Form	990
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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. ~ ize any/Earm000 for instructions and the latest information

OMB No. 1545-0047 20 ublic

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Depa Inter	Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Inspection		
AI	For the	2024 calend	ar year, or tax year beginning and	ending		
	Check if applicable	e: C Name of	ation number			
	Addres		E RIVER WATERSHED COUNCIL			
	Name	D			11-382373	6
	Initial return			Room/suite	E Telephone number	
	Final return/	89 2	LDER STREET		541-423-6	158
	termin- ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,700,750.
	Ameno		RAL POINT, OR 97502		H(a) Is this a group ret	
	Applic		nd address of principal officer: BRIAN BARR		for subordinates?	
	pendir		AS C ABOVE		H(b) Are all subordinates inc	
1 -	Tax-exe	empt status:		or 📃 527		st. See instructions
	Nebsit		ROGUERIVERWC.ORG		H(c) Group exemption	number
KF	orm of	organization:	X Corporation Trust Association Other	L Year	of formation: 2015 M	State of legal domicile: OR
	art I	Summary				
۵.	1	Briefly describ	e the organization's mission or most significant activities: SEE	SCHEDU	LE O.	
nc.						
& Governance	2	Check this bo	x if the organization discontinued its operations or dispos	sed of more	e than 25% of its net ass	ets.
ove	3	Number of vot	11			
ي م	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)		11	
es	5	Total number	otal number of individuals employed in calendar year 2024 (Part V, line 2a)			11
Activities	6	Total number	of volunteers (estimate if necessary)			11
Acti	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
ē	8	Contributions	and grants (Part VIII, line 1h)		1,153,272.	2,686,707.
Revenue	9	Program servi	ce revenue (Part VIII, line 2g)		0.	0.
Jev	1		come (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
-			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,749.	-8,287.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,148,523.	2,678,420.
			nilar amounts paid (Part IX, column (A), lines 1-3)		1,431.	2,000.
	1		to or for members (Part IX, column (A), line 4)		0.	0.
ses	1		compensation, employee benefits (Part IX, column (A), lines 5-10)		473,318.	621,824.
ens			undraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	1		ng expenses (Part IX, column (D), line 25)31,32			2 002 004
			es (Part IX, column (A), lines 11a-11d, 11f-24e)	1	656,354.	2,002,804.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,131,103.	2,626,628.
_ s	19	Revenue less	expenses. Subtract line 18 from line 12		<u>17,420.</u> ginning of Current Year	<u>51,792.</u> End of Year
Net Assets or Fund Balances		T				
Asse Bala	20		Part X, line 16)		463,153.	<u>471,265.</u> 151,549.
let ∕ und	21		(Part X, line 26)		<u>195,229.</u> 267,924.	
	art II	Net assets or Signature	fund balances. Subtract line 21 from line 20		401,944.	319,716.
F		Signature				

