

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING  
DECEMBER 31, 2008

Prepared for	WILD SALMON CENTER 721 NW 9TH AVENUE, SUITE 300 PORTLAND, OR 97209-3446
Prepared by	MCDONALD JACOBS, P.C. 520 SW YAMHILL, STE 500 PORTLAND, OR 97204
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form **990**

**Return of Organization Exempt From Income Tax**

**2008**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type.  
See Specific Instructions.

**C Name of organization**  
**WILD SALMON CENTER**  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**721 NW 9TH AVENUE, SUITE 300**  
 City or town, state or country, and ZIP + 4  
**PORTLAND, OR 97209-3446**

**D Employer identification number**  
**94-3166095**

**E Telephone number**  
**(503) 222-1804**

**G Gross receipts \$** **9,166,655.**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list. (see instructions)

**F Name and address of principal officer:** **THOMAS C BLAND**  
**721 NW 9TH AVENUE, SUITE 300, PORTLAND, OR**

**I Tax-exempt status:**  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**J Website:** **WWW.WILDSALMONCENTER.ORG**

**K Type of organization:**  Corporation  Trust  Association  Other

**L Year of formation:** **1992** **M State of legal domicile:** **WA**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO IDENTIFY, UNDERSTAND AND PROTECT THE BEST WILD SALMON ECOSYSTEMS OF THE PACIFIC RIM.</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of employees (Part V, line 2a)	5	57
	6 Total number of volunteers (estimate if necessary)	6	6
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,104,618.	9,092,068.
	9 Program service revenue (Part VIII, line 2g)	48,417.	28,867.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	113,912.	43,736.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,977.	1,287.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,293,924.	9,165,958.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,618,495.	2,464,216.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,306,795.	2,938,203.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) <b>500,284.</b>		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,007,806.	2,280,456.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,933,096.	7,682,875.	
19 Revenue less expenses. Subtract line 18 from line 12	-1,639,172.	1,483,083.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year 4,555,554.	End of Year 6,167,111.
	21 Total liabilities (Part X, line 26)	380,616.	509,383.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,174,938.	5,657,728.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_  
**THOMAS C BLAND, CFO**  
 Type or print name and title

**Paid Preparer's Use Only**  
 Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_ Check if self-employed  Preparer's identifying number (see instructions) \_\_\_\_\_  
 Firm's name (or yours if self-employed), address, and ZIP + 4 **MCDONALD JACOBS, P.C.**  
**520 SW YAMHILL, STE 500**  
**PORTLAND, OR 97204**  
 EIN \_\_\_\_\_ Phone no. **503 227-0581**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO IDENTIFY, UNDERSTAND AND PROTECT THE BEST WILD SALMON ECOSYSTEMS OF THE PACIFIC RIM, BY DEVISING AND IMPLEMENTING PRACTICAL STRATEGIES, BASED ON THE BEST SCIENCE, TO PROTECT FOREVER THESE EXTRAORDINARY PLACES AND THEIR BIODIVERSITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

Yes No

If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

Yes No

If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 3,580,797. including grants of \$ 2,138,112. ) (Revenue \$ ) PROGRAM SERVICE #1 - WESTERN PACIFIC PROGRAM:

RUSSIAN FAR EAST MAINLAND: OVER THE PAST YEAR, THE KHABAROVSK BIODIVERSITY PROJECT MADE GREAT PROGRESS WORKING TO CREATE THREE PROTECTED AREAS - TOTALING ONE MILLION ACRES. THE KHABAROVSK DISTRICT CONTAINS A GREAT EXPANSE OF THE NORTH PACIFIC'S LAST REMAINING TEMPERATE WILDERNESS AND SUPPORTS IMPRESSIVE BIODIVERSITY FROM AMUR TIGERS TO THE LARGEST AND MOST ANCIENT SALMONID, THE TAIMEN. BY PARTNERING WITH THE KHABAROVSK WILDLIFE FOUNDATION, WE HELPED COMPLETE NOMINATION DOCUMENTS FOR THE CREATION OF THE SHANTAR ISLANDS NATIONAL PARK. A FEDERAL COMMISSION HAS BEEN (CONTINUED ON SCH O)

4b (Code: ) (Expenses \$ 1,171,033. including grants of \$ 178,575. ) (Revenue \$ ) PROGRAM SERVICE #2 - NORTH AMERICA PROGRAM:

PACIFIC SALMON STRONGHOLD CONSERVATION ACT OF 2008 INTRODUCED WITH CO-SPONSORSHIP FROM ALL EIGHT WEST COAST SENATORS. NINE STRONGHOLDS ENDORSED ESTABLISHING MOMENTUM FOR FUTURE STRONGHOLD ENDORSEMENTS INFORMED BY SCIENTIFIC CRITERIA AND INPUT FROM LOCAL BASINS. THREE SCIENTIFIC REPORTS RELEASED INCLUDING COMPREHENSIVE SALMON ECOSYSTEM ANALYSES OF THE OREGON NORTH COAST AND HOH RIVER IN WASHINGTON, AND A DRAFT REPORT EVALUATING THE POTENTIAL IMPACTS OF ALASKA'S PROPOSED PEBBLE MINE. (CONTINUED ON SCH. O)

4c (Code: ) (Expenses \$ 680,918. including grants of \$ ) (Revenue \$ ) PROGRAM SERVICE #3 - CONSERVATION FINANCE:

RUSSIAN SALMON FUND: THE RUSSIAN SALMON FUND (RSF) WAS OFFICIALLY LAUNCHED THIS YEAR. RSF WAS FOUNDED AS AN ALL-RUSSIAN VEHICLE TO SOLICIT PRIVATE FUNDING FROM RUSSIAN PHILANTHROPISTS AND OBTAIN HIGH LEVEL SUPPORT FROM GOVERNMENT AND BUSINESSES FOR THE SUSTAINABLE USE OF SALMON THROUGHOUT THE RUSSIAN FAR EAST. WSC IS SUPPORTING RSF IN GALVANIZING RUSSIAN DOMESTIC SUPPORT FOR SALMON CONSERVATION INTO A COHERENT RUSSIAN SALMON ECOSYSTEMS INITIATIVE. THE RSF BOARD OF TRUSTEES WAS ESTABLISHED, WITH HIGH RANKING RUSSIAN GOVERNMENT OFFICIALS, RUSSIAN BUSINESS LEADERS, AND KEY RUSSIAN ACADEMIA AND STAKEHOLDERS PROVIDING LEADERSHIP.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 1,080,853. including grants of \$ 145,989. ) (Revenue \$ )

4e Total program service expenses \$ 6,513,601. (Must equal Part IX, Line 25, column (B).)

