Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For the	e 2013 cal	endar year, or tax year beginning		, and e	nding	_		
В	Check if	applicable:	C Name of organization Washington Wildlife a	and Recreatio	n Coalition		D Employer ide	ntification	number
	Address	change	Doing Business As						
-			Number and street (or P.O. box if mail is not delivered	to street address)	Room/suite		91-1190821		
	Name ch	ange	1402 Third Ave		507		E Telephone nu	mber	
	nitial retu	urn	City or town	State	ZIP code		(206) 749 009	2	
—	.		Seattle	WA	98101		(206) 748-008		
Ш	Terminat	ea	Foreign country name Foreign province/st	tate/county	Foreign postal	code			
,	Amended	d return					G Gross receipts	\$\$	541,542
П	A nalicatio	on pending	F Name and address of principal officer:			11/-> 1- 45			Yes X No
ш,	чррпсан	on pending	·	#I- WA 0040	\ 4		nis a group return for su		==
			Joanna Grist 1402 Third Ave Suite 507, Sea			1	e all subordinates ir		Yes No
I T	ax-exem	npt status:	X 501(c)(3) 501(c) () ◀ (insert no	.) 4947(a)(1	1) or 527	lf '	"No," attach a list. (s	see instructi	ons)
JΝ	Vebsite	e: ► ww\	v.wildliferecreation.org			H(c) Gr	oup exemption num	nber ▶	
				Other ▶	LVa				
		rganization:		Other -	L Yea	ar of form	nation: 1983	IN State of I	egal domicile: WA
	art I		nmary						
	1	Briefly d	escribe the organization's mission or most sig	gnificant activi	ties: <u>To p</u>	romote	conservation a	and prese	rvation
Activities & Governance		of wildlif	e and natural resources.						
nar									
Je II	2	Chack th	nis box ▶ if the organization discontinue	d its operation	ne or dienoed	d of mo	ore than 25% of	fite not a	ceate
ő	3		of voting members of the governing body (Pa	•	-				67
ૐ									
Se	4		of independent voting members of the gover		,			_	53
ŧ	5		mber of individuals employed in calendar yea						12
妄	6		mber of volunteers (estimate if necessary) .					_	100
ĕ	7a	Total un	related business revenue from Part VIII, colu	mn (C), line 12	2		<u>7</u>	а	0
	b	Net unre	lated business taxable income from Form 99	0-T, line 34 .			7	b	0
							Prior Year		Current Year
ø	8	Contribu	tions and grants (Part VIII, line 1h)				481,52	29	511,048
n	9		service revenue (Part VIII, line 2g)				5,1 ⁻	10	5,110
Revenue	10		ent income (Part VIII, column (A), lines 3, 4, a)2	307
ž	11		venue (Part VIII, column (A), lines 5, 6d, 8c,				7,88		-5,398
	12		enue—add lines 8 through 11 (must equal Part VI				494,92		511,067
	13		nd similar amounts paid (Part IX, column (A)				434,32	20	0
			. ,	•					
	14		paid to or for members (Part IX, column (A),					-	0
es	15		other compensation, employee benefits (Part IX,				296,96	52	314,678
Expenses	16a		onal fundraising fees (Part IX, column (A), Iin						39,000
ğ	b	Total fur	draising expenses (Part IX, column (D), line	25) ▶	56,218				
Ш	17	Other ex	penses (Part IX, column (A), lines 11a–11d,	11f–24e)			173,18	38	184,729
	18	Total ex	oenses. Add lines 13–17 (must equal Part IX	, column (A), I	ine 25) . .		470,15	50	538,407
	19	Revenue	e less expenses. Subtract line 18 from line 12	2			24,7	78	-27,340
JO S	3		•			Begini	ning of Current Ye	ar	End of Year
sets	20	Total as	sets (Part X, line 16)				326,92	20	320,368
Ass	21	Total lia	pilities (Part X, line 26)				17,78		39,682
Net Assets Find Balanc	22		ets or fund balances. Subtract line 21 from lin	ie 20			309,13		280,686
	rt II	_	nature Block						
			/, I declare that I have examined this return, including acc	ompanying sched	ules and stateme	ents and	to the best of my kr	owledge	
	•		ct, and complete. Declaration of preparer (other than offic				•	-	
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	oanna Grist				Jul 30	, 2014	
Sig				D:	•		Date	,	
He	re		Signature of bacapt 4) Joanna Grist Exec	cutive Direc	tor				
			Type or print name and title						
		Print	Type or print name and title (Type preparer's name	signature		. Det	lea oo di		PTIN
Pa	id		Liebalei 2	J. A		Jura	\$1, 2014 _{Chec}	k if	
		_	duance-	DARGOED RE	TURN			employed	
	parer	Lulane	Landon CPA EA Duane Lando	n (Jul 31, 2014)			Firm's EIN ▶		P01210498
Us	e Only	у —							
			s address 501 Commons					94-3089	
Ma	y the I F	RS discus	s this returnow/thothoever-prosenathe, www.aboose?	'g(see instructi	ons)		20	6.682.6	7∦⁄4 Yes No
For	Paperv	work Redu	ction Act Notice, see the separate instructions	 5.					Form 990 (2013)

	990 (2013)	Washington Wildlife and Recreation Coalition	91-1190821	Page 2
Pa	rt III	Statement of Program Service Accomplishments		_
		Check if Schedule O contains a response or note to any line in this Part III		
1		escribe the organization's mission:		
	To prom	ote conservation and preservation of wildlife and natural resources.		
2	Did the	organization undertake any significant program services during the year which were not liste		
_	the prior	Form 990 or 990-EZ?		X No
3		organization cease conducting, or make significant changes in how it conducts, any program?		X No
4	Describe expense	describe these changes on Schedule O. the organization's program service accomplishments for each of its three largest program service s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 406,142 including grants of \$) (Re	evenue \$	5,110)
		programs to support wildlife and recreation.		
4b) (Expenses \$ including grants of \$) (Re		
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
	`			
4d	-	ogram services. (Describe in Schedule O.)	- ·	
	(Expens		0)	
4e	Lotal pro	param service expenses 406.142		

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ı Gı	Officerist of required concedies			
_	In the consciention described in continue FOA/c\/O\ == 40.47/c\/A\ /others.there a maintain foundation \O \ 15 11\/o \ 11		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	_	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		^	
3	candidates for public office? If "Yes," complete Schedule C, Part I	,		~
4	·	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	۱,	~	
_		4	Χ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	_		V
_		5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_		V
7	"Yes," complete Schedule D, Part I	6		Χ
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>	_		Х
	·	7		^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			v
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt	_		~
10	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	40		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		X
11	VII, VIII, IX, or X as applicable.			
_	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
а	Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	1 1a		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Χ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	30 3			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			V
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		v
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	47		
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17	Χ	
18	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10	^	
13	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		- `
	,			<u> </u>

Par	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If so, complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>			.,
	Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			V
24	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N,</i>	24		V
22	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		V
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		Х
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
34	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," complete Schedule R, Part II,	33		Х
34	III, or IV, and Part V, line 1	34	Х	
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled	JJa		
Ŋ	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	330		
50	organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	^	
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- 57		^
38	19? Note. All Form 990 filers are required to complete Schedule O	20		
	19: Note: All 1 offit 990 filets are required to complete Scribadile O	38	Χ	

Note. See the instructions for additional information the organization must report on Schedule O.					
Enter the amount of reserves the organization is required to maintain by the states in which					
the organization is licensed to issue qualified health plans	13b				
Enter the amount of reserves on hand	13c				

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13a

Section 501(c)(12) organizations. Enter:

If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b|

Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . .