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

Sign	Signature of officer	Date
Here	BRIAN BARR, EXECUTIVE DIRECTOR	
	Type or print name and title	
	Preparer's name Preparer's signature Date	
Paid	YEE LEE MCGEE	6 S self-employed P01294356
Preparer	Firm's name GARY MCGEE & CO. LLP	C Firm's EIN
Use Only	Firm's address 1000 S.W. BROADWAY, SUITE 1200	
	PORTLAND, OR 97205	Phone no. (503) 222-2515
May the I	RS discuss this return with the preparer shown above? See instructions	
LHA For	Paperwork Reduction Act Notice, see the separate instructions. 432001 12-10-24	Form 990 (2024)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2024) ROGUE RIVER WATERSHED COUNCIL	11-3823736 Page 2
	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: ENHANCE RESILIENCE IN ROGUE RIVER WATERSHEDS THROUGH E RESTORATION AND ENGAGEMENT WITH COMMUNITY PARTNERS.	COLOGICAL
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program service If "Yes," describe these changes on Schedule O.	s? Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o revenue, if any, for each program service reported.	thers, the total expenses, and
4a		
	STREAM RESTORATION - THE COUNCIL IDENTIFIES CONDITIONS	
	STREAMS THAT LIMIT HABITAT QUALITY FOR FISH AND WILDLI	
	QUALITY. THE COUNCIL ENGAGES WITH PRIVATE AND PUBLIC L	
	LAND MANAGERS TO DISCUSS THESE LIMITING FACTORS, DEVEL REDUCE OR ELIMINATE THE IMPACT, AND IMPLEMENT ECOLOGIC	
	PROJECTS TO ADDRESS THEM. RESTORATION ACTIONS INCLUDIN	
	INSTALLMENT AND SIDE-CHANNEL RECONNECTION HELP RESTORE	
	PROCESSES. ADDITIONALLY, AQUATIC ANIMAL PASSAGE AND MO	
	IMPROVED THROUGH PRIORITIZED BARRIER REMOVAL AND SUBSE	
	SYSTEM CONVERSION WHEN NECESSARY. CONTINUED ON SCHEDUL	
4b		venue \$)
		TO COMMUNICATE
	AND ENGAGE WITH COMMUNITY MEMBERS ABOUT STREAM PROCESS	-
	WATERSHEDS, RESILIENT COMMUNITIES, AND COUNCIL ACTIVIT	
	STRATEGIES INCLUDE ACTIVE SOCIAL MEDIA ACCOUNTS, A REG WEBSITE, SHORT VIDEO PRODUCTIONS, AND VIDEO LIBRARY, A	
	NEWSLETTERS (EVERY OTHER MONTH) AND LENGTHIER NEWSLETT	
	ENGAGEMENT ACTIONS SUPPLEMENT AND PROMOTE THE COUNCIL'	
	EFFORTS.	
4c		venue \$)
	WATER QUALITY IMPROVEMENT - THE COUNCIL WORKS TO ADDRE	
	POLLUTE AND WARM THE STREAMS IN OUR REGION. THE COUNCI	
	COLLABORATIVE WATER QUALITY IMPROVEMENT PROGRAM THAT W	
	THE GOAL OF CLEANER WATER. SPECIFICALLY, THE INTENT OF TO ADDRESS PERSISTENT WATER QUALITY PROBLEMS THAT INCL	
	TEMPERATURE, LOW DISSOLVED OXYGEN LEVELS, SEDIMENTATIO	
	PRESENCE, AND NUTRIENT LOADING. CONTINUED ON SCHEDULE	
		<u> </u>
	PROJECTS SUCH AS SIDE-CHANNEL RECONNECTION, STREAMSIDE	REHABILITATION,
	CONVERTING FROM FLOOD TO SPRINKLER IRRIGATION, AND RED	UCING STORMWATER
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 28,899 · including grants of \$) (Revenue \$)
4e	Total program service expenses2,441,382.	
		Form 990 (2024)
43200	2 12-10-24 SEE SCHEDULE O FOR CONTINUATION	(5)
	2	

Form	990	(2024)

 Form 990 (2024)
 ROGUE
 RIVER
 WATERSHED
 COUNCIL

 Part IV
 Checklist of Required Schedules
 Council
 Council

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
e	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</i>	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ŭ	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		х	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	<u>л</u>	<u> </u>
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
10-	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12a	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	u		<u> </u>
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Δ	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		x
20-	complete Schedule G, Part III	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
- •	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form	990	(2024)
	330	(2024)

 Form 990 (2024)
 ROGUE
 RIVER
 WATERSHED
 COUNCIL

 Part IV
 Checklist of Required Schedules (continued)
 Council
 Council

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	~		x
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
-	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		x
h	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 11			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990	(2024)
Part V	Sta

024) ROGUE RIVER WATERSHED COUNCIL Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 12	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a				37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the argonization requires a payment in average of P_{25} made partly as a contribution and partly for goods and convises provided to the payor?	-	x	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7-		x
لہ	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x
e f		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	
9 h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h	N/	_
-	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a	1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. N/Δ	10		
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
b	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
~		-		
		14a		X
14a b	Did the organization receive any payments for indoor tanning services during the fax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a		<u> </u>
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			

