** PUBLIC DISCLOSURE COPY **

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 www.irs.gov/form990.

2013
Open to Public Inspection

A	For th	e 2013 calendar year, or tax year beginning	and	ending		
В	Check if applicab	C Name of organization			D Employer identi	fication number
	Addre	e Wild Salmon Center				
	Name chan	Doing Business As			94-	3166095
	Initial	Number and street (or P.O. box if mail is not delivered to street add	ress)	Room/suite	E Telephone numb	er
	Term ated	ⁿ⁻ 721 NW 9th Avenue	_	300	(503	3) 222-1804
	Amer	ded City or town, state or province, country, and ZIP or foreign pos	stal code		G Gross receipts \$	3,500,294.
	Appli tion	FOI CIAIIA, OR 5/205-5440			H(a) Is this a group	return
	pend	F Name and address of principal officer: Guido R. Rah	r III		for subordinate	s? Yes X No
		same as C above			H(b) Are all subordinates	included? Yes No
1	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.)	4947(a)(1)	or 527	If "No," attach	a list. (see instructions)
J	Webs	te:▶ www.wildsalmoncenter.org			H(c) Group exempti	on number 🕨
K	Form o	f organization: X Corporation Trust Association C	Other ⊳	L Year	of formation: 1992	M State of legal domicile; WA
P	art I					
_	1	Briefly describe the organization's mission or most significant activiti	ies: To pi	romote	the conser	vation and
Governance		sustainable use of wild salmon eco				
rna	2	Check this box if the organization discontinued its operation	ions or dispos	sed of more	than 25% of its net as	ssets.
Ve	3	Number of voting members of the governing body (Part VI, line 1a)			3	
		Number of independent voting members of the governing body (Part	t VI, line 1b)			
8	5	Total number of individuals employed in calendar year 2013 (Part V,	line 2a)		5	
įį.	6	Total number of volunteers (estimate if necessary)				
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			78	
_	b	Net unrelated business taxable income from Form 990-T, line 34				0.
					Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)			3,067,605.	
ž	9	Program service revenue (Part VIII, line 2g)			93,731.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			7,719.	
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e			2,287.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column		200000000000000000000000000000000000000	3,171,342.	3,500,294.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			739,535.	616,210.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0 .	
S	15	Salaries, other compensation, employee benefits (Part IX, column (A			2,871,343.	2,833,602.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	S		0.	0.
De C	. b	Total fundraising expenses (Part IX, column (D), line 25)	384,76	61.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,572,198.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line			5,183,076.	
	19	Revenue less expenses. Subtract line 18 from line 12			-2,011,734	-1,318,013.
Assets or	G			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			6,272,262.	
ASS	21	Total liabilities (Part X, line 26)			290,771.	
Net		Net assets or fund balances. Subtract line 21 from line 20	***************************************		5,981,491.	4,663,478.
1000	art II	Signature Block				
		alties of perjust declara that there examined this return, including accompa				ny knowledge and belief, it is
true	, corre	ct, and complete Declaration of preparation other than officer) is based on all in	formation of wh	nich preparer	has any knowledge.	
Sig	n	Signature of officer	_		Date	
Hei	e e	Guido R. Rahr III, President an	d CEO			
_		Type or print name and title				- I BEN
		Print/Type preparer's name Preparer's signatu	re	l r	Date Check	PTIN
Paid		Sang Ahn			self-empl	
	parer	Firm's name McDonald Jacobs, P.C.			Firm's EIN ▶	93-0900579
Use	Only	Firm's address 520 SW Yamhill, Ste 500			_	
_		Portland, OR 97204			Phone no. 5	03 227-0581
Ma	y the I	RS discuss this return with the preparer shown above? (see instruction	ons)			X Yes No

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

	re filing for an Automatic 3-Month Extension, complete					X
If you a	re filing for an Additional (Not Automatic) 3-Month Ex					
			tic 3-month extension on a previousl			
	c filing (e-file). You can electronically file Form 8868 if y					
	o file Form 990-T), or an additional (not automatic) 3-moi					
	file any of the forms listed in Part I or Part II with the exc					
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format (see instructions). For more details or	n the elect	ronic filing of t	his form,
Part I	irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time	Only s	submit original (no copies nee	eded).		
	tion required to file Form 990-T and requesting an auton					
Part I only						
All other c	corporations (including 1120-C filers), partnerships, REMI					
	ome tax returns.	,			r's identifying	number
Type or	Name of exempt organization or other filer, see instru-	ctions.				number (EIN) or
print]			' '		,
	Wild Salmon Center				94-316	6095
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruct	tions.	Social se	curity number	
return. See	721 NW 9th Avenue, No. 300					
instructions.	City, town or post office, state, and ZIP code. For a for Portland, OR 97209-3446	oreign add	ress, see instructions.			
Enter the	Return code for the return that this application is for (file	a separat	e application for each return)			0 1
	· · · · · · · · · · · · · · · · · · ·	· ·	, , , , , , , , , , , , , , , , , , , ,	3 4131111111111111111111111111111111111		
Application	on	Return	Application			Return
s For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-		02	Form 1041-A			08
TATE OF THE PERSONS	0 (individual)	03	Form 4720 (other than individual)			09
Form 990-		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	T (trust other than above)	06	Form 8870			12
1 01111 000	Katherine Holle		1 5111 5575			
• The ho	oks are in the care of > 721 NW 9th Aver		Suite 300 - Portlan	d. OR	97209-	3446
	one No. ► (503) 222-1804		Fax No. ▶	.,		
-	rganization does not have an office or place of business	in the Uni				
	s for a Group Return, enter the organization's four digit (
box 🕨 [. If it is for part of the group, check this box	_				
	quest an automatic 3-month (6 months for a corporation					
			tion return for the organization name		The extension	
_	or the organization's return for:	i organiza	tion rotalit for the organization name	d abovo.	, in oxionoion	
_	X calendar year 2013 or					
Ī	tax year beginning	an	d ending			
	tax year beginning	, an				
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	n	
	Change in accounting period					
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			2
non	refundable credits. See instructions.			3a	\$	0.
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
esti	mated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	yment witl	h this form, if required,			
	using EFTPS (Electronic Federal Tax Payment System).	-		3с	\$	0.
	If you are going to make an electronic funds withdrawal			453-EO an	d Form 8879-E	O for payment
	or Privacy Act and Paperwork Reduction Act Notice,	see instru	uctions.		Form 88	68 (Rev. 1-2014)
323841 12-31-13						

332002 10-29-13

See Schedule O for Continuation(s)

Form 990 (2013)

9076 1

Form 990 (2013) Wild Salmon Center
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		_X_
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	X	
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		_X_
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete			
_	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	1000		1167
• • •	as applicable.	DEED!	157	SEL.
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
b	-	11b		х
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
С		11c		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		 -
q	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	11d		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	116		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	444		х
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40.		х
	Schedule D, Parts XI and XII	12a	_	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	х	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	A	x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	ایما	х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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		x	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			, v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_{1,7}
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19	_	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	_	<u> </u>
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 so,			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27	79211121	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		157	
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	_	<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			- V
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	_	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
0.4	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		x
00	If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- SZ		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 00		
34		34	х	
252	Part V, line 1	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
D	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?			
55	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