Gross income from other sources (Do not net amounts due or paid to other sources

Section 501(c)(29) qualified nonprofit health insurance issuers.

11

а

b

b

13

Washington Wildlife and Recreation Coalition Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management

				Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 67						
	If there are material differences in voting rights among members of the governing body, or							
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent	1b 53						
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
	any other officer, director, trustee, or key employee?		2	Χ				
3	Did the organization delegate control over management duties customarily performed by or under	er the direct						
	supervision of officers, directors, or trustees, or key employees to a management company or ot		3		Χ			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was		4	Χ				
5	Did the organization become aware during the year of a significant diversion of the organization's	s assets?	5		Χ			
6	Did the organization have members or stockholders?		6		Χ			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or							
	one or more members of the governing body?		7a		Χ			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members							
	stockholders, or persons other than the governing body?		7b		Х			
8	Did the organization contemporaneously document the meetings held or written actions undertaken	ken during						
	the year by the following:							
а	The governing body?		8a	X				
b	Each committee with authority to act on behalf of the governing body?		8b	Χ				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be		_		V			
Soot	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule Con B. Policies (This Section B requests information about policies not required by the II		9		Χ			
Seci	on b. Folicies (This Section B requests information about policies not required by the li	nternal Neverlue Co	Jue.)	Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a	103	X			
	If "Yes," did the organization have written policies and procedures governing the activities of suc		104					
-	affiliates, and branches to ensure their operations are consistent with the organization's exempt		10b					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before		11a	Х				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	J						
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		12a	Х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could		12b	Χ				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"						
	describe in Schedule O how this was done		12c	Χ				
13	Did the organization have a written whistleblower policy?		13	Χ				
14	Did the organization have a written document retention and destruction policy?		14	Χ				
15	Did the process for determining compensation of the following persons include a review and app							
	independent persons, comparability data, and contemporaneous substantiation of the deliberation							
а	The organization's CEO, Executive Director, or top management official		15a	Х				
b	Other officers or key employees of the organization		15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	-						
	with a taxable entity during the year?		16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to eva							
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa		401					
Saat	the organization's exempt status with respect to such arrangements?		16b					
<u>Sect</u> 17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	200-T (Section 501(c	(3)e (anly)				
10	available for public inspection. Indicate how you made these available. Check all that apply.	750-1 (OBOLIOII 50 I(C	(0)5	лиу <i>)</i>				
		plain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents	,	olicv	and				
	financial statements available to the public during the tax year.	., 31 milo130t p	J 0 y	J. 10				
20	State the name, physical address, and telephone number of the person who possesses the book	s and records of the						
	organization: Brenda Brown	(000) 740 00	82					
	1402 Third Ave Suite 507, Seattle, WA 98101							

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated					
	Employees, and Independent Contractors				
	Check if Schedule O contains a response or note to any line in this Part VII				
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees				

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

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

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

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

				(0	C)					
40)	(5)	Position		(5)	(=)	(=)				
(A) Name and Title	(B) Average	(do not check more than one box, unless person is both an		(D) Reportable	(E) Reportable	(F) Estimated				
	hours per	office	officer and a director/trustee)		ctor/trustee) co		compensation	compensation	amount of	
	week (list any hours for	Individual trustee or director	Institutional trustee	Officer	Key	Higt emp	Former	from the	from related organizations	other compensation
	related	Individual t or director	itutio	cer	em,	nest oloye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations below dotted	al tru	onal		ploy	com		(VV-2/1099-IVII3C)		organization and related
	line)	uste	trus		ее	pen				organizations
		Ф	tee			Highest compensated employee				
(1) Chuck Ayers	1.00					۵				
(1) Chuck Ayers Director		Х								
(2) Deter Dettuelle	1.00									
Director		Х								
(3) Lincoln Bormann	1.00									
Director		Х								
(4) Dave Brittell	1.00									_
Director		Х								
(5) Bob Bugert	1.00									
Director		Х								
(6) Bi ll Chapman	1.00									
Director		Х								
_(7) Frank Chopp	1.00									
Director		Х								
(8) Mark Clark	1.00									
Director		Х								
(9) Michael Collins	1.00									
Director		Х								_
(10) Dow Constantine	1.00	V								
Director (44)	4.00	Х								
(11) Kaleen Cottingham	1.00	V								
Director (12) More Poils	1.00	Х								
(12) Marc Daily Director	1.00	Х								
(13) Norm Dicks	1.00	_^								
Director	} <u></u> -	Х								
(14) Mark Doumit	1.00									
Director	<u>-</u>	Х								
5 5 6.6.	l	- ' '	1							000

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hours per week (list any hours for related organizations below dotted of the composition by the composition of the composition	(F) imated ount of other sensation on the inization related nizations
week (list any hours for related organizations below dotted line) The composition of the organizations below dotted line The line organization organization (W-2/1099-MISC) The organization organization (W-2/1099-MISC) The organization organization (W-2/1099-MISC) The organization organization organization (W-2/1099-MISC)	other pensation om the unization related
Director X X (16) Heidi Eisenhour 1.00 X Director X X	
(16) Heidi Eisenhour 1.00 Director X	
<u>Director</u> X	
Director	
(18) Daniel Evans 1.00	
<u>Director</u> X	
(19) Kathy Gano 1.00	
Director X	
(20) Kevin Godbout 1.00 Director X	
(21) Peter Goldmark 1.00	
<u>Director</u> X	
(22) Martinique Grigg 1.00	
<u>Director</u> X	
(23) George Harris	
Director X	
Director X	
(25) Andy Hill 1.00	
Director X	
1b Sub-total	0
c Total from continuation sheets to Part VII, Section A	0
d Total (add lines 1b and 1c)	0
reportable compensation from the organization	
· · ·	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	- V
individual	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	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. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) (B) (C) Name and business address Description of services Compens	ation
	0
	0
	0
	0
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ■ 0	0