ROGUE RIVER WATERSHED COUNCIL

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 11			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 11			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
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 during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Δ	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10	х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	<u>л</u>	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150		х
a h	The organization's CEO, Executive Director, or top management official	15a 15b		X
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	155		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Teu		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed OR			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	BRIAN BARR - 541-423-6158			
	89 ALDER STREET, CENTRAL POINT, OR 97502			

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A)	(B)			(0	C)	-		(D)	(E)	(F)
Name and title	Average hours per week	box	Position do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BRIAN BARR	40.00			37				02 446	0	12 020
EXECUTIVE DIRECTOR	1.00			X				93,446.	0.	13,939.
(2) JACK WILLIAMS CHAIR	1.00	x		x				0.	0.	0.
(3) STAN DEAN	1.00						<u> </u>	0.	0.	0.
VICE-CHAIR	1.00	x		x				0.	0.	0.
(4) STEVE DAY	1.00									
SECRETARY		x		x				0.	0.	0.
(5) BELA TOLEDO	1.00									
TREASURER		X		Х				0.	0.	0.
(6) KEITH EMERSON	1.00									
MEMBER		Х						0.	0.	0.
(7) DAVE GROSJACQUES	1.00									_
MEMBER		X						0.	0.	0.
(8) BOB JONES	1.00									
MEMBER	1 00	X						0.	0.	0.
(9) PETER MAZZINI	1.00							0.	0.	0
MEMBER	1.00	X						0.	0.	0.
(10) CONSUELO MONTOYA MEMBER	1.00	x						0.	0.	0.
(11) TERRY RUITER	1.00					-		0.	0.	<u>0 </u>
MEMBER	1.00	x						0.	0.	0.
(12) JOLEE WALLACE	1.00									
MEMBER		x						0.	0.	0.
				<u> </u>			-			
		1								
		1								

Form 990 (2024)

	990 (2024) ROGUE RIV									11-38	3237	736	Page 8
Par	t VII Section A. Officers, Directors, Trus (A)	tees, Key Em (B)	ploy	ees,	, and (C		ghes	t C	Compensated Employe (D)	es (continued) (E)			F)
	Name and title	Average hours per week (list any	box offic	not cl , unles	Posi heck i ss per	i tion more rson i	than c s both r/trust	an	Reportable	Reportable compensatio from related organization	on I	Estir amo ot	nated unt of her ensation
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS 1099-NEC)	SC/	fron organ and r	n the nization related izations
											\rightarrow		
											\rightarrow		
											\rightarrow		
											$ \rightarrow $		
1b	Subtotal								93,446.		0.	13	,939.
	Total from continuation sheets to Part VI								0.		0.	1 2	0. ,939.
 2	Total (add lines 1b and 1c) Total number of individuals (including but n								93,446. eceived more than \$100).000 of reportabl	-	13	,939.
	compensation from the organization						,		-	,			0
3	Did the organization list any former officer,	director, truste	ee, k	key e	empl	oye	e, or	hic	phest compensated emp	ployee on	Γ	Y	es No
	line 1a? If "Yes," complete Schedule J for s											3	X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150									the organization		4	x
5	Did any person listed on line 1a receive or a	-				-			-			_	X
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheaule	JT	or sl	icn j	oers	ion .					5	A
1	Complete this table for your five highest co	-	-								ipensa	tion fro	m
	the organization. Report compensation for (A)	the calendar y	eare	endii	ng w	/ith	or wi	thir I	n the organization's tax (B)	year.		(C)	
	Name and business	address							Description of s	services	Co	ompens	ation
	I SERVICES	07501							ENVIRONMENTA AND CONSTRUC			520	212
	O BOX 1093, MEDFORD, OR 97501 ATERWATCH OF OREGON								ENV. RESTORA			520	,213.
-	S.W. ASH STREET, PORT			2 9	972	205	5		CONSTRUCTION	MGMT		500	,000.
	SK DESIGN AND CONSTRUC BOX 1478, CORVALLIS, C								ENVIRONMENTA AND CONSTRUC			256	,749.
	TON COMPANIES		•						ENVIRONMENTA	L			
	86 OR-99, EUGENE, OR 9	97405						_	CONSTRUCTION			243	,849.
	FRANCO RESTORATION 83 W STAYTON ROAD, AUN	(SVILLE,	, (DR	97	732	25		ENVIRONMENTA RESTORATION	ш 		126	,657.
	Total number of independent contractors (in							tec	d above) who received n	nore than			