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? .....	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		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? <i>If "Yes," complete Schedule D, Part II</i> .....	X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.? .....	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....	X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....	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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> .....		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X

Form 990 (2008)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable ..... <b>1a</b> 72		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ..... <b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... <b>1c</b>	X	
<b>2a</b>	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 ..... <b>2a</b> 57		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? ..... <b>2b</b>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ..... <b>3a</b>		X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O ..... <b>3b</b>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? ..... <b>4a</b>	X	
<b>b</b>	If "Yes," enter the name of the foreign country: ► <b>RUSSIA</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? ..... <b>5a</b>		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ..... <b>5b</b>		X
<b>c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? ..... <b>5c</b>		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible? ..... <b>6a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? ..... <b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? ..... <b>7a</b>		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? ..... <b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? ..... <b>7c</b>		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ..... <b>7e</b>		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ..... <b>7f</b>		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? ..... <b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? ..... <b>7h</b>		
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? ..... <b>8</b>		
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? ..... <b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? ..... <b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 ..... <b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities ..... <b>10b</b>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>		
<b>a</b>	Gross income from members or shareholders ..... <b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ..... <b>11b</b>		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? ..... <b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... <b>N/A</b> <b>12b</b>		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body .....		
<b>1b</b> Enter the number of voting members that are independent .....		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....	X	
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? .....		X
<b>6</b> Does the organization have members or stockholders? .....		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? .....	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? .....	X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates? .....		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....		
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	X	
<b>11</b> Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	X	
<b>13</b> Does the organization have a written whistleblower policy? .....	X	
<b>14</b> Does the organization have a written document retention and destruction policy? .....	X	
<b>15</b> 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:		
<b>a</b> The organization's CEO, Executive Director, or top management official? .....	X	
<b>b</b> Other officers or key employees of the organization? .....	X	
Describe the process in Schedule O. (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► AZ, AR, CO, DC, GA, MD, MA, MN, NC, NM, NY, OH
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► THOMAS C. BLAND - (503) 222-1804  
721 NW 9TH AVENUE, SUITE 300, PORTLAND, OR 97209-3446

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- 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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STONE GOSSARD DIRECTOR	0.00	X					0.	0.	0.	
LEAH HAIR DIRECTOR	0.00	X					0.	0.	0.	
JOHN KITZHABER DIRECTOR	0.00	X					0.	0.	0.	
JIM LICHATOWICH DIRECTOR	0.00	X					0.	0.	0.	
SYDNEY MCNIFF-FERGUSON DIRECTOR	0.00	X					0.	0.	0.	
WILLIAM DINTY MILLER DIRECTOR	0.00	X					0.	0.	0.	
WERNER K. PAULUS DIRECTOR	0.00	X					0.	0.	0.	
DMITRY PAVLOV DIRECTOR	0.00	X					0.	0.	0.	
JAMES W. RATZLAFF DIRECTOR	0.00	X					0.	0.	0.	
PETER SELIGMANN DIRECTOR	0.00	X					0.	0.	0.	
PETER SOVEREL DIRECTOR	0.00	X					0.	0.	0.	
JACK STANFORD DIRECTOR	0.00	X					0.	0.	0.	
MIKE SUTTON DIRECTOR	0.00	X					0.	0.	0.	
DAVID WIMBERLY DIRECTOR	0.00	X					0.	0.	0.	
GUIDO R. RAHR PRESIDENT & CEO	40.00			X			174,270.	0.	12,647.	
THOMAS C. BLAND CFO	40.00			X			122,201.	0.	13,613.	
GREG BLOCK VP CONSERVATION PROGRAMS	40.00			X			118,578.	0.	13,065.	



**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RICHARD LINCOLN STATE OF SALMON PROG DIR	40.00			X				99,253.	0.	4,766.
DAVID MARTIN WEST. PACIFIC PROG. DIR.	40.00			X				93,835.	0.	6,213.
RACHEL URIS VP RSRCES., COMMNCATION.	40.00			X				111,300.	0.	7,435.
JEFFREY BAUMGARTNER EXECUTIVE VICE PRESIDENT	40.00			X				80,720.	0.	375.
PAULA BURGESS N.A. PROGRAM DIRECTOR	40.00					X		111,238.	0.	8,241.
JAY NICHOLAS N.A. STRNGHLD. PTSP. MGR	40.00					X		110,849.	0.	10,578.
PETER SOVEREL (FORMER) EXEC. DIRECTOR	0.00						X	31,721.	0.	0.
<b>1b Total</b>								<b>1,053,965.</b>	<b>0.</b>	<b>76,933.</b>

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 6

	Yes	No
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	X	
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	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**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.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 0

