D Employ	er identification number				
	Address char	nge CASCADIA	WILDLAND	S								
三	Name change	Doing Business As					93-	1293019				
Ħ	•	Number and street (or P.O. box if mail is not deliver	ed to street addre	ess)		Room/suite		one number				
닏	Initial return	PO BOX 10455					541	434-1463				
	Terminated	City, town or post office, state, and ZIP code				•	_					
	Amended ret	turn EUGENE	OR 97	440-2455			G Gross rec	eipts\$ 384,121				
Ħ	Application p	F. Name and address of principal officer:										
Ш	Application p	JEREMY HALL				H(a) Is this a g	roup return for	affiliates? Yes X No				
		PO BOX 10455				H(b) Are all af	filiates include	d? Yes No				
		EUGENE	OR	97440-2455	5	If "No	o," attach a list	. (see instructions)				
$\overline{}$	Tax-exempt		(insert no.)	4947(a)(1) or	527							
J	Website: L		(()()		H(c) Group ex	emption numb	er U				
ĸ	Form of orga		Other u		L	Year of formation:		M State of legal domicile:				
	Part I	Summary										
		iefly describe the organization's mission or most	significant a	ctivities:								
a		FDIICATIONAI.										
ũ												
Governance												
ove.	2 Ch	neck this box u if the organization discontinuo										
	3 Nu	umber of voting members of the governing body (•				9				
જ ળ	4 Nu	umber of independent voting members of the gov	erning body	(Part VI. line 1b)			4	9				
Activities	5 To	otal number of individuals employed in calendar y	ear 2012 (Pa	rt V. line 2a)			. 5	8				
댢		otal number of volunteers (estimate if necessary)						200				
⋖		otal unrelated business revenue from Part VIII, co						0				
	b Ne	et unrelated business taxable income from Form	990-T line 3	4			7b	0				
	2.10	of amounted business texasis income from Form	000 1, 11110 0	• • • • • • • • • • • • • • • • • • • •		Prior Yea		Current Year				
•	8 Co	ontributions and grants (Part VIII, line 1h)				21	4,617	306,744				
ű	9 Pro	ogram service revenue (Part VIII, line 2g)					6,372	30,719				
Revenue	10 Inv	vestment income (Part VIII, column (A), lines 3, 4	, and 7d)					0				
ď	11 Otl	her revenue (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, an	nd 11e)		52	2,715	46,658				
		stal revenue – add lines 8 through 11 (must equa				273	3,704	384,121				
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)				0				
		enefits paid to or for members (Part IX, column (A						0				
Ś	15 00	alaries, other compensation, employee benefits (F				204	4,489	212,132				
benses	16a Pro	ofessional fundraising fees (Part IX, column (A),	line 11e)					0				
ę e	b To	tal fundraising expenses (Part IX, column (D), lin	e 25) u	25,78	30							
Щ	17 Otl	her expenses (Part IX, column (A), lines 11a-11e	d, 11f–24e)				8,806	64,326				
	18 To	tal expenses. Add lines 13-17 (must equal Part	xpenses. Add lines 13–17 (must equal Part IX, column (A), line 25)									
		evenue less expenses. Subtract line 18 from line	12				0,409	107,663				
Net Assets or	2					Beginning of Cur		End of Year				
Sset	20 To	otal assets (Part X, line 16)					4,973	165,483				
et A	21 To						5,672	3,139				
		et assets or fund balances. Subtract line 21 from	line 20			4.	9,301	162,344				
_	Part II	Signature Block										
		Ities of perjury, I declare that I have examined this return, and complete. Declaration of preparer (other than offi						owledge and belief, it is				
	ue, correct	, and complete. Declaration of preparer (other than one	icei) is baseu (on an information of wi	licii preparei	rias ariy kriowieug	 					
٥.		Circohus of effect					Data					
Sig	_	Signature of officer			DD = 0.1		Date					
He	ere	JEREMY HALL			PRESI	DEN.I.						
		Type or print name and title	Deer	a a truma		ls:	ı	DTIN				
Da:	a	Print/Type preparer's name	Preparer's sign	такиге		Date	Check	if PTIN				
Pai	п	IILARY ANTHONY					/13 self-em					
		Firm's name } EMGE & WHYTE				F	irm's EIN }	93-0991735				
US	e Only	2505 W. 11TH	400					E41 40E 0100				
_			402			P	hone no.	541-485-2100				
Mar	v the IRS	discuss this return with the preparer shown above	va? (caa inct	ructions)				I I Voc I No				

Birely describe the arganization's mission: EDUCATIONAL Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ7	Pa	Statement of Program Service Accomplishments Charlet & School On containing a response to any question in this Port III.	
EDUCATE TONAL 2. Did the organization undertake any significant program services during the year which were not listed on the proof Form 950 or 990-EZ? If "Yes," describe these new services on Schedule O. 3. Did the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Secretor of 10(5) and 601(69) organizations are required to report the amount of grants and allocations to others, the total expenses, Secretor 501(6)(3) and 601(69) organizations are required to report the amount of grants and allocations to others, the total expenses, Secretor 501(6)(3) and 601(69) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a. Calls: Expenses \$ 2.15, 44.2 isolating grants of \$ (Revenue \$) EDUCATE THE PUBLIC AND PROMOTE PROTECTION, CONSERVATION AND SOUND MANAGEMENT OF THE NATURAL ENVIRONMENT, CASCADLA MILDLANDS PROJECT HOSTS HIKES, LECTURES AND PRESENTATIONS. 4b. (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c. (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Code:) (Expenses \$ including grants of \$) (Revenue \$)		Check if Schedule O contains a response to any question in this Part III	<u>L</u>
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 90-E22 Yes \(\) No If Yes, 'describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services. A control these changes on Schedule O. 4 Describe the organization's program service sccomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(4) angularizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 215,442 including grants of \$) (Revenue \$) EDUCATE THE PUBLIC AND PROMOTE PROTRECTION, CONSERVATION AND SOUND MANAGEMENT OF THE NATURAL ENVIRONMENT. CASCADIA WILLDLANDS PROJECT HOSTS HIKES, LECTURES AND PRESENTATIONS. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services, (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		POLICATIONAL	
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Form 990 (2012) CASCADIA WILDLANDS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		3.7	
2	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		Λ	
3		3		Х
4	section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	ا ا		
•	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		Х
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,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			3.7
	complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		v
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		Х
d	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		21
u	. I. D V. I	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? 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 assistance			3.7
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			~
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	v	
10	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?	19		Х
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			1
<u>~</u>				

