DLN: 93493251001416

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

Open to Public Inspection

A Fo	or the	2013 Ca		ing 01-01-2015 , and ending 12-31-201	LO			
	-	pplicable	C Name of organization CASCADIA WILDLANDS			D Emplo	yer ide	ntification number
	ress cha	_				93-12	29301	9
_	ne chan	_	Doing business as					
Init	ıal retur	rn				E Telepho	one num	ber
Fina		nınated	Number and street (or P O box if i PO BOX 10455	mail is not delivered to street address) Room/su	ite		434-1	
	ended r		C.t t-t-	TID on forman and a decided		(541)	434-1	1463
_			EUGENE, OR 974402455	untry, and ZIP or foreign postal code		G Gross r	eceipts s	\$ 310,762
j App	nication	pending						
			F Name and address of pri	incipal officer		s this a group ubordinates?		for □Yes 🔽 No
			PO BOX 10455		1	re all subordi		Tyes No
			EUGENE,OR 97440			icluded?	mates	1 1631 110
	, over	nt status	<u> </u>	(insert no)	l			(see instructions)
				Insert no) 4947(a)(1) or 527	H(c) (Group exempt	ion nur	mber 🟲
J W	ebsite	: :► WW	W CASCWILD ORG					
K Forn	n of org	ganization	Corporation Trust Association	on	L Year	of formation	М	State of legal domicile
Pa	rt I	Sum	mary					
Governance	C A WI T H	ASCADI ILD ECC	SYSTEMS WE ENVISION VA	n or most significant activities GITATES, AND INSPIRES A MOVEME IST OLD-GROWTH FOREST, RIVERS F OMMUNITIES SUSTAINED BY THE UI	ULLOFW	/ILD SALMOI	N, WOL	LVES HOWLING IN
69 60	2 C	heck th	ıs box ▶┌ ıf the organızatıon dı	scontinued its operations or disposed o	f more tha	ın 25% of its	net as	sets
								•
<u>ies</u>				ning body (Part VI, line 1a)			3	7
Activities &				of the governing body (Part VI, line 1b)			4	7
ब				calendar year 2015 (Part V, line 2a) .			5	8
			•	necessary)			6	55
			elated business revenue from P ited business taxable income fr	Part VIII, column (C), line 12			7a 7b	0
	D NO	et unitera	ted business taxable medile ii	om rotin 550 1, time 54		Prior Year	<u> </u>	Current Year
	_	Contri	butions and grants (Dart VIII	L		1 1101 1 Cu1		Current rear
	8			line in)		212.	897	235.268
3	8 9			line 1h)		212,		
Anue	9	Progra	m service revenue (Part VIII,	line 2 g)		212,i		
Revenue		Progra Invest	m service revenue (Part VIII, ment income (Part VIII, colum	line 2g)		123,	494	15,204 0
Revenue	9 10	Progra Invest Other	m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (A)	line 2 g)		123, 35,	494 2 741	15,204 0 59,448
Revenue	9 10 11 12	Progra Invest Other Total r 12)	m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (A) revenue—add lines 8 through 1:	line 2g)		123,	494 2 741	15,204 0
Revenue	9 10 11 12	Progra Invest Other Total r 12) Grants	m service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (A) revenue—add lines 8 through 1: s and similar amounts paid (Par	line 2g)	e	123, 35,	494 2 741	15,204 0 59,448 309,920
Revenue	9 10 11 12 13 14	Progra Invest Other Total r 12) Grants Benefi	im service revenue (Part VIII, ment income (Part VIII, colum revenue (Part VIII, column (A) revenue—add lines 8 through 1: s and similar amounts paid (Par ts paid to or for members (Part	Inne 2g)	e	123, 35,	494 2 741	15,204 0 59,448 309,920
	9 10 11 12	Progra Invest Other Total r 12) Grants Benefi	im service revenue (Part VIII, iment income (Part VIII, column (A) revenue (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part is paid to or for members (Part is paid to compensation, employ	line 2g)	e	123, 35,	494 2 741 134	15,204 0 59,448 309,920 0
	9 10 11 12 13 14	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10)	im service revenue (Part VIII, iment income (Part VIII, column (A) revenue (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part is paid to or for members (Part is paid to compensation, employ	line 2g)	e	35, 372,	494 2 741 134	15,204 0 59,448 309,920 0
	9 10 11 12 13 14 15	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes	im service revenue (Part VIII, iment income (Part VIII, column (A) revenue (Part VIII, column (A) revenue—add lines 8 through 13 and similar amounts paid (Part is paid to or for members (Part es, other compensation, employ issional fundraising fees (Part I)	Inne 2g)	e	35, 372,	494 2 741 134	15,204 0 59,448 309,920 0 0
Expenses Revenue	9 10 11 12 13 14 15	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes	im service revenue (Part VIII, iment income (Part VIII, column (A) revenue (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part its paid to or for members (Part its paid to or for members (Part its, column (I) and raising expenses (Part IX, column (I)	Inne 2g)	e	35, 372,	194 2 741 134	15,204 0 59,448 309,920 0 0 214,785
	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fu Other	im service revenue (Part VIII, iment income (Part VIII, column (A) revenue (Part VIII, column (A) and similar amounts paid (Part is paid to or for members (Part ies, other compensation, employ issional fundraising fees (Part IX) indraising expenses (Part IX, column (A), expenses (Part IX, column (A),	line 2g)	e	35, 372, 356,	1 3 4 1 5 1 1 5 1 1 4 2 4 1 1 4 2 4 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	59,448 309,920 0 0 214,785
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other	im service revenue (Part VIII, iment income (Part VIII, column (A) revenue (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part its paid to or for members (Part its paid to or for members (Part its, other compensation, employ issional fundraising fees (Part IX) indraising expenses (Part IX, column (A), expenses Add lines 13–17 (microscopics)	line 2g)	e	35, 372, 356, 75,	1 3 4 1 5 1 4 2 4 5 7 5	15,204 0 59,448 309,920 0 0 214,785 0 53,947 268,732
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other	im service revenue (Part VIII, iment income (Part VIII, column (A) revenue (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part its paid to or for members (Part its paid to or for members (Part its, other compensation, employ issional fundraising fees (Part IX) indraising expenses (Part IX, column (A), expenses Add lines 13–17 (microscopics)	Inne 2g)	e	35, 372, 356, 75, 431,	1 3 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	15,204 0 59,448 309,920 0 0 214,785 0 53,947 268,732
Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	im service revenue (Part VIII, iment income (Part VIII, column (A) revenue (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part is paid to or for members (Part is, other compensation, employ esional fundraising fees (Part IX) indicaising expenses (Part IX, column (A), expenses Add lines 13–17 (mile less expenses Subtract lines)	line 2g)	e	123, 35, 372, 356, 75, 431, -59,	1 3 4 1 1 3 4 1 1 5 1 1 1 3 4 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15,204 0 59,448 309,920 0 214,785 0 53,947 268,732 41,188 End of Year
Expenses	9 10 11 12 13 14 15 16a b	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	im service revenue (Part VIII, iment income (Part VIII, column (A) revenue (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part its paid to or for members (Part its paid to or for members (Part its, column (Part its) and fundraising fees (Part IX, column (Part its) and fundraising expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (multiple its expenses Subtract lines its expenses Subtract lines its expenses (Part X, line 16)	line 2g)	e Beginni	123, 35, 372, 356, 75, 431, -59, ng of Current	134 134 151 424 575 441 Year	15,204 0 59,448 309,920 0 214,785 0 53,947 268,732 41,188 End of Year 124,021
	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	im service revenue (Part VIII, iment income (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part is paid to or for members (Part is paid to or for members (Part is, other compensation, employ indicating expenses (Part IX, column (I) expenses (Part IX, column (A), expenses Add lines 13–17 (minute less expenses Subtract lines in assets (Part X, line 16)	line 2g)	e Beginni	123, 35, 372, 356, 75, 431, -59, ng of Current	1 3 4 1 1 3 4 1 1 5 1 1 1 3 4 1 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15,204 0 59,448 309,920 0 214,785 0 53,947 268,732 41,188 End of Year
Not Assets or Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as	im service revenue (Part VIII, iment income (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part its paid to or for members (Part its	Inne 2g)	e Beginni	123, 35, 372, 356, 75, 431, -59, ng of Current 86, 8, 78,	1 3 4 2 4 5 7 5 4 4 1 1 3 9 6 1 5 5 1 3 9 6 1 5 5 5 1	15,204
Met Assets of Expenses by Pund Batances Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r penal nowled rer has	Progra Invest Other Total r 12) Grants Benefit Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as Sign Ilties of p Ige and b Is any kr	im service revenue (Part VIII, iment income (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part its paid to or for members (Part IX) andraising expenses (Part IX, column (I) expenses (Part IX, column (A), expenses Add lines 13–17 (minute less expenses Subtract lines its expenses Subtract lines its expenses Subtract lines its expenses Subtract lines its expenses Subtract in expenses its expenses Subtract lines its expenses Subtract lin	line 2g)	e Beginni	123, 35, 372, 356, 75, 431, -59, ng of Current 86, 8, 78, dules and sta	134 134 151 424 575 441 Year 551 396 155	15,204
Signature State of St	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r penal nowled rer has	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total I Net as Sign Iltres of p ige and b is any kr	im service revenue (Part VIII, iment income (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part its paid to or for members (Part IX) andraising expenses (Part IX, column (I) expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (mouse less expenses Subtract lines in a sets or fund balances Subtract in a set or fund balances Subtract in	Inne 2g)	e Beginni	35, 372, 356, 75, 431, -59, ng of Current 86, 8, 78, dules and sta) is based on	134 134 151 424 575 441 Year 551 396 155	15,204
Signal Assets of Expenses Expenses Expenses Expenses Expenses Expenses	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r penal nowled rer has	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as Sign Ities of p ige and b is any kr	im service revenue (Part VIII, iment income (Part VIII, column revenue (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part its paid to or for members (Part IX) andraising expenses (Part IX, column (IX) expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (mouse less expenses Subtract lines in a sets or fund balances Subtract in a set o	Inne 2g)	Beginni ying schenan officer	356, 372, 356, 75, 431, -59, ng of Current 86, 8, 78, dules and sta) is based on 2016-08-01 Date Check f	494 2 741 134 151 424 575 441 Year 551 396 155	15,204
Signature State of St	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r penal nowled rer has	Progra Invest Other Total r 12) Grants Benefi Salarie 5-10) Profes Total fu Other Total a Reven Total I Net as Sign Ilties of p ige and b is any kr	im service revenue (Part VIII, iment income (Part VIII, column revenue (Part VIII, column (A)) revenue—add lines 8 through 1: and similar amounts paid (Part its paid to or for members (Part IX) individuals gexpenses (Part IX, column (I) expenses (Part IX, column (A), expenses Add lines 13–17 (minute less expenses Subtract lines in assets (Part X, line 16)	Inne 2g)	Beginni yung sche	356, 372, 356, 75, 431, -59, ng of Current 86, 8, 78, dules and sta) is based on 2016-08-01 Date Check if self-employed	494 2 741 134 151 424 575 441 Year 551 396 155 attemen all info	15,204
Page Presences Page Presences Page Presences Page Presences Page Presences Presences	9 10 11 12 13 14 15 16a b 17 18 19 20 21 22 t III r penal nowled rer has	Progra Invest Other Total r 12) Grants Benefir Salarie 5-10) Profes Total fu Other Total e Reven Total a Total I Net as Sign Illies of p	im service revenue (Part VIII, iment income (Part VIII, column revenue (Part VIII, column (A) revenue—add lines 8 through 1: and similar amounts paid (Part its paid to or for members (Part IX) andraising expenses (Part IX, column (IX) expenses (Part IX, column (A), expenses (Part IX, column (A), expenses Add lines 13–17 (mouse less expenses Subtract lines in a sets or fund balances Subtract in a set o	Inne 2g)	Beginni ying schenan officer	356, 372, 356, 75, 431, -59, ng of Current 86, 8, 78, dules and sta) is based on 2016-08-01 Date Check f	494 2 741 134 151 424 575 441 Year 551 396 155 attemen all info	15,204

EUGENE, OR 97402

May the IRS discuss this return with the preparer shown above? (see instructions).