Part VIII Statement of Revenue

		Check if Schedule O contains a response or note to any line	in this Part V III			
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d	Federated campaigns 1a 0 Membership dues 1b 57,950 Fundraising events 1c 221,123 Related organizations 1d 0				
ributions, C Other Simil	e f	Government grants (contributions)				
Con	g h	Noncash contributions included in lines 1a-1f: \$ 19,996 Total. Add lines 1a−1f	511,048			
Program Service Revenue	2a b	Service Fees 900099	5,110 0	5,110		
Service	c d		0			
rogram	e f	All other program service revenue	0			
	<u>g</u> 3	Total. Add lines 2a–2f	5,110 307			307
	4 5	Income from investment of tax-exempt bond proceeds	0			
	6a b	Gross rents				
	c d 7a	Net rental income or (loss)	0			
	b	assets other than inventory . 0 0 Less: cost or other basis and sales expenses 0 0				
	c d	Gain or (loss)	0			
Other Revenue	8a	Gross income from fundraising events (not including \$				
the	b	Less: direct expenses				
0		Net income or (loss) from fundraising events	-5,745			
		See Part IV, line 19	0			
	10a	Gross sales of inventory, less returns and allowances	0			
		Less: cost of goods sold	0			
·	11a b	Other	347 0			347
	c d	All other revenue	0			
		Total. Add lines 11a–11d	347			
	12	Total revenue. See instructions	511,067	5,110	0	654

	Check if Schedule O contains a response or note	to any line in this F	Part IX		
	not include amounts reported on lines 6b, 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 United States. See Part IV, line 21	o			
2	Grants and other assistance to individuals in the	-			
	United States. See Part IV, line 22	0			
3	Grants and other assistance to governments,	_			
_	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	,			
•	trustees, and key employees	66,556	62,562	1,997	1,997
6	Compensation not included above, to disqualified	00,000	02,002	1,007	1,007
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	185,808	149,489	32,174	4,145
8	Pension plan accruals and contributions (include	100,000	143,403	52,174	7,175
Ü	section 401(k) and 403(b) employer contributions).	5,884	5,013	712	159
9	Other employee benefits	35,636	30,362	4,312	962
10	Payroll taxes	20,794	17,342	2,952	500
11	Fees for services (non-employees):	20,794	17,342	2,932	500
	· • /				
a	Management	0			
b	Legal	<u> </u>		40.000	
C	Accounting	18,399		18,399	
d	Lobbying	0			20.000
e	Professional fundraising services. See Part IV, line 17	39,000			39,000
f	Investment management fees	0			
g	Other. (If line 11g amount exceeds 10% of line 25, column	40.000	4.4.400		4.40
	(A) amount, list line 11g expenses on Schedule O.)	16,889	14,432	2,009	448
12	Advertising and promotion	5,413	5,295		118
13	Office expenses	25,810	19,666	2,346	3,798
14	Information technology	11,000	9,372	1,331	297
15	Royalties	0			
16	Occupancy	32,909	28,038	3,982	889
17	Travel	8,240	8,092	120	28
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	10,857	8,078	2,604	175
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance	2,310	1,909	341	60
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Equipment	10,469	8,920	1,270	279
b	Website	9,550	6,396	509	2,645
С	Public Relations	23,097	23,097		
d	Dues, Fees, Tax	6,678	5,753	740	185
e	All other expenses Training	3,108	2,326	249	533
25	Total functional expenses. Add lines 1 through 24e.	538,407	406,142	76,047	56,218
26	Joint costs. Complete this line only if the	- 20, . 37		,	33,210
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2013)

	art A	Old 180 H. D. 18			
		Check if Schedule O contains a response or note to any line in this Part X .		• •	
			(A)		(B)
	-		Beginning of year		End of year
	1	Cash—non-interest-bearing	20,267	1	36,969
	2	Savings and temporary cash investments	286,854	3	231,189 40.785
	3 4	Pledges and grants receivable, net	13,173 0	4	40,785
	5	Accounts receivable, net	U	4	U
	"	trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
	"	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
ts.		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	J	8	<u> </u>
	9	Prepaid expenses and deferred charges	4,698	9	8.736
	10a	Land, buildings, and equipment: cost or	,,,,,,		2,1.00
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	1,928	15	2,689
	16	Total assets. Add lines 1 through 15 (must equal line 34)	326,920	16	320,368
	17	Accounts payable and accrued expenses	3,322	17	20,509
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
≝		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete			40.470
	00	Part X of Schedule D	14,460		19,173
	26	Total liabilities. Add lines 17 through 25	17,782	26	39,682
s		Organizations that follow SFAS 117 (ASC 958), check here ▶ 💢 and			
ce		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	309,138	27	273,686
ñ	28	Temporarily restricted net assets		28	7,000
pu	29	Permanently restricted net assets		29	
Ī		Organizations that do not follow SFAS 117 (ASC958), check here			
Net Assets or Fund Balances		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
\ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds .		32	
ž	33	Total net assets or fund balances	309,138		280,686
	34	Total liabilities and net assets/fund balances	326,920	34	320,368

Form **990** (2013)

Form 9	990 (2013) Washington Wildlife and Recreation Coalition	9	1-1190	821	Pag	ge 12			
Part									
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1			511	,067			
2	Total expenses (must equal Part IX, column (A), line 25)	2				,407			
3	Revenue less expenses. Subtract line 2 from line 1	3				,340			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			309	,138			
5 Net unrealized gains (losses) on investments									
6 Donated services and use of facilities									
7	Investment expenses	7							
8	Prior period adjustments	8			-1	,112			
9	Other changes in net assets or fund balances (explain in Schedule O)	9							
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,								
	column (B))	10			280	,686			
Part	Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
			ı		Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
_	Schedule O.			_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or								
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a								
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of							
	the audit, review, or compilation of its financial statements and selection of an independent accountant? .			2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in								
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in								
	the Single Audit Act and OMB Circular A-133?			3a		Χ			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the								
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b					

Continuation Sheet for Form 990

Page 1 of 3
Employer identification number

Washington Wildlife and Recreation Coalition

Name of the Organization

91-1190821

Part VII Section A Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensated Emp										
(A)	(B)	Posit	ion (C) k all	that ap	oply)	(D)	(E)	(F)
Name and title	Average hours per				1		Ť	Reportable compensation	Reportable compensation	Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	from related	other
	(list any hours for	dual	ution	er	mple	est co	ЭĒ	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	trus	al tr		оуее	omp		(W-2/1099-MISC)	(W-2/1099-WIGC)	organization
	organizations	stee	uste			ens				and related
	below dotted line)		е			ated				organizations
(26) Donald Hoch	1.00									
Director		Х								
(27) Joe Hyer	1.00									
Director		Х								
(28) Mark Isaacson	1.00									
Director		Х								
(29) Deborah Jensen	1.00	1								
Director		Х								
(30) Holli Johnson	1.00									
Director		Χ								
(31) Liz Johnston	1.00									
Director		Х								
(32) Ron Judd	1.00	1								
Director	1.00	Х								
(33) Paul Kundtz	1.00									
Director (24) Pot Lord	1.00	Х								
(34) Pat Lantz	1.00	Х								
Director (35) Teresa Loo	1.00									
Director	-	Х								
(36) Mike Lowry	1.00									
Director		Х								
(37) Elliot Marks	1.00									
Director		Х								
(38) Bud Norris	1.00									
Director		Х								
(39) Larry Otos	1.00									
Director		Х								
(40) Sarah Patterson	1.00	1								
Director		X								
(41) Lisa Pelly	1.00									
Director (19)		Х			<u> </u>	-				
(42) Charlie Raines	1.00									
Director	4.00	Х				1				
(43) Tom Reeve	1.00	X								
Director (44) Bill Billoy	1.00	_								
(44) Bill Riley Director	} <u>-</u> 1. <u>00</u>	Х								
(45) Bill Robinson	1.00									
Director	}	Х								
(46) George Rohrbacher	1.00									
Director		Х								
55101	l	· · ·			1			ı		