Form 990 (2012) CASCADIA WILDLANDS Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Pa	Check if Schedule O contains a response to any question in this Part V					П
	emonth contract a temperature any question in the rate v				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	
2a						
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				3.7
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?					X
b 10	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	thori		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other over, a financial account in a foreign country (such as a bank account, securities account, or other fire		ity			
	2000Untl2			4a		Х
h	K (Mar. Prosters the consequence)					- 25
~	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, 10000		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or				ĺ
	gifts were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?					Х
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as		_		37
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	12	70		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization during the year pay promiums directly or indirectly on a personal benefit control.			7e 7f		X
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo			71 7g		X
9 h	If the organization received a contribution of qualified intellectual property, did the organization like organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, airpl			79 7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	ACIO11 111C	0 4 1 01111 1000 0:			
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:		•			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1 1	1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	146				
122	against amounts due or received from them.) Section 4947(a)(1) per exempt charitable tructs is the organization filing Form 900 in liquid Form	11b	<u> </u>	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form	1 1	Í	12d		
b 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	LIZU				
a	le the commission licensed to increase wellfield health place in second them are attack			13a		
4	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
b						

Form 990 (2012) CASCADIA WILDLANDS 93-1293019 Page 6 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 to any question in this Part VI Section A. Governing Body and Management Yes No 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. Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Χ 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b Χ 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 Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? Χ 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X b 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? Χ 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement Χ with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ${f u}$ OR 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. |X| Own website | X| Another's website | X| Upon request | Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

OR 97440-2455 541-434-1463

PO BOX 10455

DAA

EUGENE

organization: u STEVE WITTEN

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

(A) Name and Title	(B) Average hours per week (list any	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		s both an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) SARAH PETERS DIRECTOR	4.00	X					0	0	0
(2) JEREMY HALL	5.00							-	-
PRESIDENT (3) LAURA BEATON	0.00	X		Χ			0	0	0
DIRECTOR	4.00	X					0	0	0
(4) STEVE WITTEN	2.00								
TREASURER (5) TIM REAM	0.00	X		X			0	0	0
DIRECTOR	2.00	Х					0	0	0
(6) LAUREN PADAWER DIRECTOR	2.00	X					0	0	0
(7) PAUL KUCK	2.00								
DIRECTOR (8) JUSTIN RAMSEY	0.00	Х					0	0	0
DIRECTOR	2.00	Х					0	0	0
(9) TIM WHITLEY	4.00			37					
SECRETARY (10)	0.00	Х		Х			0	0	0
(11)									
V-7									

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	ficer a	Pos check ess pe	rson i	than of the state	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amoun othe compens from t organiza and rela organiza	ted t of r ation he ation ated	
		ee	trustee			nsated							
(12)													
(13)													
(14)													
(15)													
(16)													
(17)													
(17)													
(40)													
(18)													
(19)													
1b Sub-total							u u						
d Total (add lines 1b and 1c)	· · · · · · · · · · · · · · · · · · ·						u						
2 Total number of individuals (in reportable compensation from	cluding but not I the organization	imite 1 u	d to	thos	e lis	ted a	bov	e) who received more than	\$100,000 in				
3 Did the organization list any fo	rmer officer dir	acto	r or	truct	00	kov c	mnl	lovee or highest compens	ated			Yes	No
employee on line 1a? If "Yes,"	complete Scheen	dule	J foi	suc	h ind	dividu	ıal				3		Х
4 For any individual listed on line organization and related organ													
individual	la receive or ac	crue		 pens	 atio	 n fror	 n ar	nv unrelated organization o	r individual		4		X
for services rendered to the or	rganization? If "Y										5		Χ
Section B. Independent Contractor 1 Complete this table for your five		ensa	ated	inde	pend	lent o	contr	ractors that received more	than \$100.000 of				
compensation from the organization	zation. Report co							dar year ending with or with	in the organization's tax y	ear.		(C)	
Name and	(A) business address							Descript	(B) lion of services		Со	(C) mpensat	tion
-													
2 Total number of independent of	contractors (inclu	ıdina	but	not	limite	ed to	thos	se listed above) who					
received more than \$100,000									0				