Total number of independent contractors (including but not limited to those listed above) who received more \$100,000 of compensation from the organization

			Check if Schedule O c	ontains a response	or note to any li	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
ts ts	1	а	Federated campaigns	1a					
Grants nounts			Membership dues						
۲ ۲			Fundraising events		49,695.				
ar /			Related organizations		-				
s, S			Government grants (contri		017,491.				
r Si			All other contributions, gifts, g	· · · · · · · · · · · · · · · · · · ·					
the			similar amounts not included		619,521.				
ĘÓ		q	Noncash contributions included in		8,555.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Total. Add lines 1a-1f			2,686,707.			
					Business Code				
ė	2	а							
ωŽ	b								
Program Service Revenue		c							
eve		d							
р Б Ш		е							
ሻ		f	All other program service r	revenue					
			Total. Add lines 2a-2f						
	3		Investment income (includ	ling dividends, inter	est, and				
			other similar amounts)						
	4		Income from investment of	f tax-exempt bond	proceeds				
	5		Royalties						
				(i) Real	(ii) Personal				
	6			6a					
		b	Less: rental expenses	6b					
			Rental income or (loss)	6c					
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other	-			
			assets other than inventory	7a		-			
-		b	Less: cost or other basis						
ther Revenue				7b		4			
eve			. ,	7c					
ě			Net gain or (loss)						
the	8	а	Gross income from fundraisin						
0			including \$ 49						
			contributions reported on	,	12 020				
					12,830.	-			
			Less: direct expenses			-9,500.			-9,500.
			Net income or (loss) from f			-9,500.			-9,500.
	9	а	Gross income from gaming						
			Part IV, line 19			-			
			Less: direct expenses		•				
	10		Net income or (loss) from g		1				
		a	Gross sales of inventory, le						
		h	and allowances						
			Less: cost of goods sold	·····					
		C	Net income or (loss) from s	Sales UNINVENTORY	Business Code				
snc	44	2	MISCELLANEOUS		900099	1,213.			1,213.
nec	1.,	a b							,,
ella ∍vei		c							
Miscellaneous Revenue			All other revenue						
2			Total. Add lines 11a-11d			1,213.			
	12		Total revenue. See instruction			2,678,420.	0.	0.	-8,287.

432009 12-10-24

Form **990** (2024)

ROGUE RIVER WATERSHED COUNCIL

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

D -	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	2 000	2 000		
_	and domestic governments. See Part IV, line 21	2,000.	2,000.		
2	Grants and other assistance to domestic				
~	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	107,386.	59,063.	42,954.	5,369
6	Compensation not included above to disqualified	20770001			0,000
Ŭ	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	408,508.	328,501.	61,742.	18,265
8	Pension plan accruals and contributions (include		.,	. ,	- ,
-	section 401(k) and 403(b) employer contributions)	11,155.	9,023.	1,634.	498
9	Other employee benefits	49,627.	39,862.	7,545.	<u>498</u> 2,220
10	Payroll taxes	45,148.	34,170.	8,915.	2,063
11	Fees for services (nonemployees):	-	-		-
а	Management				
b					
с	•	9,390.		9,390.	
d	Lobbying				
е					
f	Investment management fees				
g					
	column (A), amount, list line 11g expenses on Sch 0.)	1,932,285.		4,636.	
12	Advertising and promotion	3,910.	1,760.		2,150
13	Office expenses	11,664.	6,668.	4,996.	
14	Information technology				
15	Royalties				
16	Occupancy	15,038.	11,386.	2,965.	687.
17	Travel	8,207.	7,809.	316.	82.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,423.	1,769.	1,654.	
20	Interest				
21	Payments to affiliates		4 5 4 4		
22	Depreciation, depletion, and amortization	1,536.	1,536.		
23	Insurance	4,186.		4,186.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MATERIALS AND PERMITS	10,223.	10,186.	37.	
b	DUES AND FEES	2,942.		2,942.	
c				<u>·</u>	
d					
e	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24e	2,626,628.	2,441,382.	153,912.	31,334
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