Par	t IIII State	ement of Program Se	rvice Accomplish	ments		<u> </u>
		c if Schedule O contains a i		line in this Part I	<u> </u>	<u> </u>
1	•	ribe the organization's miss				
					D PROTECT AND RESTORE .D SALMON, WOLVES HOW	
					NDSCAPES OF THE CASCA	
	·			-		
	Did the organ	nızatıon undertake any sıgr	uficant program service	as during the year	which were not listed on	
_		m 990 or 990-EZ?				▽Yes ▽No
	If "Yes," des	cribe these new services o	n Schedule O			
3		nization cease conducting,			ducts, any program	
						⊤Yes √No
	If "Yes," des	cribe these changes on Sc	hedule O			
4					ee largest program services	
		ection 501(c)(3) and 501(enses, and revenue, if any,			the amount of grants and all	ocations to others,
	cita cocar exp	enses, and revenue, ir any,	ior cach program servi	ce reported		
4a	(Code) (Expenses \$	215,726 inclu	ıdıng grants of \$) (Revenue \$)
					ST, NATIVE FISH AND WILDLIFE IN	
	ECOLOGICAL I	NTEGRITY OF THESE PLACES WI	(A (LE CASCADIA) CASCAL E HAVE PROTECTED TENS OF	THOUSANDS OF ACR	ECUTED STRATEGIC CAMPAIGNS TES OF ONCE THREATENED WILDLA	NDS AND HELPED RESTORE
	SPECIES BACK	FROM THE BRINK OF EXTINCTI D NATIONAL ORGANIZATIONS TO	ON, THE GRAY WOLF, FOR E	XAMPLE WE FUNCTIO	N BEST IN COALITION AND REGUL	ARLY JOIN FORCES WITH LOCAL,
	— REGIONAL, AN	D NATIONAL ORGANIZATIONS TO	DOLSTER OOR ETTECTIVEN			
4b	(Code) (Expenses \$	ınclu	ding grants of \$) (Revenue \$	
40	(couc) (Expenses \$	meia	ang grants or \$) (Nevenue \$,
4 c	(Code) (Expenses \$	ınclu	ding grants of \$) (Revenue \$)
4d	Other progr	am services (Describe in S	chedule O)			
	(Expenses	·	including grants of \$) (Revenue \$)
 4е		am service expenses 🕨	215,726		· · · · · · · · · · · · · · · · · · ·	·
~	rocar progre	and deliving expenses r	213,720			

FORM 990 (.	2015)		Рa
Part IV	Checklist of Required Schedules		
		V	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
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		No
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	Yes	
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 😼	10		No
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	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	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		No
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		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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 25a	24a		No
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		
25a	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		No
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		No
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		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>			
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
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? <i>If "Yes," complete Schedule R, Part I </i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

	990 (2013)					Page
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this		V			
	Chesic in Constants of Constants a recipions of the any into in any				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	4			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
C	Did the organization comply with backup withholding rules for reportable payments to gaming (gambling) winnings to prize winners?	o vend	dors and reportable	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employers. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin	g the	year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanati	on in S	Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)? \cdot .			4a		No
Ь	If "Yes," enter the name of the foreign country	k and	Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	elter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			F		
6a	Does the organization have annual gross receipts that are normally greater than \$10 organization solicit any contributions that were not tax deductible as charitable contributions.			5c 6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	hatsu		6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribute services provided to the payor?			7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services p			7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal properfile Form 8282?	rty for	which it was required to	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a p	oerson	al benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal state of the organization of the or	onal b	enefit contract?	7f		No
_	If the organization received a contribution of qualified intellectual property, did the organized?			7g		No
	If the organization received a contribution of cars, boats, airplanes, or other vehicles Form 1098-C?			7h		No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess buduring the year?	sines:	s holdings at any time	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966	?.		9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or rela			9b		
10	Section 501(c)(7) organizations. Enter	ŕ				
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					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990) in lie	u of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? No additional information the organization must report on Schedule O	lote. S	see the instructions for	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
C	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax	x year	?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explana	ation ir	Schedule O	14b		I

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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.

	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 7			
	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 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-	163	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		N o
D				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	\vdash		No
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			No
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	No
b 12a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	No
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a		No
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b	Yes	No
b 12a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	11a 12a 12b	Y es Y es	No
b 12a b c	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	11a 12a 12b 12c 13	Yes Yes Yes	No
b 12a b c 13 14	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13	Yes Yes Yes	No
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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?	11a 12a 12b 12c 13	Yes Yes Yes	N o
b 12a b c 13 14 15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	No
b 112a b c 113 114 115 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
b 112a b c 113 114 115 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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 with a taxable entity during the year? 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? Exection C. Disclosure List the States with which a copy of this Form 990 is required to be filed.	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization 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 with a taxable entity during the year? 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?	11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes	

State the name, address, and telephone number of the person who possesses the organization's books and records ▶JOSH LAUGHLIN PO BOX 10455 EUGENE, OR 974402455 (541)434-1463

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	not box h ar or/tr	chec k, unle n offic ustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations	
(1) LAURA BEATON TREASURER	5 00	х		х				0	0	(
(2) JONATHAN LEONG DIRECTOR	5 00	х						0	0	(
(3) SARAH PETERS PRESIDENT	5 00	х		х				0	0	(
(4) TIM REAM DIRECTOR	5 00	х						0	0	(
(5) SHANNON ROSE DIRECTOR	5 00	х						0	0	(
(6) EMILY STOLARCYK DIRECTOR	5 00	х						0	0	(
(7) IRENE WOLANSKY SECRETARY	5 00	х		х				0	0	ı	
(8) JOSH LAUGHLIN EXECUTIVE DI	40 00			х				50,387	0	(
(9) BOB FERRIS EXECUTIVE DI	40 00			х				2,077	0	(

t VII	Section A. Officers	Directors,	Trustees,	Kev Emr	olovees	, and Highest	Compensated I	mplovees	(continued
-------	---------------------	------------	-----------	---------	---------	---------------	---------------	----------	------------