	Check if Schedule O contains a response	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Giffs, Grants and Other Similar Amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
Am,	c Fundraising events 1c				
<u>a</u>	d Related organizations 1d				
<u>.</u> <u>E</u>	e Government grants (contributions) 1e				
S	f All other contributions, gifts, grants,				
the	and similar amounts not included above 1f 306,74	4			
9	g Noncash contributions included in lines 1a-1f: \$				
au	h Total. Add lines 1a–1f	306,744			
ne	Busn. Cod	e			
등 2	2a FEE RECOVERY	30,166	30,166		
~	b MISCELLANEOUS	553	553		
<u> Ke</u>	С				
Se	d				
Program Service Revenue	e				
gi	f All other program service revenue				
고 고	g Total. Add lines 2a–2f u	30,719			
3	3 Investment income (including dividends, interest,				
	and other similar amounts) u				
4		ı			
5	5 Royalties <u>u</u>	ı			
	(i) Real (ii) Personal				
6	6a Gross rents				
	b Less: rental exps.				
	C Rental inc. or (loss)				
	d Net rental income or (loss) u				
'	7a Gross amount from sales of assets (ii) Securities (iii) Other				
	other than inventory				
	b Less: cost or other				
	basis & sales exps.				
	c Gain or (loss)				
	d Net gain or (loss) u	ı			
<u>o</u> 8	Ba Gross income from fundraising events				
	(not including \$				
Other Revenu	of contributions reported on line 1c).				
E	See Part IV, line 18 a 46,65	8			
물	b Less: direct expenses b				
	c Net income or (loss) from fundraising events u	46,658			
9	9a Gross income from gaming activities.				
	See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities u	į.			
10	0a Gross sales of inventory, less				
	returns and allowancesa				
	b Less: cost of goods sold b				
	c Net income or (loss) from sales of inventory u	1			
	Miscellaneous Revenue Busn. Cod	e			
11	1a				
	b				
	C				
	d All other revenue				
	e Total. Add lines 11a–11d u				
Ι	2 Total revenue Con instructions	20/ 101	20 710		0

Form 990 (2012) Part IX S Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. All othe		olete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
•	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ū	trustees, and key employees	46,846	37,476	4,685	4,685
6	Compensation not included above, to disqualified		0., 2.0	= / 000	
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	132,212	108,414	19,832	3,966
8	Pension plan accruals and contributions (include	,	,		,
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,153	15,153		
10	Payroll taxes	17,921	14,695	2,688	538
11	Fees for services (non-employees):				
а	Management				
	Legal	350		350	
	Accounting	2,298		2,298	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column	11 000	11 000		
	(A) amount, list line 11g expenses on Schedule O.)	11,292	11,292		
12	Advertising and promotion	10 100	0 740	2 (05	<u> </u>
13	Office expenses	12,109	8,749 7,748	2,685	675
14	Information technology	9,448	7,748	1,417	283
15	Royalties	6,459	5,296	969	194
16 17	Occupancy Travel	5,847	5,290	909	194
18	Payments of travel or entertainment expenses	J,017	J,017		
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	807	662	121	24
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	EVENT COSTS	13,056			13,056
b	OTHER EVENT EXPENSES	2,359			2,359
С	LICENSE AND FEES	150		150	
d	TRAINING	110	110		
е	All other expenses	41		41	
25	Total functional expenses. Add lines 1 through 24e	276,458	215,442	35,236	25,780
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 u if following SOP 98-2 (ASC 958-720)				
DAA				L	Form 990 (2012)

	ait /					
		Check if Schedule O contains a response to any	question in this Part X		······	
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		54,973	1	164,824
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former of	fficers, directors,			
		trustees, key employees, and highest compensated em	nployees.			
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified per				
		4958(f)(1)), persons described in section 4958(c)(3)(B),	· · · · · · · · · · · · · · · · · · ·			
		sponsoring organizations of section 501(c)(9) voluntary				
S		organizations (see instructions). Complete Part II of Sch			6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment: cost or	· [· · · · ·] · · · · · · · · · · · ·			
		other basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities	1932		11	659
	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 3		54,973	16	165,483
	17	Accounts payable and accrued expenses	5,672	17	3,139	
	18	Grants payable	9 / 9 . =	18	- 7	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of	of Schedule D		21	
"	22	Loans and other payables to current and former officers				
Liabilities		trustees, key employees, highest compensated employe				
apil		disqualified persons. Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unrelated thir			23	
	24	Unsecured notes and loans payable to unrelated third p			24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24).				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		5,672	26	3,139
		Organizations that follow SFAS 117 (ASC 958), chec				<u>.</u>
es		complete lines 27 through 29, and lines 33 and 34.				
anc	27	Unrestricted net assets		49,301	27	162,344
Fund Balances	28	Temporarily restricted net assets			28	
pq	29	Permanently restricted net assets			29	
Ŀ		Organizations that do not follow SFAS 117 (ASC 958	B), check here u and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds		30		
Net Assets	31	Paid-in or capital surplus, or land, building, or equipmer	nt fund		31	
et '	32	Retained earnings, endowment, accumulated income, or	or other funds		32	
Z	33			49,301	33	162,344
	34	Total liabilities and net assets/fund balances		54,973	34	165,483

Form **990** (2012)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		38	4,1	121
2	Total expenses (must equal Part IX, column (A), line 25)	2		27	6,4	1 58
3	Revenue less expenses. Subtract line 2 from line 1	3		10	7,6	563
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4	9,3	301
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			5,3	380
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		16	2,3	344
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					
			_		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 in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b		Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		L	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?		L	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		

Form **990** (2012)

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.