Part VIII Statement of Revenue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events						
	d	Related organizations						
	e	Government grants (contributions)	1e	348,065.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	874,400.3.				
	g	Noncash contributions included in lines 1a-1f: \$		67,821.				
	h	<b>Total.</b> Add lines 1a-1f		9,092,068.				
Program Service Revenue	2 a	SALMON CONSERVATION	Business Code	28,867.	28,867.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f		28,867.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		43,757.		43,757.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	350.				
			(ii) Personal					
			Less: rental expenses					
			c	Rental income or (loss)	350.			
	d	Net rental income or (loss)		350.		350.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	676.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	697.			
			c	Gain or (loss)	-21.			
	d	Net gain or (loss)		-21.		-21.		
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b			Less: direct expenses					
c			Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses					
		c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	a						
		b	Less: cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS INCOME		937.	937.				
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		937.					
12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		9,165,958.	29,804.	0.	44,086.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	178,575.	178,575.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,540.	1,540.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	2,284,101.	2,284,101.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	763,832.	609,148.	124,309.	30,375.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,543,477.	1,179,550.	160,429.	203,498.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	117,905.	86,150.	17,200.	14,555.
9 Other employee benefits	340,038.	239,910.	71,712.	28,416.
10 Payroll taxes	172,951.	132,086.	23,593.	17,272.
11 Fees for services (non-employees):				
a Management				
b Legal	10,485.	10,446.	39.	
c Accounting	15,531.		15,531.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	724,562.	708,135.	84.	16,343.
12 Advertising and promotion	63,512.	7,003.	810.	55,699.
13 Office expenses	130,545.	43,632.	57,816.	29,097.
14 Information technology				
15 Royalties				
16 Occupancy	156,167.	107,306.	37,723.	11,138.
17 Travel	749,436.	615,742.	57,427.	76,267.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,148.	10,585.	1,140.	423.
20 Interest	11,034.		11,034.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	105,979.	64,928.	35,977.	5,074.
23 Insurance	19,012.	7,767.	10,601.	644.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>CONTRACT PERSONNEL</b>	102,062.	102,062.	0.	0.
b <b>MISCELLANEOUS EXPENSE</b>	71,758.	34,969.	28,975.	7,814.
c <b>TRANSLATION AND INTERPR</b>	54,521.	52,690.	1,831.	0.
d <b>DUES AND SUBSCRIPTIONS</b>	37,319.	31,871.	1,954.	3,494.
e <b>RECRUITMENT EXPENSE</b>	16,385.	5,405.	10,805.	175.
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>7,682,875.</b>	<b>6,513,601.</b>	<b>668,990.</b>	<b>500,284.</b>
<b>26 Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing .....	789,971.	1	1,049,913.
	2	Savings and temporary cash investments .....	973,268.	2	2,401,001.
	3	Pledges and grants receivable, net .....	1,396,536.	3	1,470,973.
	4	Accounts receivable, net .....	18,629.	4	5,466.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....		8	
	9	Prepaid expenses and deferred charges .....	164,500.	9	63,259.
	10a	Land, buildings, and equipment: cost basis ...	10a 1,476,857.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D .....	10b 300,358.	10c	1,176,499.
	11	Investments - publicly traded securities .....		11	
	12	Investments - other securities. See Part IV, line 11 .....		12	
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
	15	Other assets. See Part IV, line 11 .....		15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,555,554.	16	6,167,111.	
Liabilities	17	Accounts payable and accrued expenses .....	184,216.	17	373,286.
	18	Grants payable .....		18	
	19	Deferred revenue .....		19	
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow account liability. Complete Part IV of Schedule D .....		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....	196,400.	23	136,097.
	24	Unsecured notes and loans payable .....		24	
	25	Other liabilities. Complete Part X of Schedule D .....		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	380,616.	26	509,383.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets .....	2,009,650.	27	2,756,071.
	28	Temporarily restricted net assets .....	2,165,288.	28	2,901,657.
	29	Permanently restricted net assets .....		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
	33	<b>Total net assets or fund balances</b> .....	4,174,938.	33	5,657,728.
	34	<b>Total liabilities and net assets/fund balances</b> .....	4,555,554.	34	6,167,111.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .....		X
2b	Were the organization's financial statements audited by an independent accountant? .....	X	
2c	If "Yes" to lines 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? .....	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....		X
3b	If "Yes," did the organization undergo the required audit or audits? .....		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **WILD SALMON CENTER** Employer identification number **94-3166095**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_
  - (ii) A family member of a person described in (i) above? \_\_\_\_\_
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
- h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5946052.	5483767.	7716091.	4104618.	9092068.	32342596.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 - 3 .....	5946052.	5483767.	7716091.	4104618.	9092068.	32342596.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						15957990.
6 <b>Public Support.</b> Subtract line 5 from line 4.						16384606.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4 .....	5946052.	5483767.	7716091.	4104618.	9092068.	32342596.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3,523.	12,207.	71,216.	133,062.	44,107.	264,115.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	7,634.	12,071.	6,308.	7,827.	937.	34,777.
11 <b>Total support.</b> Add lines 7 through 10 .....						32641488.
12 Gross receipts from related activities, etc. (see instructions) .....					12	1,020,568.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....	14	50.20 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....	15	46.98 %
16a <b>33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
b <b>33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
17a <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
b <b>10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 - 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	%

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

WILD SALMON CENTER

Employer identification number

94-3166095

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)



Name of organization

Employer identification number

WILD SALMON CENTER

94-3166095

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 3,633,661.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 270,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization **WILD SALMON CENTER** Employer identification number **94-3166095**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area

Protection of natural habitat       Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements .....	2a 1
b Total acreage restricted by conservation easements .....	2b 255.00
c Number of conservation easements on a certified historic structure included in (a) .....	2c 0
d Number of conservation easements included in (c) acquired after 8/17/06 .....	2d 0

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ 0

4 Number of states where property subject to conservation easement is located ▶ 1

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? .....

Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ 50

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ 2,500.