ROGUE RIVER	WATERSHED	COUNCIL
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11-3823736 Page 11

		Check if Schedule O contains a response or r	note to ar	y line in this Part X							
					(A) Beginning of year		(B) End of year				
	1	Cash - non-interest-bearing			178,166.	1	150,279.				
	2	Savings and temporary cash investments				2					
	3	Pledges and grants receivable, net			280,880.	3	263,898.				
	4	Accounts receivable, net				4					
	5	Loans and other receivables from any current									
		trustee, key employee, creator or founder, sul	ostantial	contributor, or 35%							
		controlled entity or family member of any of th	nese pers	ons		5					
	6	Loans and other receivables from other disqu									
		under section 4958(f)(1)), and persons describ	oed in se	ction 4958(c)(3)(B)		6					
sts	7	Notes and loans receivable, net				7					
Assets	8	Inventories for sale or use				8					
◄	9	Prepaid expenses and deferred charges			1,527.	9	2,244.				
	10a	Land, buildings, and equipment: cost or other									
		basis. Complete Part VI of Schedule D	. 10a	52,221. 51,177.							
	b	Less: accumulated depreciation	2,580.	10c	1,044.						
	11	Investments - publicly traded securities			11						
	12	Investments - other securities. See Part IV, lin				12					
	13	Investments - program-related. See Part IV, lir			13						
	14	Intangible assets		•	14	=					
	15	Other assets. See Part IV, line 11	······ _	0.	15	53,800.					
	16	Total assets. Add lines 1 through 15 (must e			463,153.	16	471,265.				
	17	Accounts payable and accrued expenses		113,020.	17	55,925.					
	18	Grants payable	00.000	18	41 004						
	19	Deferred revenue	82,209.	19	41,824.						
	20	Tax-exempt bond liabilities		20							
	21	Escrow or custodial account liability. Complet				21					
ies	22	Loans and other payables to any current or fo									
Liabilities		trustee, key employee, creator or founder, sul									
Liat		controlled entity or family member of any of th				22					
_	23	Secured mortgages and notes payable to unr				23					
	24	Unsecured notes and loans payable to unrela				24					
	25	Other liabilities (including federal income tax,									
		parties, and other liabilities not included on lir	ies 17-24). Complete Part X	0.		53,800.				
		of Schedule D			195,229.	25	151,549.				
	26	Total liabilities. Add lines 17 through 25			195,229.	26	151,549.				
es		Organizations that follow FASB ASC 958, c	neck her	e 🕰							
nc	07	and complete lines 27, 28, 32, and 33.			246,431.	07	295,978.				
3ala	27	Net assets without donor restrictions			240,491.	27 28	23,738.				
Б	28	Net assets with donor restrictions			21,499.	28	25,750.				
Ъ		Organizations that do not follow FASB ASC	, 958, Ch								
P	00	and complete lines 29 through 33.	de			00					
ets	29	Capital stock or trust principal, or current fund				29 20					
Ass	30	Paid-in or capital surplus, or land, building, or				30 31					
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated		F	267,924.	31	319,716.				
Z	32	Total net assets or fund balances Total liabilities and net assets/fund balances			463,153.	32 33	471,265.				
	100	I JULI IN DAIMING AND NET ASSELS/ MINU DAIMINES				00	, _, _, _, _, _, _, _, _, _, _, _, _,				