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number 93-1293019

OMB No. 1545-0047

			CASCADIA WII	IDLANDS					93-	-129	3019)		
Pá	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this pa	art.) Se	ee ins	truction	าร.			
The	orgai	nization is not	a private foundation because	e it is: (For lines 1 through 11, o	check only	one box)							
1		A church, co	nvention of churches, or ass	ociation of churches described i	in sectio i	n 170(b)(1)(A)(i).							
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
3	П	A hospital or	a cooperative hospital service	ce organization described in se	ction 170)(b)(1)(A)	(iii).							
4		A medical res	search organization operated	I in conjunction with a hospital of	described	in section	n 170(k	o)(1)(A)(i	iii). Ente	er the h	ospital'	s name	Э,	
		city, and stat					•		•		·			
5		An organizati	on operated for the benefit of	of a college or university owned	or operat	ed by a g	overnme	ental uni	t descri	bed in				
		_	(b)(1)(A)(iv). (Complete Part	=	•	, ,								
6				overnmental unit described in s	section 17	70(b)(1)(A	()(v).							
7	X		•	substantial part of its support fro				from the	aenera	al public				
	Ш	_	section 170(b)(1)(A)(vi). (C		3				J					
8				170(b)(1)(A)(vi). (Complete Part	: 11.)									
9	П	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its												
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
		• •	· ·		,			,						
10		acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11	П	An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the												
	ш	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section												
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.												
		a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated												
е		a Type b Type C Type II - Functionally integrated d Type II - Non-functionally integrated by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons												
	Ш			r than one or more publicly sup	•					•				
		or section 50	•		•	•				. , ,	,			
f			() ()	rmination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
			check this box		•		,,	•	Ü					П
g		Since August	17, 2006, has the organizat	tion accepted any gift or contribu	ution from	any of th	 ne							. Ш
•		following per	rsons?			-								
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (ii) and					Yes	No
		(iii) belov	w, the governing body of the	supported organization?	•		·	•				11g(i)		
			member of a person describ	ad in (i) above?								11g(ii)		
				described in (i) or (ii) above?								11g(iii)		
h				he supported organization(s).										
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Did y	ou notify	(vi)	Is the	(vii)	Amount	of mone	etary
	org	anization		(described on lines 1-9		sted in your		nization in		ion in col. ized in the		supp	ort	
				above or IRC section (see instructions))	governing	document?	col. (i) supp	or your oort?		S.?				
				(ess mendenens)	Yes	No	Yes	No	Yes	No				
(A)														
(B)														
(C)]]				
					ļ	ļ			<u> </u>					
(D)														
						ļ								
(E)														

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

Schedule A (Form 990 or 990-EZ) 2012

Section A. Public Support

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(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.)

Caler	dar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	185,306	147,887	166,852	214,617	306,744	1,021,406
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	185,306	147,887	166,852	214,617	306,744	1,021,406
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)						100.004
6	Public support. Subtract line 5 from line 4.						188,084 833,322
	tion B. Total Support						033,322
	dar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	185,306	147,887	166,852	214,617	306,744	1,021,406
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		360	1,000	350		1,710
11	Total support. Add lines 7 through 10						1,023,116
12	Gross receipts from related activities, etc.	(see instructions) .				12	77,377
13	First five years. If the Form 990 is for the						
_	organization, check this box and stop her						<u></u>
	tion C. Computation of Public S	• • • • • • • • • • • • • • • • • • • •				1 1	
14	Public support percentage for 2012 (line 6			n (f))			81.45 %
15	Public support percentage from 2011 Scho						92.81 %
16a	33 1/3% support test—2012. If the organ				33 1/3% or more, c	heck this	▶ 🗓
	box and stop here. The organization qual						▶ 🔼
b	33 1/3% support test—2011. If the organ			•	5 IS 33 1/3% OF THE	ле,	▶ □
17a	check this box and stop here. The organi 10%-facts-and-circumstances test—20 1	•		•			
174	10% or more, and if the organization mee						
	Part IV how the organization meets the "fa						
b	organization 10%-facts-and-circumstances test—201						>
	15 is 10% or more, and if the organization			•	•		
	Explain in Part IV how the organization m	eets the "facts-and-	circumstances" te	st. The organization	n qualifies as a pu	blicly	, \Box
							▶ ∐
18	Private foundation. If the organization did						⊾ □
	instructions		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		<u> </u>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) u	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
6	Total. Add lines 1 through 5						
7a	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.)						
Calor	tion B. Total Support ndar year (or fiscal year beginning in) u	(a) 2009	(b) 2000	(a) 2010	(d) 2011	(a) 2012	(f) Total
		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	organization's fire	st, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her	е					▶
Sec	tion C. Computation of Public Se						
15	Public support percentage for 2012 (line 8	, column (f) divide	d by line 13, colun	nn (f))		15	%
16	Public support percentage from 2011 Scho					16	%
<u>Sec</u>	tion D. Computation of Investme						
17	Investment income percentage for 2012 (I	line 10c, column (f) divided by line 13	3, column (f))		17	%
18	Investment income percentage from 2011	Schedule A, Part	III, line 17			18	%
19a	33 1/3% support tests—2012. If the orga						. —
	17 is not more than 33 1/3%, check this b		_				▶ ∟
b	33 1/3% support tests—2011. If the orga						` _
	line 18 is not more than 33 1/3%, check th						₹ -
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruc	tions	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

u Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

CASCADIA WIL	LDLANDS	93-1293019
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{X} 501(c)($\r{3}$) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	l Rule. See
General Rule		
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in one contributor. Complete Parts I and II.	money or
Special Rules		
under sections 509	c)(3) organization filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the re 9(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a c 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, liand II.	contribution of
during the year, tot	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one control contributions of more than \$1,000 for use exclusively for religious, charitable, scient poses, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.	
during the year, co not total to more th year for an exclusiv	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions for use exclusively for religious, charitable, etc., purposes, but these contributions \$1,000. If this box is checked, enter here the total contributions that were received ively religious, charitable, etc., purpose. Do not complete any of the parts unless the Ganization because it received nonexclusively religious, charitable, etc., contributions of the parts.	outions did during the eneral Rule
	that is not covered by the General Rule and/or the Special Rules does not file Schedule	B (Form 990,
. , ,	must answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its F 90-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990,	
For Paperwork Reduction Ac	act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	chedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
CASCADIA WILDLANDS