Part V	Statements Regarding	g Other IRS Filings and	Tax Compliance
		9	

	Check if Schedule O contains a response or note to any line in this Part V				****	
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	36			NUS V
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		4	10-20
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			r jare	E.S.	
	(gambling) winnings to prize winners?	anneren a		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	33	COL		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	·				S. S. S.
				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					۱.,
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a		X
b	If "Yes," enter the name of the foreign country:		x	15.	Ley	full
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A					v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	_	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the first state of the first st			5b		<u> </u>
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		_
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6-		x
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contribution were not tax deductible?			6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			OD	UK)	(2-)
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices n	rovided to the payor?	7a		х
a h				7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
·	to file Form 8282?			7c		X_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		25		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.				1 01	- F
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	ıny tim	e during the year?	8	Toronto.	
9	Sponsoring organizations maintaining donor advised funds.				188	10000
а	Did the organization make any taxable distributions under section 4966?			9a	_	-
	Did the organization make a distribution to a donor, donor advisor, or related person?	*******		9b		
10	Section 501(c)(7) organizations. Enter:	10a			181	Car S
	Initiation fees and capital contributions included on Part VIII, line 12	10a		196	200	-15 (
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	LIUD			KIT	D.ALE
11	Gross income from members or shareholders	11a			EX	
a h	Gross income from other sources (Do not net amounts due or paid to other sources against					
D	amounts due or received from them.)	11b			23.90	1300
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		eu-l	10/3-	Say
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				1 8	-
	Is the organization licensed to issue qualified health plans in more than one state?		*********	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			100	1885	131
b	Enter the amount of reserves the organization is required to maintain by the states in which the				116	
	organization is licensed to issue qualified health plans	13b			1,78	718
	Enter the amount of reserves on hand	13c			2.0	1400
	AND			14a	-	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	9 Q		14b	. 000	(0040)
				rorn) 99U	(2013)

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94-3166095 Wild Salmon Center Page 6 Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 13 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done 13 X Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed AR, AZ, CO, DC, FL, GA, MA, MD, MN, NC, NJ, NM Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Katherine Holler - (503) 222-1804

See Schedule O for full list of states

721 NW 9th Avenue, Suite 300, Portland, OR

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Form 990 (2013)

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

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

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

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

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours per	box	not c	heck r ss per	more rson i	than o	an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	tee or director	Institutional trustee		Key employee	Highest compensated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Michael Sutton	1.00									
Director	1 00	X			_			0.	0.	0.
(2) Stone Gossard	1.00	١							0	0
Director	1 00	X	_	_	⊢			0.	0.	0.
(3) Leah Hair	1.00	₩.						0.	0.	0.
Director (4) Randall Peterman	1 00	X	_	_	\vdash	\vdash	_	U. *.:	0.	0.
(4) Randall Peterman Director	1.00	x						0.	0.	0.
(5) Peter Soverel	1.00	^	\vdash	-	-	\vdash	_	0.	- 0.	- 0.
Director	1.00	x						0.	0.	0.
(6) John E. McCosker	1.00	1	Н							
Director	1.00	x						0.	0.	0.
(7) Oleg Alekseev	1.00	 		-		\vdash				
Director		x						0.	0.	0.
(8) William Swindells	1.00	T	П		Т	\vdash				
Director		x						0.	0.	0.
(9) Dan Plummer	1.00		П	П	П					
Director		x						0.	0.	0.
(10) Frank Cassidy Jr.	1.00									
Director		X						0.	0.	0.
(11) Brooks Walker	1.00									
Director		X	L			<u> </u>		0.	0.	0.
(12) Fraiser Rieche	1.00									
Director		X	_	_		_	_	0.	0.	0.
(13) Peter Seligmann	1.00	١								_
Director		X	L		_	_		0.	0.	0.
(14) Guido R. Rahr III	40.00							455 553		10 004
President & CEO	10.00	⊢	┢	X	-	-		177,753.	0.	19,894.
(15) Sara LaBorde	40.00	1		\ _v				120 556	0.	21 363
Vice President	10.00	┰	\vdash	X	\vdash	\vdash	-	128,556.	0.	21,363.
(16) David Finkel Director	40.00	1		x		1		100,870.	0.	21,108.
(17) Greg Block	40.00	\vdash	\vdash	^		\vdash	_	100,070.	0	21,100.
Vice President	₹0.00	1		x				90,816.	0.	20,820.
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Form **990** (2013)

(18) Name and stite Position flower per vivolet (first arry vivo	Fait VII Section A.	Officers, Directors, Trus	tees, Key Emp	loy	ees,			ghes	t C	ompensated Employee	s (continued)	_			
Nours por Nour		(A)	(B)					(D)	(E)		(F)				
Pour Park Pour	Name	and title		Position					one	Reportable	Reportable		Est	imate	ed
Sub-total		¥1		ьох	, unle	ss pe	rson i	is both	n an	compensation	compensation				of
1				-	cer ar	id a d	recto	rrus	tee)						
1			, , ,	recto						III III					
1				or di	99			sated			(VV-2/1099-MISC)	'			
1				ustee	trus		eg eg	nedu		(44-2/1099-141130)			•		
1			1 *	lual tr	tional		yoldr	st cor	Ļ						
1			line)	ndivic	nstitu)fficer	ey en	lighe:	orme						
Sub-total	(18) Rich Lincoln		40.00	_	-	Ť	×	1.0	_			\neg			
1b Sub-total								x		112.146.	0	ا ، ا	19	. 5	44.
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE (B) Description of services (C) Compensation Compensation For any individual listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual 4 X X X X X X X X X X X X X X X X X X				-	т	_	\vdash	 				Ť		1	
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) NONE (B) Description of services (C) Compensation Compensation For any individual listed on line 1a, is the sum of reportable compensation from any unrelated organization or individual 4 X X X X X X X X X X X X X X X X X X					21										
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c Total from continuation sheets to Part VII, Section A	1b Sub-total									610,141.	C) .	102	. , 7	
d Total (add lines 1b and 1c)										0.					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Jack Por any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Joi any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such individual Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) None None Description of services Total number of independent contractors (including but not limited to those listed above) who received more than									•	610,141.	C).	102	. , 7	29.
Compensation from the organization Section 1 Section 2 Section 8 Section 9 Sec									o re	eceived more than \$100,	000 of reportable				
Ves No No No No No No No N								'							4
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4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												. [3		X
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Name and business address NONE Description of services Compensation Description of services Compensation	the organization.	A	trie calendar ye	tal t	muii	ig w	/itri (Of WI	LI III I		ear.			$\overline{}$	
2 Total number of independent contractors (including but not limited to those listed above) who received more than			address	NI	וזאר	7					services	Сс			n
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				ot lir	nite	d to		•	sted	above) who received m	ore than				

Form 990 (2013)

Forn	990 ((2013) Wild (94-316	6095 Page 9				
Pa	rt VII	Statement of Revenu	ue					
1		Check if Schedule O conta	ins a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a b c d e f	Related organizations Government grants (contribution All other contributions, gifts, grants similar amounts not included above	1b 1c 1d ons) 1e s, and e 1f 3,	, >	3,409,300.			
Program Service Revenue	2 a b c			Business Code 900099	81,533.	81,533.		
Pro		All other program service reven		>	81,533.		Nest years to	
Other Revenue	3 4 5	Investment income (including of other similar amounts)	exempt bond p	roceeds	4,304.			4,304.
		Less: rental expenses	(i) Real	(ii) Personal				
	b c d	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising	events (not	(ii) Other				
	с 9 а	including \$ contributions reported on line 1 Part IV, line 18 Less: direct expenses Net income or (loss) from funding Gross income from gaming act Part IV, line 19 line 19	1c). See a b raising events tivities. See a	>				
	c 10 a b	Less: direct expenses Net income or (loss) from gami Gross sales of inventory, less r and allowances Less: cost of goods sold Net income or (loss) from sales	ng activities eturns a b s of inventory					
	b	-		Business Code 900099	5,157.			5,157.
	228	All other revenue Total. Add lines 11a-11d			5,157. 3,500,294.	81,533.	0	9,461.
	12	Total revenue. See instructions.	*************		J, JUU, ZJ 4 .	01,0000		