Form **990** (2024)

Form 990 (2024)
Part X Balance Sheet

Form	1 990 (2024) ROGUE RIVER WATERSHED COUNCIL	11-38	23736	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	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	2,678		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,626	5,6	28.
3	Revenue less expenses. Subtract line 2 from line 1	3	51	L,7	92.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	265	7,9	24.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	319	9, 7	16.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		1		
				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 on Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2024)

Department of the Treasury

Internal Revenue Service

(Form 990)

Total

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.

to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047
2024
Open to Public Inspection

Intern	al Reve	nue Service		Go to www.irs.gov/		Inspection							
Nan	ne of	the organizati		E RIVER WA	TERSHED COUN	CIL				identification number 1-3823736			
Pa	ırt I	Reason			(All organizations must c		his part.) S	ee instructio	ns.				
The	orgar	nization is not a	a private found	lation because it is:	(For lines 1 through 12, c	heck only	one box.)						
1	Ľ	A church, co	nvention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1	I)(A)(i).					
2					Attach Schedule E (Forn								
3					anization described in s e)(b)(1)(A)(ii	i).					
4		•	•		njunction with a hospital			•)(iii). Enter	the hospital's name.			
-		city, and stat	-		, ,				~ /	, , , , , , , , , , , , , , , , , , ,			
5				or the benefit of a co	ollege or university owned	d or opera	ted by a g	overnmental	unit describ	ed in			
-				Complete Part II.)	5 ,		, ,						
6					mental unit described in	section 17	70(b)(1)(A)	(v).					
	X								the general	public described in			
•		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8					(1)(A)(vi). (Complete Par	+ II)							
9	\square				l in section 170(b)(1)(A)(ed in coniu	inction with a	land-grant	college			
•		-	-		culture (see instructions).		-		-	-			
		university:		grant conege of agric			name, eng	, and otato o	i the coneg				
10			ion that norma	Ilv receives (1) more	than 33 1/3% of its sup	port from	contributio	ns members	hin fees ar	nd gross receipts from			
		activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.											
				mplete Part III.)					guineation				
11				• •	sively to test for public sa	fetv. See	section 50)9(a)(4).					
12		-	-	-	sively for the benefit of, to	•			arrv out the	purposes of one or			
		-	-		ed in section 509(a)(1) o				-				
					of supporting organizatio								
а			-	• •	supervised, or controlled		-		-	aivina			
					gularly appoint or elect a	•							
			-	complete Part IV, Se	• • • •	, ,				11 5			
b		_		-	d or controlled in connec	tion with it	ts supporte	ed organizati	on(s). bv ha	vina			
				-	anization vested in the s			-		-			
			•	t complete Part IV,					5 1	•			
с		_		-	g organization operated	in connec	tion with.	and functiona	ally integrate	ed with.			
			-		s). You must complete I				, ,	,			
d		- ··	0		oorting organization oper	-	-		rted organi	zation(s)			
			-		zation generally must sat				-				
			-		nplete Part IV, Sections	-		-					
е					written determination fro				e II, Type III				
		functionally	/ integrated, or	r Type III non-functio	onally integrated support	ing organi:	zation.						
f	Ente	er the number	of supported of	organizations									
g	Pro	vide the follow	ing information	about the supporte									
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed ing document?	(v) Amount o	f monetary	(vi) Amount of other			
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)			
_													