Employer identification number 93-1293019

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 1	DEER CREEK FOUNDATION 720 OLIVE STREET FOUNDATION 1975 ST LOUIS MO 63101	\$ 25,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2	MCKENZIE RIVER GATHERING FOUNDATION 2705 E BURNSIDE SUITE 210 PORTLAND OR 97214	\$ 10,500	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 3	BURNING FOUNDATION 5135 BALLARD AVE NW SEATTLE WA 98107	\$ 12,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 4	BEN & JERRY'S FOUNDATION 30 COMMUNITY DRIVE BURLINGTON VT 05403	\$ 15,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.			
NO.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 5	(b) Name, address, and ZIP + 4 PATAGONIA PO BOX 150 VENTURA CA 93002	(c) Total contributions \$	(d) Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
	Name, address, and ZIP + 4 PATAGONIA PO BOX 150	Total contributions	Person X Payroll Noncash (Complete Part II if there is

Name of organization
CASCADIA WILDLANDS

Employer identification number

93-1293019

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 7	MCINTOSH FOUNDATION 1200 18TH NW ST 801 WASHINGTON DC 20036	\$ 25,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 8	WEEDEN FOUNDATION 35 ADAMS STREET GROUND FLOOR BEDFORD HILLS NY 10507	\$ 10,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	MARGUERITE STEINERT TRUST C/O WOOD LAW FIRM PLLC 451 GUADALUPE ST SUITE 203 KERRVILLE TX 78028	\$ 26,818	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

u Attach to Form 990 or Form 990-EZ. u See separate instructions.

Open to Public

CASCADIA WILDLANDS					93-12930	19
Part I Fundraising Activities. Complete if a Form 990-EZ filers are not required to				ed "Yes" to Form 9	90, Part IV, line	17.
1 Indicate whether the organization raised funds through a	ny of the following	activ	rities.	Check all that apply.		
a Mail solicitations	Solicitation	of no	n-gov	ernment grants		
b Internet and email solicitations	Solicitation	of go	vernm	nent grants		
c Phone solicitations	Special fun	draisi	ng ev	ents		
d In-person solicitations			Ū			
2a Did the organization have a written or oral agreement wi	th any individual (includ	lina of	fficare directore truetee	e	
or key employees listed in Form 990, Part VII) or entity in f "Yes," list the ten highest paid individuals or entities (full compensated at least \$5,000 by the organization.	n connection with	profe	ssiona	al fundraising services?		Yes No
5011.p51154164 44 16461 \$5,000 \$7 1110 01.9411			d fund-		(v) Amount paid to	(vi) Amount paid to
(i) Name and address of individual	(ii) Activity	custo	have dy or	(iv) Gross receipts	(or retained by)	(or retained by)
or entity (fundraiser)	(1)	contr contrib	rol of utions?	from activity	fundraiser listed in col. (i)	organization
		Yes	No			
1						
2						
3						
4						
						_
5						
6						
7						
8						
-						
9						
•						
40						
10						
Total						
3 List all states in which the organization is registered or licensing.	censed to solicit c	ontrib	utions	or has been notified it	is exempt from	

Schedule G (Form 990 or 990-EZ) 2012 CASCADIA WILDLANDS 93-1293019 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events FUNDRAISING GAT NONE (add col. (a) through col. (c)) (event type) (total number) (event type) Revenue 46,658 46,658 1 Gross receipts 2 Less: Contributions **3** Gross income (line 1 minus 46,658 line 2). 46,658 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Expenses **7** Food and beverages Direct 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: Is the organization licensed to operate gaming activities in each of these states? 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Sche	dule G (Form 990 or 990-EZ) 2012 CASCADIA WILDLANDS 93-1	29301:	9	Page 3
11	Does the organization operate gaming activities with nonmembers?			Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity			
	formed to administer charitable gaming?		. 🔲	Yes No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility	13a	<u> </u>	%
b	An outside facility	13b	<u> </u>	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and			
	records:			
	Name u			
	Address u			
15a				Van 🗆 Na
	revenue?		Ш	Yes No
D	If "Yes," enter the amount of gaming revenue received by the organization u \$ and the			
_	amount of gaming revenue retained by the third party u \$			
C	if Yes, enter name and address of the third party.			
	Name u			
	Address u			
16	Gaming manager information:			
	Name u			
	Gaming manager compensation u \$			
	Description of services provided u			
	Director/officer Employee Independent contractor			
4-7	Mandatan, distributions			
17	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
а	3 01		П	Yes No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or		Ш	ies 🗌 ivo
b	spent in the organization's own exempt activities during the tax year u \$			
Par	t IV Supplemental Information. Complete this part to provide the explanations required by Part columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also			
	part to provide any additional information (see instructions).	<u> </u>		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