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes    | No |
|-----------------------------|--------|----|
| (i) unrelated organizations | 3a(i)  |    |
| (ii) related organizations  | 3a(ii) |    |
- b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		936,241.		936,241.
b Buildings				
c Leasehold improvements		41,720.	17,353.	24,367.
d Equipment		216,053.	130,027.	86,026.
e Other		282,843.	152,978.	129,865.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				<b>1,176,499.</b>



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	9,165,958.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,682,875.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,483,083.
4	Net unrealized gains (losses) on investments	4	-293.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-293.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,482,790.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	9,217,585.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	
	b Donated services and use of facilities	2b	51,920.
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV)	2d	-293.
	e Add lines 2a through 2d	2e	51,627.
3	Subtract line 2e from line 1	3	9,165,958.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	9,165,958.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	7,734,795.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	51,920.
	b Prior year adjustments	2b	
	c Losses reported on Form 990, Part IX, line 25	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	51,920.
3	Subtract line 2e from line 1	3	7,682,875.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV)	4b	
	c Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	7,682,875.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART II, LINE 9: DURING 2004, THE WILD SALMON CENTER (WSC) ACQUIRED 255  
ACRES OF LAND ALONG ELK CREEK IN CLALLAM COUNTY, WASHINGTON. THE LAND IS  
CARRIED AT COST AND IS SUBJECT TO RESTRICTIVE COVENANTS WHICH REQUIRE THAT  
IT BE USED ONLY FOR SALMON RECOVERY AND CONSERVATION PURPOSES.



94-3166095

WILD SALMON CENTER

Schedule F (Form 990) 2008

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) 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	PROTECTED AREA CREATION	818,923	WIRE TRANSFER	0.		
			RUSSIA AND THE NEWLY INDEPENDENT STATES	PROTECTED AREA CREATION	15,000	WIRE TRANSFER	0.		
			RUSSIA AND THE NEWLY INDEPENDENT STATES	ECOTOURISM ESTABLISHMENT	9,565	WIRE TRANSFER	0.		
			RUSSIA AND THE NEWLY INDEPENDENT STATES	PROTECTED AREA CREATION	1,124,624	WIRE TRANSFER	0.		
			RUSSIA AND THE NEWLY INDEPENDENT STATES	PROTECTED AREA SUPPORT	170,000	WIRE TRANSFER	0.		

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 3

3 Enter total number of other organizations or entities 2

94-3166095

WILD SALMON CENTER

Schedule F (Form 990) 2008

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

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCIENTIFIC RESEARCH AND SUPPORT FOR PROTECTED AREA CREATION	RUSSIA AND NEWLY INDEPENDENT STATES	4	145,989	WIRE TRANSFER	0.		



**Part IV** Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

SCHEDULE F, PART I, LINE 2: ON A REGULAR BASIS, USUALLY QUARTERLY, GRANTEES ARE REQUIRED TO PROVIDE A GRANT REPORT TO THE ORGANIZATION TO ENSURE THAT PROGRESS ON DELIVERABLES IS OCCURRING. THE ORGANIZATION REQUIRES THAT SATISFACTORY PROGRESS ON DELIVERABLES AND THE ACHIEVEMENT OF OUTCOMES IS NECESSARY FOR THE NEXT PAYMENT TO BE REMITTED TO THE GRANTEE.

PART I, LINE 3, COLUMN (E):

REGION: RUSSIA AND NEWLY INDEPENDENT STATES

(E) SPECIFIC TYPES OF SERVICES IN REGION: THE ORGANIZATION IS BUILDING A NETWORK OF SALMON SANCTUARIES IN THE RUSSIAN FAR EAST, AND KAMCHATKA.



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts .....			
	2	Less: Charitable contributions .....			
	3	Gross revenue (line 1 minus line 2) .....			
Direct Expenses	4	Cash prizes .....			
	5	Non-cash prizes .....			
	6	Rent/facility costs .....			
	7	Other direct expenses .....			
	8	Direct expense summary. Add lines 4 through 7 in column (d) .....			
9	Net income summary. Combine lines 3 and 8 in column (d) .....				( )

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
Revenue	1	Gross revenue .....			
Direct Expenses	2	Cash prizes .....			
	3	Non-cash prizes .....			
	4	Rent/facility costs .....			
	5	Other direct expenses .....			
6	Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
8	Net gaming income summary. Combine lines 1 and 7 in column (d) .....				( )

- 9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_
- a Is the organization licensed to operate gaming activities in each of these states? .....
- b If "No," Explain: \_\_\_\_\_
- 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....
- b If "Yes," Explain: \_\_\_\_\_
- 11 Does the organization operate gaming activities with nonmembers? .....
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

	Yes	No
9a		
10a		
11		
12		

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:			
<b>a</b> The organization's facility .....	<b>13a</b>	%	
<b>b</b> An outside facility .....	<b>13b</b>	%	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....			
<b>15a</b>			
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
<b>c</b> If "Yes," enter name and address:			
Name ▶ _____			
Address ▶ _____			
<b>16</b> Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
_____			
_____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....			
<b>17a</b>			
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

Open to Public  
Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
▶ Attach to Form 990.

Name of the organization **WILD SALMON CENTER** Employer identification number **94-3166095**

**Part I General Information on Grants and 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 criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

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, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS VALLEY WATERSHED COUNCIL 352102 S. REDWOOD HWY CAVE JUNCTION, OR 97523	93-6015396		10,000.	0.			ECOSYSTEM PROTECTION
OREGON WATER TRUST, INC. 522 SW FIFTH AVENUE, SUITE 825 PORTLAND, OR 97204	93-1133350	501(C)(3)	85,050.	0.			ECOSYSTEM PROTECTION
QUINULT INDIAN NATION DIVISION OF NATURAL RESOURCES - P.O. BOX 189 - TAHOLAH, WA 98587	91-0760952		15,000.	0.			ECOSYSTEM PROTECTION
TRUST FOR CONSERVATION INNOVATION 423 WASHINGTON STREET 5TH FLOOR SAN FRANCISCO, CA 94111	91-2166435	501(C)(3)	66,500.	0.			ECOSYSTEM PROTECTION