Continuation Sheet for Form 990

Page 2 of 3

Employer identification number Name of the Organization Washington Wildlife and Recreation Coalition 91-1190821

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Part VII Section A Compensated Employees

Compensated Employees										
(A) Name and title	(B) Average	Posit	ion (C) k all	that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
Name and the	hours per				1			compensation	compensation	amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from	from related	other
	(list any hours for	dual	tion	4	mplc	st co	er	the organization	organizations (W-2/1099-MISC)	compensation from the
	related	trus	al tr		уее	dmo		(W-2/1099-MISC)	(11 2 1000 111100)	organization
	organizations	tee	uste		-	ensa				and related
	below dotted line)		Ф			ated				organizations
(47) Christine Rolfes	1.00									
Director		Χ								
(48) Jon Rose	1.00									
Director		Х								
(49) John Roskelley	1.00	1								
Director		Х								
(50) Rebecca Sadinsky	1.00									
Director		Х								
(51) J. Pete Schroeder	1.00	1								
Director (50)	1.00	Х								
(52) Jon Soine	1.00									
Director (52) Michael Characa	4.00	Х								
(53) Michael Stevens	1.00									
Director (54) Marci Stakka	1.00	Х								
(54) Marci Stokke	1.00	Х								
<u>Director</u> (55) Steve Tharinger	1.00									
Director	1.00	Х								
(56) Doug Walker	1.00									
Director		Х								
(57) Bob Weisel	1.00									
Director		Х								
(58) Fred Wert	1.00									
Director		Х								
(59) Christopher Williams	1.00									
Director		Х								
(60) Richard Wojt	1.00									
Director		Х								
(61) Anthony Wright	1.00									
Director		Х								
(62) Richard Wynne	1.00	1								
Director		Х								
(63) Hans Zeiger	1.00									
Director		Х								
(64) Karen Daubert	2.00			.,						
Secretary (C5) At 1 P. II	0.00	Х		Х		-	-			
(65) Mike Deller	2.00			v						
Vice President	0.00	Х		Х		-	_			
(66) Peter Dykstra	2.00			V						
President (67) Lee Monter	2.00	Х	-	Х		1	-			
(67) Joe Mentor	2.00	Х		Х						
Treasurer	l	_ ^	<u> </u>	^			<u> </u>	l		

Continuation Sheet for Form 990

Washington Wildlife and Recreation Coalition

91-1190821

Part VII Section A Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	ist Individual trustee P or director	_			at Highest compensated employee		(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
(68) Joanna Grist Executive Director				х				66,556		
<u>(70)</u>										
<u>(71)</u>										
(72)										
(73)										
<u>(74)</u> <u>(75)</u>										
<u>(76)</u>										
(77)										
<u>(78)</u>										
(80)										
(81)										
(82)										
(83) (84)										
(85)										
(86)										
(87)										
(88)										

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

	Name of the organization Employer identification number											
		d Recreation Co		! 4! _			41-1	<u> </u>		190821 		
Part I			arity Status (All org						<u>istructior</u>	18.		
1 le orga			ation because it is: (Forches, or association o						i)_			
2	=		on 170(b)(1)(A)(ii). (Ai			ou oo		(~)(-)(-)(·,·			
3	=		nospital service organi			section	170(b)(1)	(A)(iii).				
4	=		ation operated in conju)(b)(1)(A)	(iii). En	ter the	
		me, city, and sta								· <i>·</i>		
5		•	r the benefit of a colleg (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a governi	mental un	it descr	ibed	
6	A federal, sta	ate, or local gov	ernment or governmer	ntal unit d	escribed i	n sectio i	n 170(b)(1)(A)(v).				
7 X			y receives a substantia (1)(A)(vi). (Complete l	-	its suppor	t from a g	overnmei	ntal unit o	r from the	e genera	al publi	С
8	A community	/ trust described	l in section 170(b)(1)	(A)(vi). (C	Complete l	Part II.)						
9	An organizat	tion that norma ll	y receives: (1) more th	nan 33 1/3	3% of its s	support fro	om contrib	outions, m	embershi	ip fees,	and gr	oss
	•		ed to its exempt function	-								
		•	ent income and unrelat a after June 30, 1975. S				•		ax) irom i	ousines	ses	
10	¬	-	nd operated exclusive		,		•		4).			
11	=	-	nd operated exclusive	•	-	-				v out th	e	
	purposes of	one or more pul	blicly supported organi	izations d	escribed i	n section	509(a)(1)	or section	n 509(a)(2). See		on
			at describes the type o		-				_			
T-	_ a				tiona l ly in	-		• •	on-functio	-	-	∍d
e			y that the organization			-	-	-				
	•	section 509(a)(2	on managers and othe	r man one	e or more	publicity s	supported	organiza	uons desc	cribed if	secuc)[]
f			a written determinatior	from the	RS that	it is a Typ	e I. Type	II, or Typ	e III supp	orting		
		, check this box										
g	_		the organization accep	pted any	gift or con	tribution f	rom any c	of the				
	following per (i) A pers		or indirectly controls,	either a l oi	ne or toge	ther with	nersons o	described	in (ii)		Yes	No
		· ·	verning body of the su		_		•			11g(i)		
		•	person described in (i)							11g(ii)		
la.			y of a person describe						• • •	11g(iii)		
h (i) Nan	ne of supported	(ii) EIN	ation about the suppor (iii) Type of organization		organization		ou notify	(vi)	Is the	(vii) Am	ount of mo	netary
	rganization	(11) 2.11	(described on lines 1–9	in col. (i) li	sted in your	the organ	nization in	organiza	tion in col.	(*11)7411	support	люшу
			above or IRC section (see instructions))	governing	document?		of your port?		ized in the S.?			
				Yes	No	Yes	No	Yes	No			
(A)												
(B)	(D)											
(D)												
(C)												
(D)												
(E)												
Total												0