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9,461. Form **990** (2013)

	Check if Schedule O contains a respons		his Part IX(B)	(C) T	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	88,332.	88,332.		
2	Grants and other assistance to individuals in				
_	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the	527,878.	527,878.		
	United States. See Part IV, lines 15 and 16	321,010.	327,070.		
4 5	Benefits paid to or for members			A RESIDENCE	
Ð	trustees, and key employees	459,201.	357,075.	52,716.	49,410
6	Compensation not included above, to disqualified	133/2021	337,70731	02//200	
U	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,839,868.	1,435,240.	228,164.	176,464.
8	Pension plan accruals and contributions (include			•	
•	section 401(k) and 403(b) employer contributions)	103,007.	84,648.	5,446.	12,913
9	Other employee benefits	267,154.	196,401.	26,086.	44,667
10	Payroll taxes	164,372.	130,046.	12,885.	21,441.
11	Fees for services (non-employees):		3	.,	
а	Management				
	Legal	11,220.	200.	11,020.	
	Accounting	38,058.	26,198.	11,860.	
	Lobbying				
е	B (' 1/ 1'' ' O B 1811' 47				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	536,612.	456,340.	80,272.	
2	Advertising and promotion				1
3	Office expenses	72,218.	33,691.	21,558.	16,969
4	Information technology	4,085.	4,085.		
5	Royalties				45.400
6	Occupancy	133,764.	101,675.	14,969.	17,120
7	Travel	353,302.	298,767.	18,407.	36,128
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	F0 010	40.044		2 066
9	Conferences, conventions, and meetings	50,910.	48,844.		2,066
0	Interest				
1	Payments to affiliates	05 277	C 25C	10 052	269
2	Depreciation, depletion, and amortization	25,377.	6,256.	18,852.	209
3	Insurance	13,560.	2,600.	10,960.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule O.) Miscellaneous Expense	58,593.	31,858.	23,884.	2,851
a b	Program Expenses	40,953.	35,817.	673.	4,463
C	Repair and Gain/Loss on	17,085.	823.	16,262.	
d	Media Outreach and Educ	12,758.	12,758.		
	All other expenses	,,			
5	Total functional expenses. Add lines 1 through 24e	4,818,307.	3,879,532.	554,014.	384,761
6	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 (2013)

Form 990 (2013)
Part X Balance Sheet

1 377,503	ance Sheet	any line in this Dort V			Ţ.
Chec	ck if Schedule O contains a response or note to	any line in this Part X	(A)	Т.	(B)
			Beginning of year		End of year
1 Cash	n - non-interest-bearing		1,748,672.	1	1,341,888
2 Savii	ngs and temporary cash investments		2,742,625.	2	1,974,447
	ges and grants receivable, net		1,619,981.	3	1,511,708
	ounts receivable, net		3,715.	4	14,152
	ns and other receivables from current and former			, I STA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
trust	ees, key employees, and highest compensated	employees. Complete			
	II of Schedule L			5	
	ns and other receivables from other disqualified p			631.4	
secti	ion 4958(f)(1)), persons described in section 495	8(c)(3)(B), and contributing			
	loyers and sponsoring organizations of section 5				
	loyees' beneficiary organizations (see instr). Com			6	
	es and loans receivable, net			7	
8 Inver	ntories for sale or use			8	
			107,808.	9	79,984
	d, buildings, and equipment: cost or other		Name of the state	81 13	W, IVE OF THE BUILDING
	s. Complete Part VI of Schedule D	a 558,936.			
b Less	accumulated depreciation		49,461.	10c	24,085
	stments - publicly traded securities			11	
	stments - other securities. See Part IV, line 11			12	
	stments - program-related. See Part IV, line 11		13		
	ngible assets			14	
	er assets. See Part IV, line 11			15	
	Il assets. Add lines 1 through 15 (must equal line		6,272,262.	16	4,946,264
	punts payable and accrued expenses		290,771.	17	282,786
	nts payable	-100-000-000-000-000-000-000-000-00-00-0		18	
	rred revenue		19		
	exempt bond liabilities			20	
	ow or custodial account liability. Complete Part			21	
00 1000	ow or custodial account liability. Complete Fart land other payables to current and former office			21	NO.
kov c	employees, highest compensated employees, ar			183123	
				22	3 3/1 29 30
Com	plete Part II of Schedule L	A A A A A		23	
23 3600	ured mortgages and notes payable to unrelated t	S- 03/00/00 10 10		24	
	ecured notes and loans payable to unrelated thir			24	
	er liabilities (including federal income tax, payable				
1	es, and other liabilities not included on lines 17-2			25	
	edule D Il liabilities. Add lines 17 through 25		290,771.	26	282,786
	anizations that follow SFAS 117 (ASC 958), ch			20	
	plete lines 27 through 29, and lines 33 and 34			most .	
S Lines	•		1,806,329.	27	1,973,20
27 Unre	estricted net assets		4,175,162.	28	2,690,273
28 Temp	porarily restricted net assets	201 200	1/1/5/1020	29	2/030/2/0
)59) shock here	THE SHALL PROPERTY OF THE	23	1000
Urga	anizations that do not follow SFAS 117 (ASC 9	300), check here		TEST S	
and	complete lines 30 through 34.	ľ		20	
30 Capi	tal stock or trust principal, or current funds			30	
31 Paid	in or capital surplus, or land, building, or equipn				
32 Reta	ined earnings, endowment, accumulated income		5,981,491.	32	4,663,478
100 TOTAL	I net assets or fund balances			33	4,946,264
34 Total	I liabilities and net assets/fund balances		6,272,262.	34	4,946,20

Form 990 (2013)

CITI	930 (2013) WIIA DAIMON CONCCI			1 49			
Pa	TXII Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1 2 3 4 5 6 7	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses 1						
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	<u>-1.</u>		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		A CC:	. 45	77		
Da	column (B))	10	4,66	3,4	11.		
Pal	T XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		······	Yes	No		
1 2a	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	163	X		
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
c	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	gle Audit	3a		X		
IJ	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b				
	and the second s		Form	990 ((2013)		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