CASCADIA WILDLANDS Employer identification number 93-1293019

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO	REVIEW FC	RM 990
EXECUTIVE DIRECTOR AND OPERATIONS MANAGER REVIEW FORM PR	EPARED BY	OUTSIDE
ACCOUNTANT.		
FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS P	OLICY	
REQUIRED DISCLOSURES, EACH SITUATION EVALUATED SEPARATEL		
FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR T	OD OFFICI	······································
COMPENSATION SUBJECT TO REVIEW AND APPROVAL	01 011101	.ALI
COMPENSATION SUBJECT TO REVIEW AND APPROVAL		
FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR O	FFICERS	
COMPENSATION SUBJECT TO REVIEW AND APPROVAL		
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOS	URE EXPLA	NATION
UPON REQUEST		
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS	EXPLANATI	ON
RECONCILING PAYABLES CORRECTION	\$	5,380

REOUEST FOR 45R CREDIT ONLY **Exempt Organization Business Income Tax Return** (and proxy tax under section 6033(e)) For calendar year 2012 or other tax year beginning Open to Public Inspection for Department of the Treasury Internal Revenue Service u See separate instructions. 501(c)(3) Organizations Only Check box if Name of organization (Check box if name changed and see instructions.) D Employer identification number address changed (Employees' trust, see instructions.) R Exempt under section 501(C)(3) **Print** CASCADIA WILDLANDS 93-1293019 Number, street, and room or suite no. If a P.O. box, see instructions. 408(e) 220(e) or PO BOX 10455 408A 530(a) Type E Unrelated business activity codes (see instructions) City or town, state, and ZIP code 529(a) EUGENE OR 97440-2455 Book value of all assets Group exemption number (see instructions) u at end of year **G** Check organization type **u** | X | 501(c) corporation 501(c) trust 401(a) trust Other trust Describe the organization's primary unrelated business activity. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation. STEVE WITTEN 541-434-1463 The books are in care of **u** Telephone number **u** Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances c Balance u 1c Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts 4c С Income (loss) from partnerships and S corporations (attach statement) 5 5 6 Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 7 8 8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F) Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 9 Exploited exempt activity income (Schedule I) 10 10 Advertising income (Schedule J) 11 Other income (see instructions; attach statement) 12 12 13 13 **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (except for contributions, deductions must be directly connected with the unrelated business income) Compensation of officers, directors, and trustees (Schedule K) 14 15 Salaries and wages 15 Repairs and maintenance 16 17 17 Interest (attach statement) 18 18 19 19 Taxes and licenses Charitable contributions (see instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 Less depreciation claimed on Schedule A and elsewhere on return 22 22b 23 23 Contributions to deferred compensation plans 24 24 25 25 Employee benefit programs Excess exempt expenses (Schedule I) 26 Excess readership costs (Schedule J) 27 27 Other deductions (attach statement) 28 28 29 Total deductions. Add lines 14 through 28 29 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30 Net operating loss deduction (limited to the amount on line 30) 31 31 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 32 Specific deduction (generally \$1,000, but see line 33 instructions for exceptions) 1,000 33 33

enter the smaller of zero or line 32

Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32.

34

Form **990-T** (2012)

_ Pa	rt III Tax Computation													
35	Organizations taxable as corporate	tions (see instruction	ons for tax	con	nputation). Contro	lled gro	JP qu							
	members (sections 1561 and 1563)	check here u	See ins	truc	tions and:									
а	Enter your share of the \$50,000, \$25		_			that ord	er):							
	(1) \$ (2) \$	<u> </u>	(3)	\$	`		,							
b	Enter organization's share of: (1) Ad				1.750)		ls							
	(2) Additional 3% tax (not more than						\$							
С	Income tax on the amount on line 34	4								35c				
36	Trusts taxable at trust rates (see in								·					
	the amount on line 34 from:			. /		041)			•	36				
37	Proxy tax (see instructions)									37				
38	Alternative minimum tax									38				
39	Alternative minimum tax									39				
	rt IV Tax and Payments	70 OF CO, WITHOUGHEVER	аррію							- 00				
40a	Foreign tax credit (corporations attac	ch Form 1118: trust	s attach F	orm	1116)	40a								
b						40b								
C	Other credits (see instructions) General business credit. Attach Form		······································			40c								
d	Credit for prior year minimum tax (at													
e										40e				
41	Total credits. Add lines 40a through Subtract line 40e from line 39	1 400								41				
42	Other taxes.									42				
43										43				0
44a	Total tax. Add lines 41 and 42 Payments: A 2011 overpayment cree	dited to 2012				44a				73				
b	2012 estimated tax payments					44b								
C	Tarridge and the description of the Commercial Commerci					44c								
d	Foreign organizations: Tax paid or w	withheld at source (44d								
e	Backup withholding (see instructions	numera at source (: :)	occ monac	, ionic	,,	44e								
f	Credit for small employer health insu	vrance premiums (Attach For	 m 80		44f		2,2	240					
g	Other credits and payments:					771		2,2	110					
9	Form 4136	Other			Total u	440								
45	Total payments. Add lines 44a thro									45			2 '	240
46	Estimated tax penalty (see instruction	us) Check if Form	2220 is a	 ttach	 ed				· []	46			۷, ۱	<u> </u>
47	Tax due. If line 45 is less than the to	ntal of lines 43 and	46 enter :	am∩ı	int owed			. "	<u> </u>	47				
48	Overpayment. If line 45 is larger that									48			2 '	240
49	Enter the amount of line 48 you want: Cree				or amount overpe			undec		49				$\frac{240}{240}$
	rt V Statements Regardi				Other Inform	ation								
1	At any time during the 2012 calenda							1101107					Yes	No
•	or other authority over a financial ac					-								-110
	If "Yes," the organization may have t	,	•	,	J	•								
	Financial Accounts. If "Yes," enter the		•	•	•									Х
2	During the tax year, did the organiza													X
_	If "Yes," see instructions for other for							a	.9					
3	Enter the amount of tax-exempt inter	Ū	•											
	edule A - Cost of Goods So													
1	Inventory at beginning of year	1			Inventory at end					6				
2	Purchases	2		7	Cost of goods									
3	Cost of labor	3			line 5. Enter her					7				
4a	Additional sec. 263A costs (attach stmt.)	4a		8	Do the rules of				to				Yes	No
b	Other costs (attach statement)	4b			property produce		`	•						
5	Total. Add lines 1 through 4b	5			to the organizat			,	,,,					
	Under penalties of perjury, I declare that I have				schedules and statemen	ts, and to th		vledge ar	nd belief	, it is true,				
Sig	n correct, and complete. Declaration of preparer	(other than taxpayer) is ba	sed on all info	rmatior	n of which preparer has	any knowle	dge.				May	the IRS d	iscuss thi	is return
Her		1	uъ	סקס	SIDENT						(see	instruction	er snowi ns)?	1 below
	Signature of officer	Date	Title		J T N T T N T							Ye	es	No
	Print/Type preparer's name		Preparer's		ure			Date		Check	if	PTIN		
Paid	HILARY ANTHONY							05/03	3/16	self-emp	oloyed	P002	40885	j
Prep		WHYTE	-				I.		Firm's			93-0		
•	Only 2505 W													
	Firm's address } EUGENE, OR 97402								Phone	no.	541	L-48	5-2	100