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

Schedule A (Form 990 or 990-EZ) 2013

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

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

Sect	ion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not								
	include any "unusual grants.")	436,884	292,602	485,470	475,166	535,779	2,225,901		
2	Tax revenues levied for the organization's								
	benefit and either paid to or expended on								
	its behalf				5,110	5,110	10,220		
3	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge						0		
4	Total. Add lines 1 through 3	436,884	292,602	485,470	480,276	540,889	2,236,121		
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)						411,128		
6	Public support. Subtract line 5 from line 4.						1,824,993		
	ion B. Total Support	() 0000	(1) 0040	() 0044	(1) 0040	() 0040	(D. T.). I		
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
7	Amounts from line 4	436,884	292,602	485,470	480,276	540,889	2,236,121		
8	Gross income from interest, dividends,								
	payments received on securities loans,								
	rents, royalties and income from similar								
•	sources	20	909	519	402	307	2,157		
9	Net income from unrelated business								
	activities, whether or not the business is						0		
10	regularly carried on						0		
10	loss from the sale of capital assets								
	(Explain in Part IV.)						0		
11	Total support. Add lines 7 through 10.						2,238,278		
12	Gross receipts from related activities, etc. (s	ee instructions				12	2,200,210		
13	First five years. If the Form 990 is for the or						(3)		
	organization, check this box and stop here								
Sect	ion C. Computation of Public Support								
14	Public support percentage for 2013 (line 6, c		ed by line 11 o	olumn (f))		14	81.54%		
15	Public support percentage from 2012 Sched					15	99.90%		
16a	33 1/3% support test—2013. If the organize								
	and stop here. The organization qualifies as			·					
b	33 1/3% support test—2012. If the organize								
	box and stop here. The organization qualific								
17a									
	is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in								
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
	organization								
b									
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in								
	Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly								
	supported organization						▶□		
18									
	instructions								
		· · · · · ·							

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

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

	tion A. Public Support		1	-	-		
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished						
	in any activity that is related to the organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
500	tion B. Total Support						0
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
		` '	` '		, ,	, ,	• •
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses acquired after June 30, 1975						0
С	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether						
12	or not the business is regularly carried on Other income. Do not include gain or						0
40	loss from the sale of capital assets (Explain in Part IV.)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14	First five years. If the Form 990 is for the organiza organization, check this box and stop here						
	tion C. Computation of Public Support F						
15	Public support percentage for 2013 (line 8, column					15	0.00%
16	Public support percentage from 2012 Schedule A, F					16	0.00%
	tion D. Computation of Investment Inco		-	(f))		47	0.000/
17 10	Investment income percentage for 2013 (line 10c, of Investment income percentage from 2012 Schedule	٠,,	•			17 18	0.00% 0.00%
18 19a	33 1/3% support tests—2013. If the organization of						0.00%
ıva	not more than 33 1/3%, check this box and stop he						▶ 🗌
b	33 1/3% support tests—2012. If the organization of	lid not check a b	ox on line 14 or l	line 19a, and line	e 16 is more than	n 33 1/3%, and	
	line 18 is not more than 33 1/3%, check this box an	d stop here. Th	e organization qu	ualifies as a publ	icly supported or	rganization	▶ 🔼
		ale a base an lina	14 100 or 10b	chook this how a	nd can instructio	ns	

Part III, line 12. Also complete this part for any additional information. (See instructions). In and Part III, line 12. Also complete this part for any additional information. (See instructions).		990 or 990-EZ) 2013	Washington Wildlife and Recreation Coalition	91-1190821	Page 4
and Part III, line 12. Also complete this part for any additional information. (See instructions).	Part IV	Supplemental	Information. Provide the explanations required by Part II, line	10; Part II, line 17a or 1	7b;
		and Part III, line	e 12. Also complete this part for any additional information. (See	e instructions).	

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► See separate instructions.

nterr	nal Revenue Service	and its	instructions is at w	vww.irs.gov/form990.	mapedion
f the	e organization answered "	Yes," to Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V,	line 46 (Political Campaign	Activities), then
• 8	Section 501(c)(3) organizatio	ns: Complete Parts I-A and B. Do not con	nplete Part I-C.		
• 8	Section 501(c) (other than se	ction 501(c)(3)) organizations: Complete	Parts I-A and C belo	ow. Do not complete Part I-B.	
• 8	Section 527 organizations: Co	omplete Part I-A only.			
f the	e organization answered "`	Yes," to Form 990, Part IV, line 4, or Fo	rm 990-EZ, Part VI,	line 47 (Lobbying Activities	s), then
• 8	Section 501(c)(3) organizatio	ns that have filed Form 5768 (election und	der section 501(h)):	Complete Part II-A. Do not co	omplete Part II-B.
• 8	Section 501(c)(3) organizatio	ns that have NOT filed Form 5768 (election	on under section 50°	1(h)): Complete Part II-B. Do	not complete Part II-A.
f the	e organization answered "	Yes," to Form 990, Part IV, line 5 (Proxy	/ Tax) or Form 990	-EZ, Part V, line 35c (Proxy	Tax), then
• 5	Section 501(c)(4), (5), or (6) of	organizations: Complete Part III.			
Nam	ne of organization			Employe	er identification number
	shington Wildlife and Reci				91-1190821
		the organization is exempt und			organization.
1	·	the organization's direct and indirect			
2	•			·	
3	Volunteer hours				
Pa	rt I-B Complete if	the organization is exempt und	er section 501/	c)(3)	
1		excise tax incurred by the organizati			
2		excise tax incurred by organization r			
3	•	red a section 4955 tax, did it file Form	-	•	
12	•		•		Yes No
+a h	If "Yes," describe in Part				iesitto
		the organization is exempt und	er section 501/	c) except section 501	(c)(3)
1		y expended by the filing organization			(0)(0).
'	activities		ioi section 527 e.	xempi function	
2		filing organization's funds contributed	to other organiza	ations	
_		function activities			
3	·	kpenditures. Add lines 1 and 2. Enter		· '	
•	·				0
4		on file Form 1120-POL for this year?			. Yes No
5		sses and employer identification num			
•		nents. For each organization listed, e			
		ontributions received that were promp			
	as a separate segregate	ed fund or a political action committee	(PAC). If addition	nal space is needed, provid	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	. ,	, ,	, ,	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly delivered to a separate
					political organization. If
					none, enter -0
(1)					
('')					
(2)					
(3)					
(4)					
(5)					
					+

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. $_{\rm HTA}$

Schedule C (Form 990 or 990-EZ) 2013

(6)