Employer identification number

				Imon Center						9	4-3166095
Pa	ırt I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	ructions.		
he	organ	zation is not a	private foundation	because it is: (For lines 1	through 1	1, check o	nly one bo	ox.)			
1		A church, co	nvention of churche	s, or association of churc	ches descr	ibed in se	ction 170	(b)(1)(A)(i)			
2		A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3				ital service organization of		n section	170(b)(1)(A)(iii).			
4	Ħ	•		operated in conjunction					(b)(1)(A)(iii	i). Enter	the hospital's name.
•			-						(-)(-)(-)(···	,	
5		city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
9											
_				•		1 !	470/1-1/4	WANG A			
6	7			ent or governmental unit					e		and the selection of the
7	X	=	•	eives a substantial part o	of its suppo	ort from a	governmei	ntal unit or	from the	generai p	oublic described in
			b)(1)(A)(vi). (Comple	*							
8	=			section 170(b)(1)(A)(vi).							
9	ш	-	•	eives: (1) more than 33 1							
				nctions - subject to certa							
		income and u	unrelated business t	axable income (less secti	ion 511 tax	d) from bus	sinesses a	equired by	the organ	ization a	fter June 30, 1975.
		See section	509(a)(2). (Complete	e Part III.)							
10		An organizati	ion organized and o	perated exclusively to tes	st for public	c safety. S	ee sectio	n 509(a)(4	ł).		
11		An organizati	ion organized and o	perated exclusively for th	e benefit c	f, to perfo	rm the fun	ctions of,	or to carry	out the	purposes of one or
		more publicly	supported organiza	ations described in section	on 509(a)(1) or section	n 509(a)(2)	. See sec	tion 509(a	a)(3). Ch	eck the box that
		describes the	type of supporting	organization and comple	ete lines 11	e through	11h.				
		a Type I	I b 🔲 Т	ype II c 🔲 T	ype III - Fu	nctionally i	ntegrated	C	і 🔲 Тур	e III - No	n-functionally integrated
е		By checking	this box, I certify tha	at the organization is not	controlled	directly or	indirectly	by one or	more disq	ualified p	persons other than
		foundation m	anagers and other t	han one or more publicly	supported	d organiza	tions desc	ribed in se	ction 509((a)(1) or s	ection 509(a)(2).
f				tten determination from t							
		supporting or	rganization, check tl	nis box			1150000000000				\square
g	ı		•	organization accepted an							4
Ī		_		lirectly controls, either al							Yes No
		• •	-	-							
				n described in (i) above?							
				person described in (i) o							
h				about the supported org							
		T TOTAGE LITE I	ollowing information	about the supported of	garnzanon	0).					
	Manage	- f d	(13) FINI	(III) Time of commitmention	(iv) Is the (organization	(v) Did vo	i notify the	(vi) Is	the	(vii) Amount of monetary
(1)		of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your			organization	on in col.	support
	UI ya	nization		above or IRC section		document?		support?	(i) organiz U.S	.?	σαρροιτ
				(see instructions))	Yes	No	Yes	No	Yes	No	
_							1				-
				Ti-							
			-								
-					-			-			
_					-					-	
			HI ES THE SOL		53(50)		i posta	CALL COL	The same A	No. of Contract	
	•			FROM SIVIEW SA		3 5 7	25	-31			

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13 Schedule A (Form 990 or 990-EZ) 2013 Wild Salmon Center 94-3166095 Page 2

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

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

Sec	Section A. Public Support							
_	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
	Gifts, grants, contributions, and	(4) 2000	(6) 2010	(O) ZO II	(4) = 0 1 =	197.2010	1.7	
•	membership fees received. (Do not							
	include any "unusual grants.")	6551913.	5035074.	9045212.	3067675.	3409300.	27109174.	
2	Tax revenues levied for the organ-							
_	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
=	furnished by a governmental unit to							
	the organization without charge	*						
4	Total. Add lines 1 through 3	6551913.	5035074.	9045212.	3067675.	3409300.	27109174.	
	The portion of total contributions	the same section			1. 48	A PLANT		
	by each person (other than a	87 6						
	governmental unit or publicly							
	supported organization) included		a de dino					
	on line 1 that exceeds 2% of the							
	amount shown on line 11,						1	
	column (f)						11534058.	
6	Public support. Subtract line 5 from line 4.					CONTRACTOR OF	15575116.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total	
7	Amounts from line 4	6551913.	5035074.	9045212.	3067675.	3409300.	27109174.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	25,415.	20,088.	9,097.	7,719.	4,304.	66,623.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital					- 4		
	assets (Explain in Part IV.)	2,798.	-15,248.	4,286.	2,287.	5,157.		
11	Total support. Add lines 7 through 10			1 1 1 1 1 1 1 1 1			27175077.	
	Gross receipts from related activities,					12	344,429.	
13	First five years. If the Form 990 is for							
201	organization, check this box and storetion C. Computation of Publi	here Der	centage			***************************************	······	
	The state of the s	2.000.000.000.000.000.000.000.000.000.0	r scottanting -			44	57.31 %	
	Public support percentage for 2013 (li		•			15	57.31 % 43.91 %	
	Public support percentage from 2012						,	
16a	33 1/3% support test - 2013. If the contraction suplifies							
L	are but the organization dealines as a basis of safety and a safety as a safet							
D	b 33 1/3% support test - 2012. 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							
170	and stop here. The organization qualifies as a publicly supported organization							
17 a	a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
h	10% -facts-and-circumstances test							
	more, and if the organization meets th							
	organization meets the "facts-and-circ						▶□	
18	Private foundation. If the organization		-				ns ▶□	
							0 or 990-FZ) 2013	

332022 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support	olow, ploado comp	noto r arr my		200		
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not				ľ		
	include any "unusual grants.")	GI.					
2	Gross receipts from admissions,						-
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that	#					
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	36					
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)			and the least of			
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6		100				
	Gross income from interest,						
	dividends, payments received on	3			~		
	securities loans, rents, royalties and income from similar sources	160					
h	Unrelated business taxable income						
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						-
	Net income from unrelated business						-
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						t
	or loss from the sale of capital						_
12	assets (Explain in Part IV.)						1
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	the organization's	E firet second thir	d fourth or fifth t	ay year as a section	n 501(c)(3) organiz	ation.
14	check this box and stop here						▶□
Sec	ction C. Computation of Publi			***********	***************************************		
	Public support percentage for 2013 (I			olumn (f))		15	%
	Public support percentage from 2012					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from	•				18	%
	33 1/3% support tests - 2013. If the						
ıya	more than 33 1/3%, check this box ar						▶ □
	33 1/3% support tests - 2012. If the						and
מ	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	i i vate ioutidation, ii the organizatio	and HOL WIECK &	224 OIL WIG 14! 13	-, o ou, olicon l	2001 0110 000 1110	THE PERSON NAMED IN COLUMN	and the second second

Schedule A	(Form 990 or 990-EZ) 2013 Wild	Salmon Center		94-3166095 Page 4
Part IV	(Form 990 or 990-EZ) 2013 Wild Supplemental Information.	Provide the explanations required	d by Part II, line 10; Part II, line 17a or	17b; and Part III, line 12.
		·		., , , , , , , , , , , , , , , , , , ,
	Also complete this part for any add	tional information, (See instruction	is).	
	€′			
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3				
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V.				
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	7/2			

332024 09-25-13

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

T	Wild Salmon Center	94-3166095
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private found	dation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	n
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule. I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a	ι Special Rule. See instructions.
General Rule		
- A	ition filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mplete Parts I and II.	r more (in money or property) from any one
Special Rules		
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support tes 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribut on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and	tion of the greater of (1) \$5,000 or (2) 2%
total contributio	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any ons of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, lit of cruelty to children or animals. Complete Parts I, II, and III.	
contributions fo If this box is che purpose. Do not	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any or use exclusively for religious, charitable, etc., purposes, but these contribution ecked, enter here the total contributions that were received during the year for a total complete any of the parts unless the General Rule applies to this organization able, etc., contributions of \$5,000 or more during the year	ns did not total to more than \$1,000. an exclusively religious, charitable, etc., on because it received nonexclusively
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-E2 eet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Employer identification number

Wild Salmon Center

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	+
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$140,400.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$108,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$100,000 . _	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Wild Salmon Center

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8_		\$ <u>175,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>75,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$ <u>92,100.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$125,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

TAT i	14	Ca1	mon	Car	1+07
AA T		on I	1111 211	\ . .	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	<u>.</u>	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	e, @	\$ <u>175,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$ <u>170,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$88,343.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$ <u>125,765.</u>	Person X Payroll