	(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(E Repor comper from organiza	table nsation the tion (W-	(E) Reportable compensation from related organizations (W-	c	(F) Estimat nount of ompense from th	other ation
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganızatıc relate organızat	d
												_		
1b	Sub-Total						<u> </u> 							
с d	Total from continuation sheet Total (add lines 1b and 1c)	s to Part VII, S	ection A	٠ • •	· .	· .	. +		5.	2,464				
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any f oon line 1 a? <i>If "Yes," complete S</i>	•				key •	emplo	yee, •	or highes	t compen • •	sated employee	3		No
4	For any individual listed on line organization and related organ individual	e 1a, is the sum izations greater	of repo than \$1	rtable L50,0	e co	mpe ? <i>If</i>	nsatio "Yes," (n and	d other cor lete Schedu	mpensation ule J for s	on from the uch	4		No
5	Did any person listed on line 1 services rendered to the organ										or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization from the organizati	e highest comp											ax year	
	N	(A) ame and business	address							Des	(B) cription of services		(C) Compens	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization 🕨

Part V	1 1 1	Statement o						
		Check If Sched	ule O contains a respor	nse or note to any lir	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
								512-514
2 2	1a	Federated cam	paigns 1a					
ani En	b	Membership du	es 1b					
5 🖁	С	Fundraising eve	ents 1c					
£, ₹	d	Related organiz	zations 1d					
5 🖺								
Contributions, Giffs, Grants and Other Similar Amounts	е	Government grant	s (contributions) 1e					
ફ	f	All other contribute similar amounts no	ons, gifts, grants, and 1f ot included above	235,268				
≣ੁ≨∣	g		ons included in lines	7,368				
Contributions, Giffs, Grants and Other Similar Amounts		1a-1f \$						
3 ಕ	h	Total. Add lines	s 1a-1f	• • • ▶	235,268			
æ				Business Code				
nua	2a	REIMBURSEMENTS	5		8,368	8,368		
eg.	ь	MISCELLANEOUS	_		3,519	3,519		
1 e 2	С	FEE RECOVERY			3,317	3,317		
Program Service Revenue	d							
	е							
	f	All other progra	am service revenue					
) နွ								
	g		s 2a-2f		15,204			
	3		ome (including dividendar amounts)					
	4		stment of tax-exempt bond					
	5	Royalties		▶ [
			(ı) Real	(II) Personal				
	6a	Gross rents						
	ь	Less rental						
		expenses						
	С	Rental income or (loss)						
	d	Net rental inco	me or (loss)					
		_	(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory						
	b	Less cost or other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (los	s)					
Other Kevenue	8a	Gross income f events (not inc	luding					
er Ke		See Part IV, lir	s reported on line 1c) ne 18 a	59,536				
5	b	Less direct ex	penses b					
-	С	Net income or	(loss) from fundraising	events 🛌	59,536			
	9a		rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С		· (loss) from gamıng actı [,]	vities				
	10a	Gross sales of			<u> </u>			
		returns and allo		754				
			a	754				
	Ь		oods sold b	842	-88			-8
	С	Miscellaneous	(loss) from sales of inve	entory p - Business Code	-08			- · ·
	11a	miscellaneou	s Nevellue	Dualliess Code				
	T T C							
	ن ر							
	C	A 11						
	d		ue					
	е	Total. Add lines		•				
	12	Total revenue.	See Instructions .	· · · · •	309,920	15,204		-8

Part	Statement of Functional Expenses				
Section	on $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns	All other organız	ations must com	nplete column (A)	
	Check if Schedule O contains a response or note to any line in t	hıs Part IX			<u> </u>
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	52,464	43,020	7,870	1,574
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	124,911	102,428	18,736	3,747
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	20,585	20,585		
10	Payroll taxes	16,825	13,797	2,524	504
11	Fees for services (non-employees)				
а	Management				
b	Legal	195		195	
С	Accounting	4,137		4,137	
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 (A) amount, list line 11g expenses on Schedule O)	3,034	3,034		
12	Advertising and promotion	253		253	
13	Office expenses	9,860	9,228		632
14	Information technology	10,156	8,329	1,523	304
15	Royalties				
16	Occupancy	7,168	5,878	1,075	215
17	Travel	5,191	5,191		
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	108	108		
23	Insurance	2,343	1,922	351	70
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	MISC	3,763		3,763	
b	EVENT COSTS	3,567			3,567
c	MERCH FEES	2,102	2,102		
d	LICENSE AND FEES	1,966		1,966	
е	All other expenses	104	104		
25	Total functional expenses. Add lines 1 through 24e	268,732	215,726	42,393	10,613
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Form 990 (2015) Page 11 Part X **Balance Sheet** (A) (B) Beginning of year End of year 2,365 122.424 1 33.507 2 2 Savings and temporary cash investments 46.000 3 Pledges and grants receivable, net 4 -1.250 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 9 1,882 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis 1,322 Complete Part VI of Schedule D 10a b 10b 357 430 **10c** 965 Less accumulated depreciation 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . 14 14 15 4.249 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 86.551 16 124,021 8.396 **17** 4,678 **17** 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 23 Secured mortgages and notes payable to unrelated third parties . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 8.396 26 4,678 **Total liabilities.**Add lines 17 through 25 . . . Organizations that follow SFAS 117 (ASC 958), check here ▶

 and complete Balance lines 27 through 29, and lines 33 and 34. 32.155 119.343 27 27 46,000 28 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 78,155 119.343 33 34 86.551 Total liabilities and net assets/fund balances 124.021

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

3b

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493251001416

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.
 ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

2015

Open to Public Inspection

Internal Revenue Service www.irs.gov/form990.