Sch	edule C (Form 990 or 990-EZ) 2013					Page 2
Р	art II-A Complete if the organiz	ation is exempt	under section 50)1(c)(3) and filed	Form 5768 (elec	
	under section 501(h)).	•			•	
Α	Check ▶ if the filing organizatio	n belongs to an a	affiliated group (ar	nd list in Part IV e	ach affiliated grou	p member's
	name, address, EIN, e					1
В	Check ▶ if the filing organizatio	•			,	
	Limits on I	_obbying Expend	itures		(a) Filing	(b) Affiliated
	(The term "expenditures)	organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinion (g	rass roots lobbying)		C
b	Total lobbying expenditures to influence				3,589	C
С	Total lobbying expenditures (add lines	-			3,589	C
d	Other exempt purpose expenditures				417,878	C
е	Total exempt purpose expenditures (a				421,467	C
f	Lobbying nontaxable amount. Enter th					
_	columns.				84,293	C
Ī	If the amount on line 1e, column (a) or (b) is: The lobbying	ng nontaxable amou	nt is:		
I	Not over \$500,000	20% of the	amount on line 1e.			
ļ	Over \$500,000 but not over \$1,000,000					
ļ	Over \$1,000,000 but not over \$1,500,000		us 10% of the excess			
	Over \$1,500,000 but not over \$17,000,000		us 5% of the excess of	over \$1,500,000.		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter	•			21,073	C
h	Subtract line 1g from line 1a. If zero or				0	
i	Subtract line 1f from line 1c. If zero or				0	C
j	If there is an amount other than zero o					¬., ¬.,
	section 4911 tax for this year?				· · · · · <u>[</u>	Yes No
		4-Year Averaging	g Period Under Se	ction 501(h)		
	(Some organizations that					
	columns be	low. See the instr	uctions for lines 2	a through 2f on pa	age 4.)	
	l ab	huina Eumandituu	aa Duwina 4 Vaar 4	Averaging Davied		
	LOD	bying Expenditur	es During 4-Year <i>A</i> ⊺	veraging Period		
	Calendar year (or fiscal year	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
	beginning in)					
2a	Lobbying nontaxable amount	70 604	100.055	02.200	04.202	256 120
b	Lobbying ceiling amount	78,681	100,955	92,209	84,293	356,138
D	(150% of line 2a, column(e))					534,207
						557,207
С	Total lobbying expenditures	6,758	8,970	1,828	3,589	21,145

25,239

3,274

19,670

3,139

23,052

0

Schedule C (Form 990 or 990-EZ) 2013

89,034

133,551

6,413

21,073

Grassroots nontaxable amount

f Grassroots lobbying expenditures

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

Par	Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	l Fori	n 57	68	
Eor		(4	a)		(b)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description be lobbying activity.	Yes	No		Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
e	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
h i	Other activities?					
i	Total. Add lines 1c through 1i					0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					J
b	If "Yes," enter the amount of any tax incurred under section 4912					
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	Complete if the organization is exempt under section 501(c)(4), section 501	c)(5),	or s	ectio	on	
	501(c)(6).					
				_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3	
r ai	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."					3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			0
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible					
	lobbying and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			0
Part						
	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	up list	t); Par	t II-A	, line 2;	and
art I	I-B, line 1. Also, complete this part for any additional information.					

Schedule C (Form 990 or 990-EZ) 2013

Wash	ington Wildlife and Recreation Coalition rm 990 or 990-EZ) 2013	91-1190821
Part IV	Supplemental Information (continued)	Page 4
	- Copperation (comment)	

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

<u>W</u> ash	ington Wildlife and Recreation Coalition		91-1190821
Part		or Advised Funds or Other Similar Fu	ınds or Accounts.
		vered "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		lonor advisors in writing that the assets held	in donor advised
·		ct to the organization's exclusive legal control	
6		nors, and donor advisors in writing that gran	
Ü		or the benefit of the donor or donor advisor, or	
		enefit?	
Part			
		vered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (e.g., rec	reation or education) Preservation	of an historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space	<u>—</u>	
2		ation held a qualified conservation contributi	on in the form of a conservation
_	easement on the last day of the tax year.	ation held a qualified conservation contributi	Held at the End of the Tax Year
_			
a			
b		sements	
C		rtified historic structure included in (a)	
d	Number of conservation easements include	* * * *	
•		ster	
3		d, transferred, released, extinguished, or ter	rminated by the organization
	during the tax year		
4	Number of states where property subject to		
5		regarding the periodic monitoring, inspection	
_		tion easements it holds?	
6	Staff and volunteer hours devoted to monitor	oring, inspecting, and enforcing conservation	easements during the year
_	·		
7		inspecting, and enforcing conservation eas	ements during the year
	▶ \$		
8		I on l ine 2(d) above satisfy the requirements	
9	_	eports conservation easements in its revenu	•
	balance sheet, and include, if applicable, th	e text of the footnote to the organization's fir	nancial statements that describes
	the organization's accounting for conservati		
Part		ections of Art, Historical Treasures, o	
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted und	der SFAS 116 (ASC 958), not to report in its	revenue statement and balance sheet
		milar assets held for public exhibition, educa	
		xt of the footnote to its financial statements	
b		der SFAS 116 (ASC 958), to report in its reve	
D			
		milar assets held for public exhibition, educa	ation, or research in fulfillerance
	of public service, provide the following amo		• •
		II, line 1...................	. •
2		art, historical treasures, or other similar ass	
		nder SFAS 116 (ASC 958) relating to these	
а		ne 1	
b	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2013

Part	III Organizations Maintaining	Collections of A	rt, Histori	cal Treas	sures, or C	Other Similar A	ssets (c	ontinu	ied)	
3	Using the organization's acquisition, a	accession, and othe	er records,	check any	of the follow	wing that are a si	ignificant			
	use of its collection items (check all the	nat apply):	-							
а	Public exhibition		d	Loan or	exchange p	programs				
b	Scholarly research		е	Other						
С	Preservation for future generati	ons								
4	Provide a description of the organizat Part XIII.	ion's co ll ections an	ıd exp l ain h	ow they fu	ırther the or	ganization's exer	mpt purpo	ose in		
5	During the year, did the organization assets to be sold to raise funds rather							Ye	s 🗌	No
Part	IV Escrow and Custodial Arra	angements.								
	Complete if the organization		to Form 9	90, Part I	IV, line 9, c	or reported an a	amount c	n For	m	
	990, Part X, line 21.					•				
1a	Is the organization an agent, trustee,	custodian or other	intermediar	y for conti	ributions or	other assets not	_			
	included on Form 990, Part X?						[Ye	s	No
b	If "Yes," explain the arrangement in P	art XIII and comple	ete the follo	wing table	:					
							Am	ount		
C	Beginning balance					1c				
d	Additions during the year					1d				
e f	Distributions during the year Ending balance					1e 1f				0
_							F			
2a	Did the organization include an amou						_		s X	No
b	If "Yes," explain the arrangement in P	art XIII. Check ner	e if the expi	anation na	as been pro	vided in Part XIII	<u> </u>			
Part			4- 50	00 D1	N / Page 40					
	Complete if the organization	(a) Current year					ara baak	(a) Fa		
1a	Beginning of year balance	(a) Current year	(b) Prior	year	(c) Two years	back (d) Three ye	ars back	(e) FO	ur years	Dack
b	Contributions									
C	Net investment earnings, gains,									
Ŭ	and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0	l	0		0	0			0
2	Provide the estimated percentage of t			line 1g, co	olumn (a)) h	eld as:				
a	Board designated or quasi-endowmen	nt ▶	<u>%</u>							
b	Permanent endowment									
С	Temporarily restricted endowment The percentages in lines 2a, 2b, and	%								
3a	Are there endowment funds not in the			n that are	held and a	dministered for th	he			
ou	organization by:	possession or the	organizatio	in that are	noia ana a		10	Γ	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations						_	Ba(ii)		
b	If "Yes" to 3a(ii), are the related organ							3b		
4	Describe in Part XIII the intended use	s of the organization	on's endowr	ment funds	s.					
Part										
	Complete if the organization	answered "Yes"	to Form 9	90, Part I	IV, line 11a	a. See Form 99	0, Part X	(, line	10.	
	Description of property	(a) Cost or o		(b) Cost		(c) Accumulated	t	(d) Bo	ok value	е
		(investr		basis (, ,	depreciation	\longrightarrow			
1a	Land		0		0					0
b	Buildings		0		0		0			0
۲ C	Leasehold improvements		0		0		0			0
d e	Equipment		0		0		0			0
	I. Add lines 1a through 1e. (Column (d,			. column (c).)				0