Employer identification number

Wild Salmon Center

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	381
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	-
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organ	nization		Employer identification number				
Wild Sa	almon Center		94-3166095				
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc. Use duplicate copies of Part III if additional	idual contributions to section 501(c)(ne following line entry. For organizatio c., contributions of \$1,000 or less for al space is needed.	(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter r the year. (Enter this information once.)				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_ -							
_		(e) Transfer of gift	ft				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
1.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
-	transteree's name, address, ar	10 ZIP + 4	Relationship of transferor to transferee				
-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
- - -							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee				
1 2							

SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. Information about Schedule C (Form 990 or 990-EZ) and its See separate instructions. instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Inspection

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

•	Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.			
Nan	ne of organization	_		Empl	loyer identification number
D-	Wild Sa	1mon Center anization is exempt unde	u a a ation EO1/a) a	ula a coetion 507 or	94-3166095
Pa	art I-A Complete if the org	anization is exempt unde	r section 501(c) of	is a section 527 or	ganization.
2	Provide a description of the organiz Political expenditures Volunteer hours			> \$	
Pa	art I-B Complete if the org	anization is exempt unde	r section 501(c)(3)		
_	Enter the amount of any excise tax				
	Enter the amount of any excise tax				
3	If the organization incurred a section	n 4955 tax, did it file Form 4720 fo	or this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
	art I-C Complete if the org		A PERSONAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE	COLUMN TO THE PARTY OF THE PART	
	Enter the amount directly expended		<u> </u>		·
2	Enter the amount of the filing organ		_		
_	exempt function activities			9989999	
3	Total exempt function expenditures			▶ ¢	
4	line 17b Did the filing organization file Form				
	Enter the names, addresses and en				
•	made payments. For each organiza	tion listed, enter the amount paid	from the filing organiza	tion's funds. Also enter the	e amount of political
	contributions received that were pro-	omptly and directly delivered to a	separate political organ	ization, such as a separat	e segregated fund or a
	political action committee (PAC). If	additional space is needed, provid	le information in Part IV	<u>'. </u>	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		5			
	ı				

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

Schedule C (Form 990 or 990-EZ) 2013

(or fiscal year beginning in) 371,677. 1,563,670. 434,468. 419,195. 338,330. 2a Lobbying nontaxable amount b Lobbying ceiling amount 2,345,505. (150% of line 2a, column(e)) 1,944. 35,844. 33,900. c Total lobbying expenditures 104,799. 84,583. 92,919. 390,918. 108,617. d Grassroots nontaxable amount e Grassroots ceiling amount 586,377. (150% of line 2d, column (e)) f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 Wild Salmon Center 94-3166095 Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	(b)
of the	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or	新 斯克斯		200	00/15
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:	40			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
¥	Other activities?				
i	Total. Add lines 1c through 1i	U Verlie			
23	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				O REID
	If "Yes," enter the amount of any tax incurred under section 4912		EX SELECT		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			1 V 1 3 C 5	Non's
	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		2000100		
1	Dues, assessments and similar amounts from members			4	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)				
_	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year				
c	Total		50.000		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
7	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p		100		
	W		4	X	
5	expenditure next year? Taxable amount of lobbying and political expenditures (see instructions)				
Par					
	de 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. line 2: ar	nd Part II-B.	line 1.
	complete this part for any additional information.	,,	, , .	,	
,					
	8				

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Wild Salmon Center

Employer identification number 94-3166095

Pai	TI Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	
	impermissible private benefit?		X Yes No
Pai	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an h	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		- 49
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stru	acture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year 🕨 \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public extra		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	• •		
2	If the organization received or held works of art, historical treatment		al gain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2013

► 24,085. Schedule D (Form 990) 2013

184,853.

299,766.

4.409.

204,529.

304.175.

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Part VII	Investments - Other Securities.	5 000 D 111/1		- W B 40	
(-) Deserie	Complete if the organization answered "Yes" to				l-of-year market value
	otion of security or category (including name of security)	(b) Book value	(c) Method of Val	uation. Cost or end	-or-year market value
(1) Financi	al derivatives				
	-held equity interests				
(3) Other	<u> </u>				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.)				HE COLORED THE ESCALE
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes" to		line 11c. See Form 990, Pa	rt X, line 13.	y-y
	(a) Description of investment	(b) Book value	(c) Method of val	uation: Cost or end	l-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)	7.4				il .
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)		Line in Park		
Part IX	Other Assets.				
	Complete if the organization answered "Yes" to		line 11d. See Form 990, Pa	rt X, line 15.	
	(a) [Description			(b) Book value
(1)					
(2)					
(3)					
(4)	W-				
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990. Part X. col. (B) line Other Liabilities.	15.)		>	
	Complete if the organization answered "Yes" to	o Form 990, Part IV,	line 11e or 11f. See Form 9	90, Part X, line 25.	
1.	(a) Description of liability		(b) Book value		
(1) Fed	deral income taxes				
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)	520				
=1.W 2"	ımn (b) must equal Form 990, Part X, col. (B) line	25.1			
	of for uncertain tax positions. In Part XIII, provide t		te to the organization's fina	ancial statements the	hat reports the
	ation's liability for uncertain tax positions under l				

332053 09-25-13 Schedule D (Form 990) 2013

	Complete if the organization answered "Yes" to Form 990, Part IV, I	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	T T		
а	Net unrealized gains on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants		1000	
ď	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	(10.00)	
а	Investment expenses not included on Form 990, Part VIII, line 7b		970	
b	Other (Describe in Part XIII.)		(50 cm)	
	Add lines 4a and 4b			
5 Day	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1: † XII Reconciliation of Expenses per Audited Financial S	tatamente With Evnen	see per Return	
rai	 		ses per neturn.	
_	Complete if the organization answered "Yes" to Form 990, Part IV, I		10.00	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما	30,000	
a	Donated services and use of facilities		1000	
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)	MMD14031-4041 II.	20	
	Add lines 2a through 2d			
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
4		ا مه ا		
a b	Investment expenses not included on Form 990, Part VIII, line 7b	9900000000000	اگلیا 🕶	
		1 46		
	Other (Describe in Part XIII.)		40	
С	Add lines 4a and 4b		Control of the Contro	
c 5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line t XIII Supplemental Information.	18.)	5	e 2: Part XI.
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line t XIII Supplemental Information.	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,
5 Par	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line t XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	18.) 4; Part IV, lines 1b and 2b; P	5	e 2; Part XI,

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990. ➤ See separate instructions.