Name of the organization CASCADIA WILDLANDS

Employer identification number 93-1293019

Pai	rt I	Reason for Publi	c Charity S	tatus (All organıza	tions must co	mplete this p	art.) See instruction	ons.
The c	rganız	zation is not a private fo	undation beca	ause it is (For lines 1	through 11, ch	eck only one b	ox)	_
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ))						
3	Γ	A hospital or a cooper	atıve hospıtal	service organization o	described in sec	tion 170(b)(1)	(A)(iii).	
4	Γ	A medical research or	ganızatıon ope	erated in conjunction v	vith a hospital d	escribed in se c	tion 170(b)(1)(A)(iii). Enter the
	_	hospital's name, city,						
5	ı	An organization opera			iversity owned	or operated by	a governmental unit o	lescribed in section
6	Г	170(b)(1)(A)(iv). (Co			described in se	ection 170(b)(1	1)(Δ)(v).	
7	, 	An organization that n						ieneral nublic
•	,	described in section 1				om a governme	incar anne or mont ene g	terrer public
8	Γ	A community trust des				tII)		
9	Γ	An organization that r	ormally receiv	ves (1) more than 33	1/3% of its supp	oort from contr	ıbutıons, membershıp	fees, and gross
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support						
		from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)						
10	Г	An organization organi					ı 509(a)(4).	
11	,	An organization organi	· ·	•	· ·	•		ut 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 in lines 11a th	-			-		
а	ı	Type I. A supporting o supported organization						
		organization You must				ty of the unect	ors or trustees or the	supporting
b	Γ	Type II. A supporting	-			with its suppo	rted organization(s), b	y having control or
		management of the su			same persons t	hat control or r	nanage the supported	organization(s) You
	_	must complete Part IV						
C	ı	Type III functionally i supported organization						grated with, its
d	Г	Type III non-function						anızatıon(s) that ıs
		not functionally integra					ement and an attentiv	eness requirement
_	_	(see instructions) You					T I T II T	
е	1	Check this box if the o integrated, or Type III					s a rype i, rype ii, r	ype III lunctionally
f	Enter	r the number of support						
g		Provide the following ii						
_								
		(i)	(ii)EIN	(iii)	(iv)		(v)	(vi)
Nam	ne of s	upported organization		Type of	Is the organ		A mount of	A mount of other
				organization (described on lines	listed in your	-	monetary support	support (see instructions)
				1- 9 above (see	docume	ant r	(see instructions)	ilistructions)
				instructions))				
					Yes	No		
Tota								

instructions

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and 214,617 306,744 275,838 212,897 235,268 membership fees received (Do 1,245,364 not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 214,617 306,744 275,838 212,897 235,268 1,245,364 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included 312,129 on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 933,235 from line 4 Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 🟲 214,617 306,744 275,838 212,897 235,268 1,245,364 Amounts from line 4 Gross income from interest, dividends, payments received on 2 securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of 350 270 1,332 754 2,706 capital assets (Explain in Part 11 Total support. Add lines 7 1,248,072 through 10 Gross receipts from related activities, etc (see instructions) 12 12 74,740 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage 14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 74 770 % 15 Public support percentage for 2014 Schedule A, Part II, line 14 15 80 770 % 16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box ►V and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2014. 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 test – 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported \blacksquare organization b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (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.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a 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 C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on 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) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

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

Se	ction	Δ ΔΙΙ	Sunno	rtina	Orgai	nizations
Je	CUUII	A. A.	Suppu	, una	Ol uai	IILAGUUIIS

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

Pai	Supporting Organizations (continued)			
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	re supported organizations have the power to regularly directors or trustees at all times during the tax year? in (s) effectively operated, supervised, or controlled the one supported organization, describe how the powers to among the supported organization, describe how the powers to among the supported organization other than the supported organization(s) organization? Tried out the purposes of the supported organization(s) that the supported organization of the supporting organization was vested in the same persons. Yes No as during the tax year also a majority of the directors or ation(s)? The supporting organization was vested in the same persons. Yes No as advining the tax year also a majority of the directors or ation(s)? The supporting organization was vested in the same persons. Yes No ganizations, by the last day of the fifth month of the he type and amount of support provided during the prior intly filed as of the date of notification, and (3) copies of date of notification, to the extent not previously provided? In these selfactions or all the supported organization? In the supported organization working relationship with the ganization's supported organization's income or assets at proported organizations played in this regard. Supporting Organizations Supporting Organizations Supporting Organizations Supported organizations Complete line 3 below ty Describe in Part VI how you supported a government entity (see Yes No Yes No The support of the supported organizations, and how the ubstantially all of its activities. In the proposed organizations, and how the ubstantially all of its activities. In the proposed organizations, and how the ubstantially all of its activities. In sposition that its supported organization(s) would have rement. By below. Or elect a majority of the officers, directors, or trustees of art VI.		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
1 a b	The organization is the parent of each of its supported organizations Complete line 3 below			
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
Ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	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		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	· · · · · · · · · · · · · · · · · · ·
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furth excess of income from activity			
3 Administrative expenses paid to accomplish exemp			
4 A mounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instru	uctions		
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
 Carryover from 2010 not applied (see instructions) 			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 31 and 4c			
8 Breakdown of line 7			
c Excess from 2013			
d From 2014			
e From 2015			

Part VI 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).