(see instructions)	ne (From F	keai Proper	ty and	Pe	rsonal Proper	ty Le	eased With	Real Prope	rty)				
1. Description of property													
(1) N/A													
(2)													
(3)													
(4)													
	2. Re	nt received or accre	ued										
(a) From personal property (if the property for personal property is more than 50%)	an 10% but not		(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)					3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)					
					·								
<u>(1)</u> (2)													
(-)													
(4)													
Total		Total					(1-)	Fakal dadaaka					
(c) Total income. Add totals of there and on page 1, Part I, line 6		and 2(b). Enter			u		Ente	Fotal deductions r here and on pag I, line 6, column (l	e 1,				
Schedule E – Unrelated			e (see i	insti	ructions)			•	•				
				2. G	ross income from or		3. Do	eductions directly con	nnected with				
1. Description of debt-f				alloca	able to debt-financed property			ine depreciation statement)		(b) Other deductions (attach statement)			
(1) N/A													
(2)													
(3)													
(4)													
 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) 	on or of or allocable to inanced debt-financed property			6. Column 4 divided by column 5				ome reportable x column 6)		Allocable deductions Imn 6 x total of columns 3(a) and 3(b))			
(1)						%	,						
(2)						%	o						
(3)						%)						
(4)						%)						
Totals						u		ind on page 1, , column (A).		here and on page 1, line 7, column (B).			
Total dividends-received dedu								<u>u</u>	<u>;</u> ,				
Schedule F - Interest, A	nnuities, R	oyaities, ar	<u>na Ken</u>		kempt Controlled			is (see instru	ctions)				
Name of controlled organization		2. Employal identification of		3.	Net unrelated income ss) (see instructions)	4.	Total of specified payments made	5. Part of colum included in the organization's	controlling	Deductions directly connected with income in column 5			
(1) N/A													
(2)													
(3)													
(4)													
Nonexempt Controlled Organ	nizations												
7. Taxable Income	8. Net unrelated				9. Total of specific payments made		included in	column 9 that is the controlling s gross income	1	Deductions directly nected with income in column 10			
<u>(1)</u>													
(2)													
(3)													
(4)													
Totals						u	Enter here	nns 5 and 10. and on page 1, 8, column (A).	Ente	dd columns 6 and 11. er here and on page 1, rt I, line 8, column (B).			

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income		2. Amount o	of income	directly connect	Deductions directly connected (attach statement)		et-asides statement)		5. Total deductions and set-asides (col. 3 plus col.4)		
(1) N/A											
(2)											
(3)				+							
<u>(4)</u>								_			
Totals		Enter here and Part I, line 9,							r here and on page 1, I, line 9, column (B).		
Schedule I – Exploited Exe		come Ot	her Thai	Advertising l	ncome	(see instr	uctions)				
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp dire connect produc unre	penses ectly ted with ction of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gro from is no	oss income activity that t unrelated ess income	6. Exp	enses able to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).		
(1) N/A											
(2)											
<u>(3)</u>											
(4)											
	Enter here and on page 1, Part I, line 10, col. (A).		re and on , Part I, col. (B).					Enter here and on page 1, Part II, line 26.			
Totals u											
Schedule J – Advertising Ir			- C	alidated Desis							
Part I Income From F	'eriodicais Rep	ortea on	a Cons		1				Γ		
1. Name of periodical	2. Gross advertising income		irect ng costs	 Advertising gain or (loss) (col. minus col. 3). If a gain, compute cols. 5 through 7. 		circulation ncome	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(1) N/A											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5)) u Part II Income From P through 7 on a I			a Separ	ate Basis (For	each p	eriodical I	isted in F	Part II, fil	l in columns 2		
tillough 7 on a i		5.)			Ι						
1. Name of periodical $\label{eq:normalization} \mbox{(1) } N/A$	2. Gross advertising income		irect ng costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		circulation ncome	6. Read co	dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).		
(2)		1									
		+			<u> </u>		<u> </u>				
(3)		+			<u> </u>						
(4)											
Totals from Part I Totals, Part II (lines 1-5) u	Enter here and on page 1, Part I, line 11, col. (A).	Enter her page 1 line 11,							Enter here and on page 1, Part II, line 27.		
Schedule K – Compensation of Officers, Director			and Tri	ISTERS (SAA instr	'uctione'	1			ı		
1. Name			, and m	2. Title	uctions	3. I time	Percent of devoted to business		ensation attributable to related business		
(4) N/A							%				
(1) N/A							<u>%</u>				
(2)											
(3)						%					
(4)			<u> </u>				%				
Total. Enter here and on page 1, Pa	<u></u>		<u></u>		<u></u>	u					

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Credit for Small Employer Health Insurance Premiums

u Attach to your tax return. u Information about Form 8941 and its separate instructions is at www.irs.gov/form8941.