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

2013
Open to Public Inspection

Mama	of the	. araanization
name	OI THE	organization

Employer identification number

Wil	d Salmon Cen	ter			94-316609	5
Par	t I General Infor	mation on A	ctivities Out	side the United States. Comple	ete if the organization answered "Y	es" on
	Form 990, Part I\	/, line 14b.				
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ints and other assistance,	
	the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assistance? X	Yes 🔲 No
		19				
2	For grantmakers. Desc	ribe in Part V the	organization's	procedures for monitoring the use of its	s grants and other assistance outsi	de the
	United States.					
3	Activities per Region. (TI	ne following Part	I, line 3 table ca	n be duplicated if additional space is n	eeded.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and independent contractors	(by type) (e.g., fundraising, program	is a program service,	expenditures for and
		in the region	independent	services, investments, grants to	describe specific type	investments
			in region	recipients located in the region)	of service(s) in region	in region
					Grants for building	
				Grants to recipients for	network of salmon	
Russ	ia and newly			building of a network of	sanctuaries in Russian	
inde	pendent states			salmon sanctuaries.	Far East and Kamchatka.	527,878.
				,		
	_					
	(4))		
					45	
						
				F:		
	÷	13			7	
	25					
3 a	Sub-total	0	0			527,878.
	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3b)	0	0			527,878.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2013

Wild Salmon Center

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Russia and the newly Independent States	Salmon Conservation	20,000.	Wire Transfer	0		
		Russia and the newly Independent States	Salmon Conservation		Wire	0	×	2.
		Russia and the newly Independent States	Salmon Conservation	130,000.	130,000.Wire Transfer	0		
		Russia and the newly Independent States	Salmon Conservation	206,000.	206,000. Wire Transfer	.0		
		Russia and the newly Independent States	Salmon Conservation	110,000.	110,000. Wire Transfer	0		
					8		132	
			6					
2 Enter total number of the IRS, or for which	recipient organizatio the grantee or couns	ons listed above that are in the last provided a section	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	foreign country, I	recognized as tax-exe	empt by		
3 Enter total number of other organizations or entities	other organizations	or entities					Schec	0 Schedule F (Form 990) 2013

94-3166095

Page 3

Wild Salmon Center

Schedule F (Form 990) 2013 Wild Salmon Center 94–3166095

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

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)			ST				Schedule F (Form 990) 2013
(g) Description of non-cash assistance	16						Schedu
(f) Amount of non-cash assistance							
(e) Manner of cash disbursement	8						
(d) Amount of cash grant							
(c) Number of recipients							
(b) Region		8			2		
(a) Type of grant or assistance		*:		*			

	Sah	edule F (For	m 990) 2013
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
5	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No

332074 10-03-13

Provide the information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.
Part I, Line 2:
Explanation: On a regular basis, usually quarterly, grantees are required
to provide a grant report to the Organization to ensure that progress on
deliverables is occuring. The Organization requires that satisfactory
progress on deliverables and the achievement of outcomes is necessary for
the next payment to be remitted to the grantee.

0

SCHEDULE (Form 990)

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

Complete

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

Wild Salmon Center

Name of the organization

Department of the Treasury Internal Revenue Service

o 22	
V, line 21	
90, Part I	
Form 9	
l "Yes" to	1
answered	
nization	•
the orga	
±:	

Open to Public OMB No. 1545-0047 2013

Employer identification number 94-3166095

Inspection

▶ Attach to Form 990.

L							
Part General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	stance, and the selectic	
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant f	unds in the United				
Part II Grants and Other Assistance to Governments and Organizations in the United States.	Governments and	Organizations in the		complete if the orga	anization answered "Y	Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addition	onal space is need	ed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oregon Chapter, Sierra Club 1821 SE Ankeny Street	94-6069890 501(-)(3)	501(0)(3)	878 86	d			Conservation
Trout Unlimited 2239 5th Street							Salmon Stronghold
Berkeley, CA 94710	38-1612725 501(c)(3)	501(c)(3)	15,000.	0.			Initiative Project
Oregon Department of Fish and Wildlife - 3406 Cherry Ave - Salem, OR 97303			42,454.	0.			Protection of Fish and Wildlife
	-						
	÷				÷		
2 Enter total number of section 501(c)(3) and government organizations	nd government or		isted in the line 1 table				2.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					1.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2013)

94-3166095

Page 2

Wild Salmon Center

Schedule I (Form 990) (2013) Wild Sa

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Explanation: Grantees are required to report on the progress of activities Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part I, Line 2:

performed and deliverables attained in order to receive grant payments. The

Organization reserves the right to examine the books and records of the

receiving organization

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990. See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. **Open to Public** Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

Wild Salmon Center

Employer identification number 94-3166095

Pa	art I Questions Regarding Compensation			
		·	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,	W/E	ale.	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		28	
	First-class or charter travel	W.	1 12	
	Travel for companions Payments for business use of personal residence		- 70	
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	1892		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			M R
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	- 7	7-17	37
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
			0.	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to		2000	
	establish compensation of the CEO/Executive Director, but explain in Part III.	53	1	
	X Compensation committee			
	Independent compensation consultant X Compensation survey or study	1 5		
	X Form 990 of other organizations X Approval by the board or compensation committee	57.0		
			Se . S.	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		<u> </u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	_	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	11(37)	21.4	
			1	
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			To 41
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	a sing	3.0	
	contingent on the revenues of:	NO.	200	37
	The organization?	5a		X
b	Any related organization?	5b	0.000	X
	If "Yes" to line 5a or 5b, describe in Part III.	145	WEST I	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	725E-3		55
	contingent on the net earnings of:	2000	7,50	v
а	The organization?	6a		X
b	Any related organization?	6b	-	_
_	If "Yes" to line 6a or 6b, describe in Part III.		S.V.	100
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	(In con-	23.90	X
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	Q-D	Λ
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		9 6	х
^	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	The state of	23
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	9	-111	
	Regulations section 53.4958-6(c)?	9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013

Wild Salmon Center

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported as deferred in prior Form 990
(1) Guido R. Rahr III	Ξ	177,753.	0	0	11,792.	8,102.	197,647.	0
President & CEO		0.	0.	0	0.	.0	0	0.
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332112				ī¥			Sched	Schedule J (Form 990) 2013

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

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

Name of the organization

Wild Salmon Center

Employer identification number 94-3166095

Form 990, Part III, Line 4a, Program Service Accomplishments:
98 percent of Bristol Bay comments supported EPA action
Anglo American, one half of the Pebble Partnership, announced that the
Pebble project was not worth the financial risk and walked away. Anglo
American was the company that had the financial resources to develop
the Pebble Mine.
Northern Dynasty, the remaining entity of the Pebble Partnership,
pledged to continue the project, but due to financial losses, recently
laid off most of the Alaska work force.
After reviewing the Citizens' Alternative Bristol Bay Area Plan, the
Alaska Department of Natural Resources (DNR) released additional
amendments to its revised Bristol Bay Area Plan. The amendments
increased the fish and wildlife habitat classification from 1.2 million
acres to 7 million acres.
Susitna Dam:
WSC partnered with Trout Unlimited to increase our capacity to review,
comment and make recommendations about the Alaska Energy Authority's
ongoing scientific studies, a critical component of the FERC licensing
process.
e
The Salmon Stronghold Initiative:

Wild Salmon Center

the 10 year Columbia Basin Program update.

Employer identification number 94-3166095

WSC partnered with National Fish and Wildlife Foundation, Oregon

Watershed Enhancement Board, and the Oregon Governor's Office to

establish an Oregon Stronghold Fund, which awarded over \$625,000 in

grants to wild salmon conservation projects in six Oregon strongholds.

Working with partners in Tillamook, WSC played a key role in advancing

a \$7 million, 523 acre tidal wetlands restoration project in the

Tillamook Bay stronghold by helping to secure \$2.7 from NOAA; and

providing Tillamook County \$22k to secure purchase options on two

critical parcels covering 77 acres.

Washington, Oregon, and NOAA recommended that the Northwest Power and

Conservation Council recognize and support a network of strongholds in

Oregon and California highlighted their state salmon stronghold programs in proposals to NOAA requesting Pacific Salmon Recovery funds.

The CA Stronghold Team has determined three priorities for the

California Stronghold Program, including: augmenting cold water flows;

restoring floodplain and estuaries; and reconnecting habitats within

working landscapes. Partners (Cal Trout, TU, TNC, and CDFW) have begun

to develop a legislative concept for a California Salmon Stronghold

Conservation bill that supports these strategies.