2 Enter total number of section 501(c)(3) and government organizations **4.**

3 Enter total number of other organizations **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2008**

**WILD SALMON CENTER**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE I, PART I, LINE 1: GRANTEEES ARE REQUIRED TO REPORT ON THE PROGRESS OF ACTIVITIES PERFORMED AND DELIVERABLES ATTAINED IN ORDER TO RECEIVE GRANT PAYMENTS. THE WILD SALMON CENTER RESERVES THE RIGHT TO EXAMINE THE BOOKS AND RECORDS OF THE RECEIVING ORGANIZATION.**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2008**

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**WILD SALMON CENTER**

Employer identification number

**94-3166095**

**Part I Questions Regarding Compensation**

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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

Schedule J (Form 990) 2008





**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **WILD SALMON CENTER** Employer identification number **94-3166095**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>SOFTWARE</u> )	X	5	65,009.	FAIR MARKET VALUE
26 Other ▶ ( <u>SUPPLIES</u> )	X	2	2,812.	FAIR MARKET VALUE
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2008

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.  
Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

IN-KIND DONATIONS OF GOODS ARE RECORDED ON AN IN-KIND DONATION FORM AT  
THE TIME THAT THE DONATION IS RECEIVED. ITEMS SUCH AS SOFTWARE ARE  
VALUED AT THE MARKET VALUE OF THE ITEM RECEIVED.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

WILD SALMON CENTER

Employer identification number

94-3166095

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

(PROGRAM SERVICE #1 CONTINUED)

ESTABLISHED, AND THE TERRITORY MAY BE RESERVED BY THE KHABAROVSK

(REGIONAL) GOVERNMENT BY EARLY 2010.

THE KOPPI RIVER REFUGE'S ORIGINAL PROTECTED AREA PROPOSAL WAS EXPANDED

BY THE KHABAROVSK WORKING GROUP, COMPRISED OF GOVERNMENT, ACADEMIC AND

NGO REPRESENTATIVES. THE GROUP IS CONSIDERING A NUMBER OF INNOVATIVE

APPROACHES AND THE PROPOSAL HAS BROAD SUPPORT AT THE REGIONAL LEVEL AND

WAS SUPPORTED BY THE DISTRICT GOVERNMENT.

WSC ALSO SUPPORTED A SCOPING EXPEDITION ON THE NIMELEN RIVER. THE

RESULTS WERE PROMISING, AND WE EXPECT TO HAVE A PRELIMINARY

CONSERVATION STRATEGY PREPARED IN THE SPRING OF 2009. FEDERAL FISHERIES

LAW AUTHORIZES THE CREATION OF FEDERAL FISHERIES RESERVES AND SHOULD

GIVE OUR PARTNERS THE OPPORTUNITY TO DEVELOP A UNIQUE PROTECTED AREA IN

THE RUSSIAN FAR EAST.

KAMCHATKA:

KAMCHATKA PROTECTED AREA PLAN AGREEMENT THAT WILL GUIDE ALL FUTURE

PROTECTED AREA CREATION IN KAMCHATKA.

KOL CONSERVATION MANAGEMENT PLAN SUBMITTED, INTEGRATING CONSERVATION

ACTION PLAN (CAP) STRATEGIES.

SALMON PROTECTED AREA NOMINATION PROCESS COMPLETED, INCLUDING FINAL

EXPERTIZA, FOR THE OPALA RIVER AND THE OBLUKOVINA/KRUGOGOROVA/KOLPAKOVA

RIVER BASINS. FINAL EXPERTIZA FOR THE UTKHOLOK ANTICIPATED IN SUMMER

2009.

KOL RIVER SALMON REFUGE'S ECOSYSTEM SERVICES REPORT IS THE FIRST OF ITS

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

WILD SALMON CENTER

Employer identification number

94-3166095

KIND TO ATTEMPT TO QUANTIFY THE HUMAN BENEFIT OF HEALTHY SALMON

ECOSYSTEMS.

WILD SALMON CENTER HAS WORKED CLOSELY WITH OUR KAMCHATKA PARTNERS

TOWARD THE ESTABLISHMENT OF SALMON PROTECTED AREAS (SPA). THESE

PROTECTED AREAS PROVIDE FOR A NETWORK OF RESERVES ENCOMPASSING 10 RIVER

SYSTEMS AND APPROXIMATELY SIX MILLION ACRES OF SALMON ECOSYSTEMS. OUR

ROLE IS TO HELP DEVISE CONSERVATION ACTION PLANS THAT SUPPORT

SUSTAINABLE MANAGEMENT OF SALMON HARVEST WITHIN EACH SPA AND TO SPUR

THE DEVELOPMENT OF WATERSHED COMPLEXES ELIGIBLE FOR BECOMING BOTH

REGIONAL AND NATIONAL PARKS. FINAL EXPERTIZA, THE LAST STEP BEFORE

OFFICIAL PROTECTED AREA STATUS, HAS BEEN ATTAINED FOR THE OPALA RIVER

AND THE OBLUKOVINA/KRUGOGOROVA/KOLPAKOVA RIVER BASINS AND THE UTKHOLOK

FINAL EXPERTIZA IS ANTICIPATED TO OCCUR IN SUMMER 2009.

THE KOL RIVER SALMON REFUGE AREA SERVES AS A PLATFORM FOR PROTECTED

AREA (PA) PROJECT-RELATED AND EDUCATIONAL RESEARCH. SCIENTISTS FROM

BOTH UNIVERSITY OF MONTANA AND MOSCOW STATE UNIVERSITY CONDUCTED

STUDIES AS PART OF THE SALMONID RIVERS OBSERVATORY NETWORK (SARON).