Complete if the organization answered "Yes" to Form 990 (a) Description of security or category (including name of security) (1) Financial derivatives	(c) Method of valuation: Cost or end-of-year market value
(including name of security) (1) Financial derivatives	Part IV, line 11c. See Form 990, Part X, line 13. (c) Method of valuation:
(2) Closely-held equity interests	(c) Method of valuation:
(3) Other (A) (B) (C) (D) (E) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 0 Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990 (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	(c) Method of valuation:
(A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X. col. (B) line 12.) ▶ 0 Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990 (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	(c) Method of valuation:
(A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X. col. (B) line 12.) ▶ 0 Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990 (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	(c) Method of valuation:
(C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 0 Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990 (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	(c) Method of valuation:
(C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 0 Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990 (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	(c) Method of valuation:
(D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 0 Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990 (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	(c) Method of valuation:
(F) (G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 0 Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990 (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	(c) Method of valuation:
(G) (H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 0 Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990 (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	(c) Method of valuation:
(H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶ 0 Part VIII Investments—Program Related. Complete if the organization answered "Yes" to Form 990 (a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	(c) Method of valuation:
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	(c) Method of valuation:
Part VIII	(c) Method of valuation:
Complete if the organization answered "Yes" to Form 990	(c) Method of valuation:
(a) Description of investment (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	(c) Method of valuation:
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	
(4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	
(5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	
(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	
(7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 0 Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	
Part IX Other Assets. Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	
Complete if the organization answered "Yes" to Form 990 (a) Description (1) (2) (3) (4) (5) (6) (7)	
(a) Description (1) (2) (3) (4) (5) (6) (7)	Ded IV For Add One From 200 Ded V. For AF
(1) (2) (3) (4) (5) (6) (7)	
(2) (3) (4) (5) (6) (7)	(b) Book value
(3) (4) (5) (6) (7)	
(4) (5) (6) (7)	
(5) (6) (7)	
(6) (7)	
(7)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" to Form 990	Part IV, line 11e or 11f. See Form 990, Part X,
line 25.	
1. (a) Description of liability (b) Book value	
(1) Federal income taxes 0	
(2) Payroll Liabilities 19,173	
(3)	
_ (4)	
(5)	
(6)	
(7)	
(8)	
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 19,173	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 19,173 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the	

Schedule D (Form 990) 2013

Schedule D (Form 99	90) 2013	Washington Wildl mental Informat	life and Recreat	tion Coalition		91-1190821	Page 5
Part XIII	Supple	mental Informati	i on (continued	d)			
			•				
				-	 		

Schedule D (Form 990) 2013

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

Washir	ngton Wildlife and Recreation Coali					91-11	
Part	Fundraising Activities. Conform 990-EZ filers are not				ered "Yes" to Forn	n 990, Part IV, lin	e 17.
Т	Indicate whether the organization r		ough any o	f the fo ll ow	ring activities. Chec of non-government		_
÷	X Internet and email solicitations				of government grant		
c	Phone solicitations				raising events		
	X In-person solicitations		9				
_	Did the organization have a written	or oral agreem	ent with an	v individua	al (including officers	. directors, trustees	s or
	key employees listed in Form 990,						X Yes No
b l	If "Yes," list the ten highest paid inc	lividua l s or entit	ties (fundra	isers) purs	suant to agreements	s under which the f	undraiser is
1	to be compensated at least \$5,000	by the organiza	ation.				
		•	1		•	-	
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		.,	
1 Sha	amra Clark Consulting	Events					
	82nd St Seattle WA 98115			Х	245,853	39,000	206,853
2					o	0	0
3					0	0	0
4					_		
5					0	0	0
					0	0	0
6 					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					U	0	<u> </u>
					0	0	0
Total .					245,853	39,000	206,853
	List a ll states in which the organiza	tion is registere	d or licens	ed to so l ici	t contributions or ha	as been notified it is	s exempt from
ı	registration or licensing.						

 HTA

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

Washington Wildlife and Recreation Coalition 91-1190821 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. **(b)** Event #2 (c) Other events (a) Event #1 (d) Total events NONE (add col. (a) through **Breakfast** House Party col. (c)) (event type) (event type) (total number) Revenue Gross receipts 233,953 11,900 245,853 214,768 6,355 Less: Contributions 221,123 Gross income (line 1 19,185 5,545 minus line 2) 24,730 0 Noncash prizes Expenses Rent/facility costs 7,069 7,069 Food and beverages . . . 23,406 23,406 Direct 0 Other direct expenses . . . Direct expense summary. Add lines 4 through 9 in column (d) ▶ 30,475) Net income summary. Subtract line 10 from line 3, column (d) -5,745 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 0 Direct Expenses 0 Noncash prizes 0 Rent/facility costs 5 Other direct expenses n Yes % Yes Yes Volunteer labor No No No Direct expense summary. Add lines 2 through 5 in column (d) ▶ 0) Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ 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? If "No," explain: ------

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . .

b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2013

Sched	ule G (Form 990 or 990-EZ) 2013 Washington Wildlife and Recreation Coalition	91-	1190821	Page 3
11	Does the organization operate gaming activities with nonmembers?	- I	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	[Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in:	13a 13b		<u>%</u> %
	Name ▶			
	Address ▶			
b	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	[Yes	No
	Name ▶			
	Address •			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ► \$0			
	Description of services provided			
	Director/officer Employee Independent contractor			
17 a b	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	[Yes	□ No 0
Part				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Internal Revenue Service