WSC awarded \$15,000 to California partners to initiate the South Fork

Eel stronghold pilot, which will develop and test a methodology to

determine minimum flow criteria based on salmon habitat needs. WSC

also provided \$15,000 to partners in the Smith River stronghold to

maintain a critical monitoring program.

WSC has a long history with WCSSP including:

Helping create the organization in 2008 after a year of scoping with four coastal Lead Entities

Leading a collaborative Needs Assessment for the coast to create a

blueprint for moving forward with conservation and recovery (2009)

Partnering with The Nature Conservancy to help WCSSP develop an All-H

conservation plan for 4 million acres of the Washington Coast

(2009-2011)

Developing a detailed implementation, monitoring and funding plan

(2012-2013)

Name of the organization Wild Salmon Center	Employer identification number 94-3166095
Providing ongoing scientific analysis and mapping	
Institutionalizing the salmon stronghold approach	
Serving as the primary advocate for wild fish issues during	ıg
conservation planning and we held multiple authoritative of	committee
seats	
Supported WCSSP in the creation of its sister non-profit	the
Washington Coast Sustainable Salmon Foundation (founded 20	13)
State funding coalition created with TNC and local stakeho	lders to
leverage \$10M in 2014 state funds to implement the Washing	ton Coast
Sustainable Salmon Plan.	
Clallam County's Environmental Designations for the Shorel	ine Master
Program Update released July 2013 for public review. WSC	is currently
conducting a review of this material to ensure that conser	vation
priorities are met and to prepare for public testimony as	needed. This
will provide new protections to 70 miles or river habitat	in the
Quillayute River.	
Oregon:	
ж 5.	
The state of Oregon released the draft Coastal Multi-speci	.es
Conservation and Management Plan, which contains 21 wild f	ish emphasis
areas and several improvements to the harvest of wild salm	non.
WSC strengthened aquatic protections in proposed federal 1	egislation
affecting the management of over two million acres of fede	eral
forestlands on several of Western Oregon's iconic wild sal	mon rivers.

House of Representatives quadrupled riparian buffer width and included Schedule O (Form 990 or 990)

Name of the organization Wild Salmon Center	Employer identification number 94-3166095
private conservation lands fund in O&C Lands bill in respo	nse to WSC
(and partners) advocacy. WSC is now working closely with S	en. Wyden
staff and NGOs to include statutory aquatic protections in	
legislative proposals.	
WSC raised public awareness of the importance of BLM lands	in Western
Oregon for wild salmon and drinking water through major me	dia,
including leading newspapers and national public radio. (W	SC featured
on NPR's "Think Out Loud" to debate O&C Lands management p	
Board of Forestry created a new legal category "High Va	lue
Conservation Areas" for state forests, where conservation	directs and
management activities. Draft maps show 100,000 acres in t	
conservation classification, including 30% of the Tillamoo	
which contains numerous Salmon Anchor Habitats.	
Over 150 people attend public hearings and overwhelmingly	voice support
for Conservation Areas, including numerous elected officia	ls and
representatives from conservation and recreation communiti	es.
Opposition at hearings was minimal.	
Over 2000 comments in favor of the Conservation Areas pour	ed into
Oregon Forestry Department. More that 60 businesses, 25 g	roups, 2
counties, and 4 cities endorsed state forest conservation.	
Board of Forestry created a stakeholder group including el	ected
officials, timber owners, the Wild Salmon Center, and recr	ceation groups
to explore revenue diversification that will allow agency	stability and dule O (Form 990 or 990-EZ) (2013)
332212 09-04-13 Sche	QUIE O (FOITH 990 OF 990-EZ) (2013)

Name of the organization Wild Salmon Center	Employer identification number 94–3166095
increased conservation. Governor Kitzhaber met with the s	takeholder
group and expressed his support for an expedited outcome.	
Form 990, Part III, Line 4b, Program Service Accomplishmen	ts:
Sakalin Environment Watch (SEW) prepared justification for	creation of
a State Nature Reserve in the Nabil River watershed and su	bmitted the
documentation to the Sakhalin Ministry of Forestry. The Na	bil River is
a key salmon watershed for the critically endangered Sakha	lin taimen.
SEW conducted 170 escapement surveys for pink, chum, and c	oho in
Vostochny Reserve (Sakhalin) in addition to 32 spawning es	capement
surveys for pink salmon in 8 districts on 27 rivers in 201	3.
RFE public watershed councils organized over 400 anti-poac	hing raids on
salmon spawning rivers in 2013.	1
WSC helped Russian conservation partners to raise over \$45	0,000
primarily from Russian sources.	
The Kamchatka Ministry of Natural Resources and Ecology an	d the
Kamchatka Governor's Office have set the process in motion	for the Kol
Salmon Refuge to become fully funded by the regional gover	nment, which
should be completed by the end of 2016.	
The Kamchatka Ministry of Fisheries approved and implement	ed
Ust-Bolsherestsk public watershed council management recom	mendations
for Bolshaya River watershed in 2013 for the third year in	a row.

Name of the organization Wild Salmon Center	Employer identification number 94-3166095
Kamchatka Regional Salmon Festival has officially become p	eart of the
Russia-wide Presidential Program in 2013.	
Bolshaya River (Kamchatka) was announced the finalist of t	he 2013
Thiess International Riverprize for outstanding achievemen	its in
sustainable river management.	Y
	- 1
US Forest Service specialists visited Koppi River Protecte	ed Area
(Khabarovsk Region) to share best practices in fire	
prevention/management and reforestation in the area.	
WSC established close working relationship with the newly	established
non-profit Russian Salmon Association - an organization for	cused on
developing and supporting responsible sport and recreation	nal fishing
policies and practices.	
	-
WSC work in Kamchatka has once again been included in the	wild salmonid
conservation section of the bilateral Area V agreement bet	ween Russia
and US federal governments.	
Form 990, Part III, Line 4c, Program Service Accomplishmen	its:
Hatcheries have been removed from the Shiretoko National E	
of the Hokkaido chum FIP work.	
<u> </u>	
Form 990, Part III, Line 4d, Other Program Services:	
State of the Salmon Program	
In concert with Sustainable Fisheries staff, developed and	l launched two
new regional Fishery Improvement Project (FIP) umbrellas f	
	dule O (Form 990 or 990-EZ) (2013)

Name of the organization Wild Salmon Center	Employer identification number 94-3166095
and Western Kamchatka. Public web pages were created that	include
detailed description of the improvement needs in the fishe	ries, action
plans, and successes to date. These regional FIP umbrellas	provide a
mechanism for major seafood buyers to encourage their supp	oliers to
engage in an improvement process.	<u></u>
Completed beta version of a new Salmon FIP Tracker tool to	give
stakeholders easy access to sustainability information on	salmon
fisheries.	
Participated in the first independent escapement survey of	the Taranai
River (Sakhalin Island) with representatives of Sakhalin E	Invironmental
Watch (SEW), Taranai Fishing Company, and SakhRybvod.	
Stimulated new dialogue on escapement monitoring in Russia	through a
presentation on Alaska pink salmon inseason management met	chodologies at
a Russian scientific workshop on escapement monitoring hel	d in
Yuzhno-Sakhalinsk.	
Worked with fishery companies to develop mutually agreed u	pon annual
action plans to meet MSC standards for key rivers.	>
Made presentation at the American Fisheries Society Meetin	ng in
Fairbanks, Alaska. The presentation covered the results of	our model
simulating hatchery impacts on fitness and productivity of	wild pink
salmon in Prince William Sound and included an evaluation	of policies
to achieve the goal of hatchery risk reduction in this fis	shery.
Expenses \$ 1,002,725. including grants of \$ 0. Revenue	\$ \$ 81,533.