OMB No. 1545-2198

Sequence No.

Identifying number 93-1293019 CASCADIA WILDLANDS 1a Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions) 1a Enter the employer identification number (EIN) used to report employment taxes for individuals included on line 1a (see instructions) 1b Enter the number of full-time equivalent employees you had for the tax year (see instructions). If 2 you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12 2 Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or 3 more, skip lines 4 through 11 and enter -0- on line 12 35,000 Premiums you paid during the tax year for employees included on line 1a for health insurance 14,935 coverage under a qualifying arrangement (see instructions) 5 Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage 5 Enter the **smaller** of line 4 or line 5 6 6 Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) All other small employers, multiply line 6 by 35% (.35) 8 If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions 8 If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions 9 10 Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions) 10 Subtract line 10 from line 4. If zero or less, enter -0-11 11 Enter the **smaller** of line 9 or line 11 12 12 If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of 13 employees included on line 1a for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions) 13 Enter the number of full-time equivalent employees you would have entered on line 2 if you only 14 included employees included on line 13 15 Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions) 15 Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small 16 employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 2,240

For Paperwork Reduction Act Notice, see separate instructions.

Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see

Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount

Enter the amount you paid in 2012 for taxes considered payroll taxes for purposes of this credit (see instructions)

Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T,

Form **8941** (2012)

19

17

18

19

20

on Form 3800, line 4h

93-1293019	Depreciation Adjustment Report All Business Activities	
Form Unit Asset	Description Tax AMT P There are no assets that meet the criteria of this report	AMT djustments/ references

93-1293019	Fed	eral State	emen	ts				
Form 9	90, Part IX, Line 11	g - Other Fε	es for	Service (Non-	employee)			
Description	To Expe			rogram Service		ement & neral		- und aising
LITIGATION DUTSIDE CONTRACT SVC	\$ 	5,592 5,700	\$	5,592 5,700	\$		\$	<u> </u>
TOTAL	\$	11,292	\$	11,292	\$	0	\$	(
	Form 990, Part I	X, Line 24e	- All Ot	her Expenses				
Description	To Expe		Program Service		Management & General		Fund Raising	
MISC	\$	41	\$		\$	41	\$	
TOTAL	\$	41	\$	0	\$	41	\$	

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount	
DONATIONS UNDER 5000	 \$ 94,9	14
DEER CREEK FOUNDATION		
CASH CONTRIBUTION	25,0	000
MCKENZIE RIVER GATHERING FOUNDATION		
CASH CONTRIBUTION	10,5	00
BURNING FOUNDATION		
CASH CONTRIBUTION	12,0	000
BEN & JERRY'S FOUNDATION		
CASH CONTRIBUTION	15,0	000
PATAGONIA	0 -	
CASH CONTRIBUTION	8,5	00
CHARLOTTE MARTIN FOUNDATION	F 0	
CASH CONTRIBUTION	5,0	100
WILBURFORCE FOUNDATION	11 0	110
CASH CONTRIBUTION KLORFINE FOUNDATION	44,0	112
CASH CONTRIBUTION	5,0	١٨٨
REX FOUNDATION	5,0	,00
CASH CONTRIBUTION	5,0	100
MCINTOSH FOUNDATION	3,70	
CASH CONTRIBUTION	25,0	000
WEEDEN FOUNDATION	- , -	
CASH CONTRIBUTION	10,0	000
G.S. PHILANTHROPY FUND		
CASH CONTRIBUTION	5,0	000
MARGUERITE STEINERT TRUST		
CASH CONTRIBUTION	26,8	318
CENTER FOR BIOLOGICAL DIVERSITY		
CASH CONTRIBUTION	5,0	000
AUDUBON SOCIETY OF PORTLAND		
CASH CONTRIBUTION	5,0	100
MOUNTAIN ROSE HERBS		
CASH CONTRIBUTION	5,0	
TOTAL	\$ 306,7	44

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	 Total	 Excess
BEN & JERRY	\$ 30,000	\$ 9,538
DEER CREEK	95,000	74,538
ACORN FOUNDATION	10,000	
MEYER MEMORIAL TRUST	19,500	
BURNING FOUNDATION	64,500	44,038
PATAGONIA	16,500	
444S FOUNDATION	58,000	37,538
DAVID VAN WIE	32,000	11,538
MCINTOSH FOUNDATION	25,000	4,538
WEEDEN FOUNDATION	10,000	
MARGUERITE STEINERT TRUST	 26,818	 6,356
TOTAL	\$ 387,318	\$ 188,084

93-1293019	Federal Statements	
	Schedule A, Part II, Line 10(e)	
	Description	Amount
MERCHANDISE	·	\$
TOTAL		\$0
	Schedule A, Part II, Line 12	
	Description	Amount
FEE RECOVERY MISCELLANEOUS MISC		\$ 30,166 553
FUNDRAISING GATHERING		46,658
TOTAL		\$ 77,377