THIS RESEARCH HAS SHOWN THAT THE KOL IS ONE OF THE MOST PRODUCTIVE AND

DIVERSE SALMON RIVERS CURRENTLY KNOWN. YEARS OF DATA FROM RIVERS ACROSS

THE PACIFIC RIM HAVE BEEN COLLECTED AND PROVIDE THE BEST BASIS FOR

CONTINUED MONITORING OF THE HEALTH AND TRENDS OF A RIVER SYSTEM. THE

DATA FROM THIS PROJECT CAN BE USED TO EXTRAPOLATE DATA FOR OTHER RIVERS

IN KAMCHATKA AND AROUND THE PACIFIC RIM AND HELP DEFINE CONSERVATION

SUCCESS AND PRIORITIES.⓪

IN PARTNERSHIP WITH THE UNIVERSITY OF VERMONT GUND INSTITUTE, WSC

RELEASED THE VALUE OF THE KOL RIVER SALMON REFUGE'S ECOSYSTEM SERVICES

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

WILD SALMON CENTER

Employer identification number

94-3166095

REPORT. THIS STUDY IS THE FIRST ATTEMPT TO APPROXIMATE THE TOTAL FLOW OF ECOSYSTEM SERVICES ASSOCIATED WITH A HEALTHY WILD SALMON RIVER. THE KOL REPORT AND FUTURE STUDIES WILL PROVIDE WSC AND ITS RUSSIAN PARTNERS WITH THE INITIAL INFORMATION NEEDED TO CREATE INCENTIVE BASED MECHANISMS FOR SALMON CONSERVATION.

WSC AND THE NATURE CONSERVANCY (TNC) HELD THEIR SECOND CONSERVATION ACTION PLANNING (CAP) WORKSHOP IN ANCHORAGE, ALASKA. KAMCHATKA COLLEAGUES FOUND WAYS TO IMPROVE ON THE DESIGN OF THEIR KOL RIVER WATERSHED CONSERVATION MANAGEMENT PLAN. BUILDING OFF YEARS OF EXPERIENCE, CAP AND OTHER OPEN STANDARDS OF CONSERVATION ARE IMPORTANT TOOLS IN MAKING CONSERVATION METHODOLOGIES MORE EFFECTIVE AND TRANSPARENT.

OUR PARTNER ORGANIZATION IN KAMCHATKA, THE WILD FISHES AND BIODIVERSITY FUND (WFBF), SIGNED A THREE-WAY AGREEMENT WITH THE KAMCHATKA MINISTRY OF NATURAL RESOURCES AND THE KAMCHATKA PACIFIC INSTITUTE OF GEOGRAPHY (KPIG) TO ADVANCE THE KAMCHATKA PROTECTED AREA DEVELOPMENT PLAN. THE PLAN WILL GUIDE ALL FUTURE CREATION OF SALMON REFUGE ON THE PENINSULA AND ENCOMPASSING SEVEN RIVERS - THE OPALA, OBLUKOVINA, KRUTOGOROVA, KOLPAKOVA, UTKHOLOK, KVACHINA AND ZHUPANOVA.

SAKHALIN:

TWO COMPREHENSIVE SCIENTIFIC EXPEDITIONS TO THE LANGRY AND BOLSHAYA BASINS, COLLECTING DATA TO PREPARE PROTECTED AREA NOMINATION DOCUMENTATION.

FIRST YEAR OF PUBLIC/PRIVATE REGIONAL SALMONID MONITORING PROGRAM IN PARTNERSHIP WITH SAKHNIRO AND SAKHRYBVOD IN THE REGION OF ANIVA.

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

WILD SALMON CENTER

Employer identification number

94-3166095

INDEPENDENT CONSERVATION PROJECTS BY SAKHALIN WATERSHED COUNCILS IN ANIVA AND SMIRNIKHOVSK, INCLUDING ANTI-POACHING EFFORTS, FISH PASSAGE RESTORATION, AND EDUCATION INITIATIVES.

LARGEST ECO-LABEL PROJECT TO-DATE IN RUSSIA WITH MARINE STEWARDSHIP COUNCIL (MSC) PRE-ASSESSMENT OF SAKHALIN ISLANDS COMMERCIAL SALMON FISHERIES.

IN EARLY 2008, WSC AND THE SAKHALIN ENERGY INVESTMENT COMPANY LTD. (SEIC) ESTABLISHED A LANDMARK AGREEMENT THAT FUNDS A THREE-YEAR, \$8.8 MILLION PROGRAM FOR WILD SALMON CONSERVATION EFFORTS ON SAKHALIN ISLAND. THE CONSERVATION WORK WILL BE CONDUCTED THROUGH OUR PARTNER, THE SAKHALIN SALMON INITIATIVE (SSI). PROJECT PLANS IDENTIFIED SIX MAIN AREAS OF INTEREST: WATERSHED COUNCIL NETWORK, LANGRY-BOLSHAYA CONSERVATION, MONITORING PLAN, SUSTAINABLE FISHERIES, EDUCATION AND RESTORATION.

THE SAKHALIN SALMON INITIATIVE CENTER (SSIC) IS CURRENTLY SERVING AS A COORDINATING BODY FOR THE WATERSHED COUNCIL NETWORK. THREE OF SAKHALIN'S SIX MUNICIPAL REGIONS HAVE SUCCESSFULLY CREATED WATERSHED COUNCILS AND SSIC IS ACTIVELY WORKING WITH THE REMAINING REGIONS. IN THE SPRING, WSC AND OUR PARTNERS HOSTED AN EXCHANGE BETWEEN SAKHALIN GOVERNMENT REPRESENTATIVES AND INTERNATIONAL EXPERTS TO IMPROVE PROJECT PLANNING AND WATERSHED ASSESSMENT METHODS. OVER THE COURSE OF THE YEAR, THE ANIVA AND SMIRNIKHOVSK COUNCILS COMPLETED INDEPENDENT CONSERVATION PROJECTS IN THEIR RESPECTIVE REGIONS INCLUDING COMMUNITY ANTI-POACHING EFFORTS, FISH PASSAGE RESTORATION (THE FIRST KNOWN WATERSHED RESTORATION PROJECTS IN RUSSIAN FAR EAST), AND EDUCATION INITIATIVES.