Facts And Circumstances Test

Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 1,952

Schedule A (Form 990 or 990-EZ) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493251001416

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Inspection

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

ine	e organization answered "Yes 35c (Proxy Tax) (see separate Section 501(c)(4), (5), or (6) orga		oxy Tax) (see se	eparate instructions) or l	Form 990-EZ, Part V,		
Na	me of the organization SCADIA WILDLANDS	The state of the s		Employer iden	tification number		
Par	t I-A Complete if the or	ganization is exempt under	section 501(c		organization.		
1	Provide a description of the or	ganization's direct and indirect politic	cal campaign acti	vities in Part IV			
2	Political expenditures	gamzacion o an eet ana maneet pontis	zar campaign acti	▶ -	\$		
3	Volunteer hours			section 4955 sunder section 4955 for this year? Yes No Yes No Section 501(c), except section 501(c)(3). Ion 527 exempt function activities r organizations for section 527 d on Form 1120-POL, line 17b Yes No			
Par	t I-B Complete if the or	ganization is exempt under	section 501(c	2)(3).			
1	-	e tax incurred by the organization un		<u></u>	\$		
2		e tax incurred by organization manag		4955	\$		
3	If the organization incurred a s	section 4955 tax, did it file Form 472	O for this year?		☐ Yes ☐ No		
4a	Was a correction made?				┌ Yes ┌ No		
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the or	ganization is exempt under	section 501(c	c), except section 50	1(c)(3).		
1	Enter the amount directly expe	ended by the filing organization for se	ction 527 exemp	t function activities 🕨	\$		
2	Enter the amount of the filing of exempt function activities	organization's funds contributed to ot	her organızatıons	for section 527	\$		
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 1120	0-POL, line 17b ►	\$		
4	Did the filing organization file F	· · · · · · · · · · · · · · · · · · ·					
5	organization made payments f amount of political contribution	nd employer identification number (E For each organization listed, enter th ns received that were promptly and d political action committee (PAC) If	e amount paıd fro irectly delivered t	m the filing organization's f to a separate political orga	unds Also enter the nization, such as a		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-		
2							
3							
4							
5							

ŀ	e C (Form 990 or 990-EZ) 2015						Page 2
1	CI-A Complete if the organization is under section 501(h)).	exempt under	section 501(c)(3) and f	ilec	l Form 5768	(election
c	ck 🕨 🗆 if the filing organization belongs to an af		list in Part IV ea	ch affiliated g	roup	member's name	e, address, EIN,
c	expenses, and share of excess lobbying ck F if the filing organization checked box A a		l" provisions app	olv			
	Limits on Lobbying			·· /		(a) Filing	(b) Affiliated
	(The term "expenditures" means					organization's totals	group totals
	al lobbying expenditures to influence public opinions	on (grass roots					
	oring) al lobbying expenditures to influence a legislative	e body (direct lobb	yıng)				
t	al lobbying expenditures (add lines 1a and 1b)						
h	ner exempt purpose expenditures						
t	al exempt purpose expenditures (add lines 1c and	d 1d)					
b	bying nontaxable amount Enter the amount from	the following table	ın both columns				
t	he amount on line 1e, column (a) or (b) is:	e lobbying nontaxal	ole amount is:				
t	over \$500,000 20°	% of the amount on li	ne 1e				
_	r \$500,000 but not over \$1,000,000 \$1	00,000 plus 15% of the	e excess over \$500 (000			
		· ·	<u> </u>				
Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000							
		,000,000					
_	h \$17,000,000 \$1,	,000,000					
a	ssroots nontaxable amount (enter 25% of line 1f	·)					
h	otract line 1g from line 1a If zero or less, enter -0) -					
b	otract line 1f from line 1c If zero or less, enter -0	-					
	here is an amount other than zero on either line 1 orting section 4911 tax for this year?	h or line 11, did the	organization file	Form 4720			
,,	orting section 4911 tax for this year?		Г	Yes	_ N	o	
			<u>'</u>		,		
	4-Year Aver	aging Period U	Inder section	501(h)			
	(Some organizations that made a sec	tion 501(h) el	ection do not	have to co			e five
	columns below. See the	separate instr	uctions for li	nes 2a thro	oug	h 2f.)	
	Lobbying Expend	itures During	4-Year Avera	ging Perio	d		
	Calendar year (or fiscal year beginning in)	(a)2012	(b) 2013	(c) 2014		(d) 2015	(e) Total
2	bbying nontaxable amount						
_	, , ,				\dashv		
	bbying ceiling amount						
_	50% of line 2a, column(e))				\dashv		
o	otal lobbying expenditures						
_					十		
r	assroots nontaxable amount						
0	50% of line 2a, column(e)) stal lobbying expenditures						

Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

<i></i>		(a)		(b		
ror e activ	ach "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description of the lobbying outy.		No	,	Amoun	ıt
		Yes		·		
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					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
C	Media advertisements?		Νo			
d	Mailings to members, legislators, or the public?		Νo			
е	Publications, or published or broadcast statements?		Νo			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes				43
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	O ther activities?	Yes				13
j	Total Add lines 1c through 1i					57
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	t III-A Complete if the organization is exempt under section $501(c)(4)$, section $501(c)(6)$.	501(c)(5),	or s	ectio	n
			_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1	igsqcup	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		l

line 3, is answered "Yes." Dues, assessments and similar amounts from members

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).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
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	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Return Reference	Explanation
	DURING TAX YEAR 2015 CASCADIA WILDLANDS ENGAGED IN LIMITED DIRECT AND GRASSROOTS LOBBYING, INCLUDING 18 HOURS OF DIRECT LOBBYING AND 6 HOURS OF GRASSROOTS LOBBYING THE DIRECT LOBBYING CONSISTED OF STAFF ENGAGING LEGISLATORS ABOUT SPECIFIC LEGISLATION THE GRASSROOTS LOBBYING COSISTED OF 3 DISTINCT EMAIL ALERTS CREATED AND SENT TO THE PUBLIC, ENCOURAGING THEM TO TAKE A POSITION ON LEGISLATION