Wild Salmon Center

Employer identification number 94-3166095

Form 990, Part VI, Section B, line 11:

Explanation: The external accounting firm prepares Form 990 and supplemental schedules as soon as possible after the completion of the annual financial audit, and forwards a draft of the return to the Director of Finance for review. After reviewing Form 990, the Director of Finance forwards a draft of the return to the Executive Vice President for approval. Once the EVP has approved Form 990 and supplemental schedules, the return is forwarded to all Board members for its review and to the Audit/Finance Committee for its review and approval. After the Audit/Finance Committee has approved the return, the Director of Finance instructs the external accounting firm to prepare a final version of the return for signature by the President and CEO for filling with the Internal Revenue Service. Every effort is made to file the return in a timely manner with the IRS. A copy of the completed, signed and filed Form 990 with schedules is presented at the next Board of Directors meeting.

Form 990, Part VI, Section B, Line 12c:

Explanation: On an annual basis, Board members and all employees complete
the conflict of interest questionnaire, which asks them to list each of the
potential conflicts as described in the policy. The Executive Vice

President and the Director of Finance review the forms and disclosures for
all members of the Board and staff, respectively. For the Board members,
the Executive Vice President makes a summary of the results and gives them
to the Executive Committee for review. The Executive Committee of the Board
makes a determination as to whether the perceived conflict is real or not.
We have not had a real conflict in the last eight years, but if we did, the
nature of the conflict would be reviewed by the Board, and appropriate

actions would be taken (depending on the type of conflict) to eliminate the

Schedule O (Form 990 or 990-EZ) (2013)

Development, and Program Committees. It is chaired by the current board chair. Bylaws allow the committee to perform most, but not all of the Board functions. Most importantly, the committee is prohibited from altering or repealing the Bylaws and Articles of Incorporation; electing, appointing or removing any director, officer or committee

Schedule O (Form 990 or 990-EZ) (2013)		Page
Name of the organization Wild Salmon Center		Employer identification number 94-3166095
member; adopting a plan of merger with	another corporation	; authorizing
the voluntary dissolution of the organ	ization.	0
Form 990, Part IX, Line 11g, Other Fee	s:	
IT Services:		
Program service expenses		0.
Management and general expenses		10,150.
Fundraising expenses	-	0 .
Total expenses		10,150.
Website Development:		
Program service expenses		0.
Management and general expenses		70,122.
Fundraising expenses		0.
Total expenses		70,122.
*		
Communications:		
Program service expenses		115,500.
Management and general expenses	-	= 0.
Fundraising expenses		0.
Total expenses		115,500.
	- 1	
Watershed Consultants & Other:	2	
Program service expenses		340,840.
Management and general expenses		0.
Fundraising expenses		0 •
Total expenses 332212 09-04-13	Sched	340,840. dule O (Form 990 or 990-EZ) (201
	F 2	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization Wild Salmon Center	Employer identification number 94-3166095
Total Other Fees on Form 990, Part IX, line 11g, Col A	536,612.
Form 990, Part XI, line 9, Changes in Net Assets:	
ROUNDING	-1.
EXPENSES OF NORTH PACIFIC SALMON TRUST REPORTED ON NPST'S	990
CHANGE IN NORTH PACIFIC SALMON TRUST NET ASSETS	
Total to Form 990, Part XI, Line 9	-1.
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	-
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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

▶ See separate instructions.

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

Employer identification number 94-3166095

Direct controlling entity End-of-year assets **©** Total income ூ Legal domicile (state or Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity <u>a</u> Salmon Center Name, address, and EIN (if applicable) Wild Wild of disregarded entity Part

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. PartII

				40			
(a)	(q)	(၁)	(P)	(e)	(J)	(6)	1000
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled	Z(D)(13) led
of related organization		foreign country)	section	status (if section	entity	entity?	2
				501(c)(3))		Yes	No
North Pacific Salmon Trust - 20-5602442	Promote long-term salmon						ľ
721 NW 9th Avenue, Suite 300	abundance, diversity, and			170(b)(1)			
Portland, OR 97209	habitat protection.	Oregon	501(c)(3)	(A)(vi)	N/A		×
)'

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

Schedule R (Form 990) 2013

332161 09-12-13 LHA

Schedule R (Form 990) 2013 Wild Salmon Center

Part III organizations treated as a partnership during the tax year.

General or Percentage managing ownership		•			e related	Section 512(b)(13) controlled entity?				Schedule R (Form 990) 2013
General or managing partner?	ves No				or more	(h) Percentage ownership				3 (Forn
Code V-UBI amount in box 20 of Schedule	(con III)	5			ecause it had one	(g) Share of Percend-of-year own	,			Schedule
	o <u>z</u>				ne 34 b					
(h) Disproportionate allocations?	, se				rt IV, lir	f total				
(g) Share of end-of-year assets					rm 990, Pa	(f) Share of total income			ā	
		ř.			Yes" on Fo	(e) Type of entity (C corp, S corp, or trust)				
(f) Share of total income					mswered "			A		
	£	22			rganization a	(d) Direct controlling entity			18	,
Predominant income (related, unrelated, excluded from tax under	Sections 5 to				plete if the o	(C) Legal domicile Di (state or foreign country)				
(d) Direct controlling entity			9	541	ation or Trust Com	(b) Primary activity			14	
(c) Legal domicile (state or foreign	country)				s a Corpor g the tax ye	Prima				
(b) Primary activity		è			anizations Taxable a	Z c				
(a) Name, address, and EIN of related organization					Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization				332162 09-12-13

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	ated organizations listed		
 a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity 		***************************************	Ta Ta	×
b Gift, grant, or capital contribution to related organization(s)				×
			100	×
d Loans or loan guarantees to or for related organization(s)			707	×
Loans or loan guarantees by related organization(s)				×
f Dividends from related organization(s)			1	×
	,		10	×
			14	×
i Exchange of assets with related organization(s)			1	×
j Lease of facilities, equipment, or other assets to related organization(s)			11	×
b lease of facilities equipment or other assets from related organization(s)			÷	×
Performance of services or membership or fundraising solicitations for	nization(s)			×
		***************************************	E	×
Chaire of facilities on themselves of the lists of other accepts with relate	iizatiOri(s)	***************************************	1 4	*
 Sharing of paid employees with related organization(s) 			10	4
n Beimhursement neid to related organization(s) for expenses			ţ	×
helilibui serilerit palu to telateu organization(s) tol experises	***************************************	***************************************		>
q Reimbursement paid by related organization(s) for expenses			1d	4
r Other transfer of cash or property to related organization(s)			÷	×
Other transfer of cash or property from related organization(s)			\vdash	×
	ho must complete th	is line, including covered r		
ı		C		
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
(1)				
To the state of th			-	
(3)				
(4)				
(9)				
(9)			Command of the basis	200
332163 09-12-13			Schedule R (Form 990) 35	990) 2013

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

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

(a) (b) (c) (d)	ĵ (g)	(0)	(b)	(e)	€	(b)	£	9	9	3
Name, address, and EIN of entity	Primary activity	micile	t income related,	Are all partners sec. 501 (c)(3)	გ ţ	Share of end-of-vear	± 0	Code	hanaging	Percentage
ć		country)	excluded from tax under section 512-514)	Yes No	25	assets	Yes No	of Schedule K-1 (Form 1065)	Yes No	
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