OMB No. 1545-0047 Inspection

Name of the organization Employer identification number Washington Wildlife and Recreation Coalition 91-1190821 Form 990, Part IV, Section B, Line 11b: Form is reviewed by the full Coalition Board and approved by the Executive Committee at an Executive Committee meeting. The Executive Committee is authorized to act in this capactiy on behalf of the full Coalition Board. Form 990, Part IV, Section C, Line 19: Governing documents are made available upon reasonable request. Form 990, Part IV, Section B, Line 15: The WWRC reviews the Director's salary and benefits annually in executive session. Comparability data is provded in the form of the United Way of King County Wage and Benefit survey and the TREC Salary and Benefits report. Form 990, Part IV, Section B, Line 12c: Conflict of Interest forms are distributed at the first Board meeting of each calendar year to all Board members and Alternates. Staff follows up with each individual to ensure the forms are completed each year. Form 990, Part VI, Section A, Line 4: Amendment to Article 2.7 Any director may be removed from office, with or without cause, by the affirmative vote of two-thirds of the entire Board. Furthermore, any director shall automatically be removed from office if he or she fails to attend the next full Board meeting after having been notified in writing by the Board President at least thirty days in advance that such director has missed three consecutive regular meetings of the entire Board. Form 990, Part VI, Section A, Line 2: Board member Bob Bugert is father of Outreach Director Tom Bugert.

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

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

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
Washington Wildlife and Recreation Coalition	91-1190821

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

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ►See separate instructions.

► Attach to Form 990.

► Information about Schedule R (Form 990) and its instructions is atwww.irs.gov/form990.

OMB No. 1545-0047

Open to Public

Name of the organization Washington Wildlife	Name of the organization Washington Wildlife and Recreation Coalition								Employer ident 91-1190821	Employer identification number 91-1190821
Part I	Identification of Disregarded Entities Complete if the organization answered "Yes" on Form	if the organiz	ation ans	swered "Yes)0, Part I	990, Part IV, line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-yea	r assets	(f) Direct controlling entity
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
Part II	Identification of Related Tax-Exempt Organizations Complete if the organization answered one or more related tax-exempt organizations during the tax year.	ations Compl ring the tax y	ete if the ear	organizatio	n answered "	Yes" on I	Form 990, F	art IV, li	d "Yes" on Form 990, Part IV, line 34 because it had	use it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	vity	(c) Legal domicile (state or foreign country)		(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes No
(1) WWRC 1402 Third /	(1) WWRC Action Fund 91-1445276 1402 Third Ave Suite 507 Seattle, WA 98101	Conservation	<	WA	501c4			×	WWRC	×
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

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

Schedule R (Form 990) 2013

Part III Schedule R (Form 990) 2013 because it had one or more related organizations treated as a partnership during the tax year. 91-1190821 Washington Wildlife and Recreation Coalition 91-1190821

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34

6	(5)	(4)	(3)	(2)	(1)		Nam	Part IV	(7)	(6)	(5)	(4)	(3)	(2)	(1)		Name, rek
							(a) Name, address, and EIN of related organization	Identification of R IV, line 34 because				(4)					(a) Name, address, and EIN of related organization
							d organization	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answ IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.									(b) Primary activity
							(b) Primary activity	ns Taxable elated orga									(c) Legal domicile (state or foreign country)
							Legal of (state or for	as a Corpora									(d) Direct controlling entity
							(c) Legal domicile (state or foreign country)	ation or Trus ted as a corp								sections 512-514)	(e) Predominant income (related unrelated, excluded from tax under
							(d) Direct controlling entity	t Comple								14)	
							(e) Type of entity (C corp, S corp, or trust)	te if the c									(f) Share of total income
							entity Sh p, or trust)	rganizatio									(g) Share of end-of- year assets
							<u>a</u>	n answere (year								Yes No	(h) f- Disproportionate allocations?
							(g) Share of end-of-year assets	organization answered "Yes" on Form 990, Part ring the tax year.								<u>"</u>	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)
							(h) Percentage ownership	orm 990, P								Yes No	General or managing partner?
						Yes No	(i) Section 512(b)(13) controlled entity?	art									(K) Percentage g ownership

(7)

Part V Trans	Schedule R (Form 990) 2013
ransactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	Vashington Wildlife and Recreation Coalition
36.	91-1190821

				(6)
				(5)
		10,000	С	(4) WWRC Action Fund
	Cash			
		33,278	0	(3) WWRC Action Fund
vices	Shared Services			
VICEO	Olialed Gelvices	12,976	ם	(2) WWRC Action Fund
	harod Con	13,243		(1) WWING Acadin Land
vices	Shared Services		_	(1) WW/RC Action Fund
) etermining wolved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
sholds.	action thres	including covered relationships and transaction thresholds.	1"	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line
×	1s			s Other transfer of cash or property from related organization(s).
×	1			r Other transfer of cash or property to related organization(s)
×	19			q Reimbursement paid by related organization(s) for expenses
×	1p			p Reimbursement paid to related organization(s) for expenses
×				o Sharing of paid employees with related organization(s)
×				
×	_			m Performance of services or membership or fundraising solicitations by related organization(s)
×	1			
×	¥			k Lease of facilities, equipment, or other assets from related organization(s)
;	-			
×	<u>.</u>			2
×	=		- · ·	i Exchange of assets with related organization(s).
×	1	- - - - -		Purchase of assets from related organization(s).
×	1g			g Sale of assets to related organization(s)
×	‡			f Dividends from related organization(s)
>	-			e Foans of foan guarantees by Forated organization (s)
<	2			
×	1d			
×				Gift, grant, or capital contribution from related organization(s)
×	1b			
×	1a			a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
		ed in Parts II–IV?	ed organizations listed in Parts II–IV?	1 During the tax year, did the organization engage in any of the following transactions with one or more related
Yes No	\ \			Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Part V

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

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

	. ! 									
										(16)
										(15)
										(14)
										(13)
										(12)
_										(11)
										(10)
										(9)
_										[8]
										(7)
										(6)
										(5)
										(4)
										(3)
										(2)
										(1)
	Yes No		Yes No			Yes No	sections 512-514)			
ownership	managing partner?	amount in box 20 of Schedule K-1 (Form 1065)	allocations?	=	-	section 501(c)(3) organizations?		(state or foreign country)		
(k) Percentage			(h) Disproportionate	(g) Share of			(d) Predominant	(c) Legal domicile	(b) Primary activity	(a) Name, address, and EIN of entity

Schedule R (Form 990) 2013

Schedule R (For	m 990) 2013	Washington Wildlife and Recreation Coalition	91-1190821	Page 5
Part VII		ental Information		
	Provide a	dditional information for responses to questions on Schedule R (see instruct	ions).	