1

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493251001416

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

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

Employer identification number

CADIA WILDLANDS		
rt I Organizations Maintaining Dono Complete if the organization answe	or Advised Funds or Other Similar F red "Yes" on Form 990, Part IV, line 6.	93-1293019 Funds or Accounts.
	(a) Donor advised funds	(b)Funds and other accounts
Total number at end of year		
Aggregate value of contributions to (during year)		
Aggregate value of grants from (during year)		
Aggregate value at end of year		
Did the organization inform all donors and donor funds are the organization's property, subject to		nor advised Yes No
Did the organization inform all grantees, donors used only for charitable purposes and not for the conferring impermissible private benefit?		
t III Conservation Easements. Comp	lete if the organization answered "Yes" (on Form 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recompression of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	reation or education) Preservation of a	n historically important land area certified historic structure
easement on the last day of the tax year	i nelu a quanneu conservation contribution in	
		Held at the End of the Year
Total number of conservation easements		2a
Total acreage restricted by conservation easem		2b
Number of conservation easements on a certifie	• •	2c
Number of conservation easements included in historic structure listed in the National Register		2d
Number of conservation easements modified, tr	ansferred, released, extinguished, or terminat	ed by the organization during the
tax year ▶		
Number of states where property subject to con	servation easement is located ►	
Does the organization have a written policy regardions, and enforcement of the conservation		ndling of Yes No
Staff and volunteer hours devoted to monitoring year	, inspecting, handling of violations, and enforc	ing conservation easements during the
<u> </u>		
Amount of expenses incurred in monitoring, ins	pecting, handling of violations, and enforcing c	conservation easements during the year
Does each conservation easement reported on (B)(i) and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of se	ction 170(h)(4)
In Part XIII, describe how the organization repo balance sheet, and include, if applicable, the tex the organization's accounting for conservation e	ct of the footnote to the organization's financia	nd expense statement, and
t III Organizations Maintaining Colle	ections of Art, Historical Treasures, red "Yes" on Form 990, Part IV, line 8.	or Other Similar Assets.
If the organization elected, as permitted under S works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foo	SFAS 116 (ASC 958), not to report in its reve ir assets held for public exhibition, education,	, or research in furtherance of public
If the organization elected, as permitted under sworks of art, historical treasures, or other similar service, provide the following amounts relating to	SFAS 116 (ASC 958), to report in its revenue ir assets held for public exhibition, education,	statement and balance sheet
i) Revenue included on Form 990, Part VIII, line	1	► \$
i) Assets included in Form 990, Part X		► \$
If the organization received or held works of art, following amounts required to be reported under		
Revenue included on Form 990, Part VIII, line	1	► \$
Assets included in Form 990, Part X		

Par	1111	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal '	Treas	sures,	or O	ther Si	milar A	sse	ts	
3		the organization's acquisition, accetion items (check all that apply)	ession, and other reco	ords, cl	hecka	any o	f the fo	ollowing t	that a	re a sıgn	ıfıcant us	e of	ıts	
а	┌ P	ublic exhibition		d	Г	Loa	norex	change	progra	ams				
b	┌ s	cholarly research		e	Γ	Oth	er							
С	ΓP	reservation for future generations												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII													
5		g the year, did the organization solic s to be sold to raise funds rather tha									┌ Yes	Г	- No	
Par	t IV	Escrow and Custodial Arra Complete if the organization a Part X, line 21.		Form	990,	Part	t IV, lı	ne 9, o	r rep	orted a	n amour	nt or	ı Forn	າ 990,
1a		e organization an agent, trustee, cus ded on Form 990, Part X?	todian or other intern	nediary	for c	ontrıl	butions	s or othe	rasse	ets not	┌ Yes	Г	- No	
ь	If"	Yes," explain the arrangement in Pa	ort XIII and complete	the fo	llowin	g tab	le				Am	ount		
c		ginning balance	·			-			1c					
d	Αd	ditions during the year							1d					
e	Dıs	tributions during the year							1e					
f	End	ing balance							1f					
2a	Did th	ne organization include an amount or	n Form 990, Part X, lı	ne 21,	for es	crow	vorcus	stodial a	ccoun	it liability	/ [?]	Г	No	
b		s," explain the arrangement in Part												
Pa	rt V	Endowment Funds. Complet										_		
	D		(a)Current year	(b) Pi	nor yea	ir	b (c) ⊺	wo years l	back	(d)Three y	ears back	(e)	Four ye	ars back
1a b		nning of year balance ributions												
c	Net II losse	nvestment earnings, gains, and												
d	Grant	ts or scholarships												
e		r expenditures for facilities rograms												
f	• Δ dmi	nistrative expenses												
g g		of year balance												
2		de the estimated percentage of the c	current vear end bala	nce (lir	ne 1 a	colu	ımn (a)) held as						
a		I designated or quasi-endowment 🕨	carrency car ena bara	1100 (111	ic 19,	COIG	(u)	, nera as	•					
b		anent endowment -												
C		orarily restricted endowment Fercentages on lines 2a, 2b, and 2c s	should equal 100%											
3a	organ	nere endowment funds not in the pos ization by	_				eld and	admınıs	tered	for the			Yes	No
	(i) un	related organizations		•		•		•			_	ı(i)		
I-		lated organizations										(ii)		
ь 4		rs" on 3a(II), are the related organiza ribe in Part XIII the intended uses o					` •					3b		
	t VI	Land, Buildings, and Equip												
		Complete if the organization a Description of property			Cost	or oth	er basıs	(t)	/	Accumulate	d		ok value
				(a) (II	rvestm	nent)	Cost or o		SIS (C)	depreciatioi			
1a	Land			. [
b	Buildin	gs		. [
C	Leasel	nold improvements		· [
d	Equipn	nent		· L										
е	Other			.					1,3	22		357		965