SSIC, SAKHALIN FISHERIES AND OCEANOGRAPHY INSTITUTE (SAKHNIRO) AND

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

Schedule O (Form 990) 2008

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

WILD SALMON CENTER

Employer identification number

94-3166095

SAKHRYBVD HAVE ESTABLISHED AN ISLAND-WIDE MONITORING PLAN TO DETERMINE STATUS AND DETECT TRENDS IN SIX SALMONID POPULATIONS, THEIR HABITAT CONDITION, AND POPULATION DYNAMICS. SSIC, SAKHNIRO, SAKHALIN FEDERAL FISHERIES AGENCY, WSC AND USDA FOREST SERVICE COMPLETED THE FIRST YEAR OF A REGIONAL SALMONID MONITORING PROGRAM. SCIENTISTS CONDUCTED FIELD WORK ON THE TARANAI, KURA AND NAICHA RIVERS OF THE ANIVA BAY REGION. AS A RESULT OF RESEARCH FROM TWO EXPEDITIONS ON THE LANGRY AND THE BOLSHAYA, SUFFICIENT DATA WAS GATHERED AND DRAFTED INTO A PROTECTED AREA NOMINATION PROPOSAL. A CONSERVATION ACTION PLAN WAS ALSO DEVELOPED FOR THE LANGRY REGION AND RESULTED IN A COMMUNITY ANTI-POACHING EFFORT FOCUSED ON PROTECTING PINK AND SUMMER CHUM RUNS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

(PROGRAM SERVICE #2 CONTINUED)

SALMON STRONGHOLD PARTNERSHIP:

IN ITS FIRST FULL YEAR OF OPERATION, THE PARTNERSHIP CONVENED OVER 80 PARTNERS FOR THE SUMMER MEETING IN OREGON, ADOPTED A CHARTER, DRAFTED A STRATEGIC PLAN, AND ENDORSED NINE STRONGHOLD BASINS. TO SCIENTIFICALLY IDENTIFY STRONGHOLDS WSC ALSO DEVELOPED A GIS-BASED DECISION SUPPORT TOOL WHICH INCORPORATED DATA FROM 40 SCIENTISTS. TOGETHER THESE SCIENTISTS EVALUATED OVER 900 SALMON POPULATIONS ACROSS THE NORTHWEST BASED ON POPULATION ABUNDANCE, DIVERSITY, AND PERCENTAGE OF NATURAL SPAWNERS.

WITH THE HELP OF MANY OF OUR PARTNERS, WSC ACHIEVED A SIGNIFICANT MILESTONE WITH THE INTRODUCTION OF THE PACIFIC SALMON STRONGHOLD

CONSERVATION ACT. THIS LEGISLATION, INTRODUCED BY U.S SENATOR MARIA

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

WILD SALMON CENTER

Employer identification number

94-3166095

CANTWELL AND CO-SPONSORED BY THE ENTIRE WEST COAST SENATE DELEGATION, WILL CREATE A NEW, PROACTIVE U.S. POLICY TO FOCUS FEDERAL RESOURCES ON THE PROTECTION AND RESTORATION OF SALMON STRONGHOLDS. IT WILL ALSO GENERATE NEW FUNDING FOR LOCALLY-LED, COOPERATIVE CONSERVATION EFFORTS IN SALMON STRONGHOLDS, ENHANCING COORDINATION AMONG STAKEHOLDERS ACROSS JURISDICTIONAL BOUNDARIES, LEVERAGING PRIVATE FUNDS, AND PROMOTING GREEN JOBS AND INFRASTRUCTURE.

WASHINGTON/OLYMPIC PENINSULA:

RELEASED THE HOH TRIBUTARY REPORT, ONE OF THE MOST COMPREHENSIVE STUDIES ON PACIFIC SALMON HABITAT. THE REPORT WILL HELP AGENCIES AND COMMUNITY GROUPS PRIORITIZE HABITAT RESTORATION, LAND CONSERVATION EASEMENTS, LAND ACQUISITIONS, AND HAS ALREADY INFORMED THE ACQUISITION OF 13 NEW PARCELS. ADDITIONALLY, WSC PROVIDED TESTIMONY AT WASHINGTON FISH AND WILDLIFE COMMISSION HEARINGS IN SUPPORT OF CONSERVATION POLICIES THAT WERE SUBSEQUENTLY ADOPTED TO PROTECT AND REBUILD WILD STEELHEAD STOCKS THROUGHOUT THE STATE OF WASHINGTON.

OREGON NORTH COAST:

WSC RELEASED THE OREGON NORTH COAST SALMON CONSERVATION ASSESSMENT AND TESTIFIED BEFORE THE OREGON BOARD OF FORESTRY TO SUPPORT THE CONTINUATION OF WILD SALMON ANCHOR HABITAT AREAS DUE TO EXPIRE IN 2011.

JOHN DAY:

AS PART OF OUR EFFORTS TO COMPLY WITH THE FORTHCOMING MID-COLUMBIA STEELHEAD RECOVERY PLAN, THE WSC IS PLAYING A STRONG LEADERSHIP ROLE IN THE RECENTLY FORMED LOWER JOHN DAY CONSERVATION WORKGROUP, A



**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

WILD SALMON CENTER

Employer identification number

94-3166095

PARTNERSHIP OF CONSERVATION ORGANIZATIONS, SOIL AND WATER CONSERVATION DISTRICTS (SWCDS), COUNTIES AND LANDOWNERS COMMITTED TO CONSERVATION WORK THROUGHOUT THE BASIN. WITH OUR SUPPORT, THE WORKGROUP HAS COMPLETED SEVERAL RESTORATION PROJECTS IN LOWER BASIN TRIBUTARIES IN ORDER TO PROMOTE NATURAL STREAM PROCESSES AND ALLOW STEELHEAD TO MOVE FREELY UPSTREAM TO SPAWN. WSC WAS ALSO SUCCESSFUL IN HELPING THE WORKGROUP ADVANCE AN AGREEMENT TO PERMANENTLY RESTORE SUMMER FLOWS TO THE LOWER TWO MILES OF RUDIO CREEK IN NORTH FORK JOHN DAY BASIN.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM SERVICES - CONSERVATION SCIENCE:

STATE OF THE SALMON (SOS) AND SUSTAINABLE FISHERIES AND MARKETS:

IN 2008 THE SALMONID SPECIALIST GROUP (SSG) OF THE INTERNATIONAL UNION FOR THE CONSERVATION OF NATURE (IUCN), LED BY SOS CONSERVATION BIOLOGIST DR. PETE RAND, COMPLETED A RANGE WIDE ASSESSMENT OF SOCKEYE SALMON. AS A RESULT, THE IUCN ADDED THE FIRST ANADROMOUS (SEA RUN) PACIFIC SALMON SPECIES TO THE IUCN RED LIST OF THREATENED SPECIES. WHILE THE ASSESSMENT CHARACTERIZED CURRENT STATUS OF SOCKEYE AS A SPECIES OF 'LEAST CONCERN,' NEARLY ONE-QUARTER OF THE WORLD'S SOCKEYE SALMON SUBPOPULATIONS WERE LISTED AS THREATENED OR ENDANGERED. THIS IUCN ASSESSMENT ESTABLISHED A NEW SYSTEM OF CATALOGUING THE TREMENDOUS BIODIVERSITY OF PACIFIC SALMON AND CAN BE USED TO ASSESS THE OVERALL CONDITION OF WILD SALMON BASED ON INTERNATIONAL STANDARDS.

THE YEAR ALSO WAS PIVOTAL IN PREPARING FOR THE 2009 STATE OF THE SALMON

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

WILD SALMON CENTER

Employer identification number

94-3166095

INTERNATIONAL CONFERENCE, BRINGING SCIENTISTS, MANAGERS AND  
CONSERVATIONISTS TOGETHER FROM KOREA, JAPAN, RUSSIA, CANADA AND THE  
U.S. TO EXPLORE SOLUTIONS TO THE MOST CURRENT CHALLENGES IN SALMON  
CONSERVATION.

EXPENSES \$ 1080853. INCLUDING GRANTS OF \$ 145989. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: SENT TO EO IN CINCINNATI

FORM 990, PART VI, SECTION A, LINE 10: THE WILD SALMON CENTER'S PROCESS  
FOR REVIEW OF FORM 990 BY THE AUDIT COMMITTEE AND BY THE BOARD OF DIRECTORS  
IS AS FOLLOWS:

THE EXTERNAL ACCOUNTING FIRM WILL PREPARE FORM 990 AND SUPPLEMENTAL  
SCHEDULES AS SOON AS POSSIBLE AFTER THE COMPLETION OF THE AUDIT, AND  
FORWARD A DRAFT OF THE RETURN TO THE CHIEF FINANCIAL OFFICER (CFO) FOR  
REVIEW. ONCE THE CFO HAS APPROVED FORM 990 AND SUPPLEMENTAL SCHEDULES, THE  
RETURN WILL BE FORWARDED TO THE AUDIT/FINANCE COMMITTEE FOR ITS REVIEW AND  
APPROVAL.

AFTER THE AUDIT/FINANCE COMMITTEE HAS APPROVED THE RETURN, THE CFO WILL  
INSTRUCT THE EXTERNAL ACCOUNTING FIRM TO PREPARE A FINAL VERSION OF THE  
RETURN FOR SIGNATURE BY THE CEO FOR FILING WITH THE INTERNAL REVENUE  
SERVICE (IRS). EVERY EFFORT WILL BE MADE TO FILE THE RETURN IN A TIMELY  
MANNER WITH THE IRS.

A COPY OF THE COMPLETED, SIGNED AND FILED FORM 990 WITH SCHEDULES WILL  
BE INCLUDED IN THE NEXT BOARD OF DIRECTORS MEETING PACKET FOR REVIEW BY THE  
BOARD.

SCHEDULE O  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

WILD SALMON CENTER

Employer identification number

94-3166095

FORM 990, PART VI, SECTION B, LINE 12C: 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 CFO REVIEWS THE FORMS AND DISCLOSURES FOR ALL OF THEM. FOR THE BOARD MEMBERS, THE CFO 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 6 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 CONFLICT (THIS COULD BE AS SIMPLE AS THE BOARD MEMBER RECUSING HIM/HERSELF FROM A DECISION, TO DISPOSING OR TERMINATING THE CONFLICTING RELATIONSHIP). FOR EMPLOYEES, THE MANAGEMENT COMMITTEE WOULD REVIEW THE CONFLICT AND PERFORM A SIMILAR FUNCTION TO RESOLVE THE CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15:

THE WILD SALMON CENTER'S PROCESS FOR DETERMINING COMPENSATION OF THE FOLLOWING PERSONS INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATIONS AND DECISIONS. THE YEAR THIS PROCESS WAS LAST UNDERTAKEN FOR EACH OF THE MANAGEMENT OFFICIALS IS STATED BELOW:

CHIEF EXECUTIVE OFFICER - 2008

CHIEF FINANCIAL OFFICER - 2007

VP DEVELOPMENT - 2007

VP CONSERVATION PROGRAMS - 2007

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

WILD SALMON CENTER

Employer identification number

94-3166095

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AZ, AR, CO, DC, GA, MD, MA, MN, NC, NM, NY, OH, OR, PA, TN, UT, VA, WA, WI, NJ, FL

FORM 990, PART VI, SECTION C, LINE 19: THE WILD SALMON CENTER'S

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S OWN WEBSITE. WSC'S ARTICLES OF INCORPORATION, BYLAWS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FROM THE CFO.

FORM 990, PART XI, LINE 2C

THE PROCESS FOR OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED FROM THE PRIOR YEAR.





**Part V Transactions With Related Organizations**

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-f)	(C) Amount involved
(1) NORTH PACIFIC SALMON TRUST		0.
(2)		
(3)		
(4)		
(5)		
(6)		