	(a) Description of security or cate (including name of security)	gory	(b) Book value	(c)Method of valuation Cost or end-of-year market va
	derivatives			
Closely-h Other	held equity interests			
	n (b) must equal Form 990, Part X, col (B) line 12			
t VIII	Investments—Program Related	d. arad 'Vas' on Form O	O Part IV line 11c	
	Complete if the organization answer		(b) Book value	ee Form 990, Part X, line 13. (c) Method of valuation
	(a) Description of investment		(b) Book value	Cost or end-of-year market va
	on (b) must equal Form 990, Part X, col (B) line 13 Other Assets. Complete if the organi (a) D		n Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
	Other Assets. Complete If the organi	zatıon answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete If the organi	zatıon answered 'Yes' o	n Form 990, Part IV, line	
	Other Assets. Complete If the organi	zatıon answered 'Yes' o	n Form 990, Part IV, line	
al. (Colum	Other Assets. Complete if the organi (a) D in (b) must equal Form 990, Part X, col.(B) in Other Liabilities. Complete if the	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organi (a) D	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o		(b) Book value
nl. (Column	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Colum	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o		(b) Book value
al. (Columart X	Other Assets. Complete if the organical Description of liability (a) Description of liability	zation answered 'Yes' o Description line 15.) organization answere (b) Book valu		(b) Book value

Par		evenue per Audited Financial Sta Ization answered 'Yes' on Form 990,			per R	eturn
1		r support per audited financial statements		•	1	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a			
b	Donated services and use of fa	icilities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines $2a$ through $2d$				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990	O, Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
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	
Part		rpenses per Audited Financial Starzation answered 'Yes' on Form 990,			es per	Return.
1		audited financial statements			1	
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	icilities	2a			
b	Prior year adjustments		2b			
С	Otherlosses		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990	O, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, li	ne 18)	5	
Pari	XIII Supplemental Info	ormation			·	
		Part II, lines 3, 5, and 9, Part III, lines 1a	and 4	Part IV Junes 1 h and	2 h	
Part	V, line 4, Part X, line 2, Part XI,	lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
Intor	mation	T				
	Return Reference	Explanation				

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493251001416

OMB No 1545-0047

Open to Public

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

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

Supplemental Information Regarding

Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ.

Inspection Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number** Name of the organization CASCADIA WILDLANDS 93-1293019 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			•			
3 List all states in which the o	rganization is regis	tered or	licansad	to solicit contributions o	or has been notified it is a	vemnt from

regis	stration or licensin	g			

· ······· · · · · · · · · · · · · · ·
Complete if the organization answered "Yes" on 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
receints greater than \$5,000

	receipts greater than \$5,000.				
		(a)Event #1 FUNDRAISING GAT	(b) Event #2	(c)Other events	(d) Total events (add col (a) through
		(event type)	(event type)	(total number)	col (c))
Reveirue	1 Gross receipts	59,536			59,536
~	2 Less Contributions				
	3 Gross income (line 1 minus	59,536			59,536
	4 Cash prizes				
	5 Noncash prizes				
မှာ	6 Rent/facility costs				
Expenses	7 Food and beverages				
<u>ጅ</u> ሕ	8 Entertainment				
Direct I	9 Other direct expenses				
ద	10 Direct expense summary Add lines 4	through 9 ın column (d)		
	11 Net income summary Subtract line 1	0 from line 3, column (d)		59,536
Par	rt III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mor	re than \$15,000 on
Revenue		(a)Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
nses	2 Cash prizes				
<u>8</u>	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteerlabor	Yes% No	│ Yes	│ Yes % %	
	7 Direct expense summary Add lines 2	through 5 in column (d)		
	8 Net gaming income summary Subtrac	ct line 7 from line 1, col	umn (d)	•	
9 a	Enter the state(s) in which the organizat				Yes
b	If "No," explain				·
10a b	, 3	censes revoked, susper	nded or terminated during	; the tax year?	「Yes 「No

Schedule	G (Form	990	or 990-EZ)	201

Page	3
------	---

11	Does the organization conduct gaming	activities with nonmem	bers?	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	g?		┌Yes ┌	No	
13	Indicate the percentage of gaming act	ıvıty conducted ın				
а	The organization's facility			13a	%	
b	An outside facility			13b	%	
14	Enter the name and address of the per	son who prepares the or	ganızatıon's gamıng/specıal events books	s and records		
	Name ▶					
15a	Does the organization have a contract		hom the organization receives gaming			
	revenue?	men a emia parcy nom v	montaile organization receives gaining	□Yes □	No	
h		avanua racaiyad by tha	organization b 4			
		If "Yes," enter the amount of gaming revenue received by the organization 🟲 \$ and the amount of gaming revenue retained by the third party 🏲 \$				
_						
	If "Yes," enter name and address of th	e third party				
	Name 🟲					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation 🟲 \$					
	Description of services provided					
	Director/officer	 Employee				
	Director/officer	Employee	☐ Independent contractor			
17	Mandatory distributions					
а	•	e law to make charitable	e distributions from the gaming proceeds	to		
	retain the state gaming license?					
ь	Enter the amount of distributions required under state law distributed to other exempt organizations or spent					
	in the organization's own exempt activ			•		
Pa	rt IV Supplemental Information	on. Provide the explant of the control of the contr	nnations required by Part I, line 2b, as applicable. Also complete this pa		v); and	
	Return Reference		Explanation			
		L	· · · · · · · · · · · · · · · · · · ·			

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493251001416

OMB No 1545-0047

2015

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization CASCADIA WILDLANDS

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

93-1293019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	CASCADIA WILDLANDS EDUCATES, AGITATES, AND INSPIRES A MOVEMENT TO PROTECT AND RESTORE CASCADIA'S WILD ECOSYSTEMS WE ENVISION VAST OLD-GROWTH FOREST, RIVERS FULL OF WILD SALMON, WOLVES HOWLING IN THE BACKCOUNTRY, AND VIBRANT COMMUNITIES SUSTAINED BY THE UNIQUE LANDSCAPES OF THE CASCADIA BIOREGION
FORM 990, PAGE 6, PART VI, LINE 11B	EXECUTIVE DIRECTOR AND BOARD PRESIDENT REVIEW FORM PREPARED BY OUTSIDE ACCOUNTANT
FORM 990, PAGE 6, PART VI, LINE 12C	REQUIRED DISCLOSURES, EACH SITUATION EVALUATED SEPARATELY
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION SUBJECT TO REVIEW AND APPROVAL
FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION SUBJECT TO REVIEW AND APPROVAL
FORM 990, PAGE 6, PART VI, LINE 19	UPON REQUEST