Schedule A (Form 990) 2024

ROGUE RIVER WATERSHED COUNCIL

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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	796,303.	1,253,080.	1,578,721.	1,153,272.	2,686,707.	7,468,083.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	796,303.	1,253,080.	1,578,721.	1,153,272.	2,686,707.	7,468,083.
	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)						
6	Public support. Subtract line 5 from line 4.						7,468,083.
	ction B. Total Support						, ,
-	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	796,303.	1,253,080.	1,578,721.	1,153,272.	2,686,707.	7,468,083.
	Gross income from interest,					, ,	, ,
-	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		1,132.	5,335.	2,674.	1,213.	10,354.
44	Total support. Add lines 7 through 10		1,1521	575551	270710	1/2100	7,478,437.
		oto (coo instructi				12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Gross receipts from related activities, First 5 years. If the Form 990 is for th			iourth or fifth tox y			
13	•	•					
Se	organization, check this box and stor ction C. Computation of Publ						·····
-	Public support percentage for 2024 (column (f))		14	99.86 %
						15	99.83 %
	Public support percentage from 2023 33 1/3% support test - 2024. If the o						7 -
102							
L	stop here. The organization qualifies						
Ľ	33 1/3% support test - 2023. If the o						
47.	and stop here. The organization qual						
1/2	10% -facts-and-circumstances tes						
	and if the organization meets the fact		-	•		0	
	meets the facts-and-circumstances to	-			-	47	
k	10% -facts-and-circumstances tes	-					i∪‰ or
	more, and if the organization meets the						
40	organization meets the facts-and-circ						
18	Private foundation. If the organization	n ala not check a	box on line 13, 16a	a, 100, 17a, 0r 17b	, CHECK THIS DOX 2		5

Schedule A (Form 990) 2024

ROGUE RIVER WATERSHED COUNCIL

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

(Complete only if you checked the box on line 10 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.)

Calesdry yray (or fineal year beginning in) (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 1 ofter, grants, contributions, and ministers, methods and yoursal grants? (a) 2020 (b) 2021 (c) 2022 (d) 2023 (e) 2024 (f) Total 2 orose seepis from attributions in the interest of the organization's tax-seempt purpose (a) 2020 (b) 2021 (c) 2022 (d) 2023 (c) 2024 (f) Total 3 Gross receipts from attributes that are not an unrelated trade or business under section 513 (a) 2020 (b) 2021 (c) 2022 (c) 2024 (c) 202	See	ction A. Public Support	, , ,	,						
arrestrational press received. (Do not include any visual priority).	Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2	024	(f) Total	
Include any "unusual grants")	1	Gifts, grants, contributions, and								
2 Gross receipts from advisions, mechanises and substrate in the set of a services of a services or facilities invested in a service service of radius invested in a service service service service service services of radius invested in a service services or radius invested in the service serv		membership fees received. (Do not								
metchandle sold or services per- formed, or fallines furnished in any activity that is related to the organization is backwamp toppose Image: Comparison of the comparison of the organization is ackwamp toppose 3 Gress receipts from activities that are not an unrelated trade or back- iness under section 513 Image: Comparison of the organization is benefit and ether paid to or expended on its behalt Image: Comparison of the organization without charge 5 The value of services or facilities furnished by a governmental unit to the organization without charge Image: Comparison of the organization without charge Image: Comparison of the organization without charge 6 Total Acd lines 1 fitnough 5. Image: Comparison of the organization without charge Image: Comparison of the organization without charge Image: Comparison of the organization without charge 8 Public support Logical lines 1 fitnough 5. Image: Comparison of the organization without charge Image: Comparison of the organization without charge Image: Comparison of the organization without charge 9 Public support Logical lines 10; 10 a Gress income from interest; dividents purports received on and income from interest; dividents purports received on and income from services in the organization without charge in the organization without charge in the organization without charge in the organization of the business is a regular data Line 30, 1976 Image: Comparison of the organization of the business is a regular data Line 30, 1976 Image: Comparison of the organization of the business is a regular data Line 30, 1976 Image: Comparison of the organization of the bus		include any "unusual grants.")								
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organization's tax-exempt purpose										
3 Gross receipts from activities that are not an unvested trade or bus- iness under section 513 Image: Section 513 4 Tax revenues levied for the organ- ization's benefit and ether paid to or expended on its behalf Image: Section 513 5 The value of services or facilities furnished by a governmental unit to the organization without charge and the organization without charge Image: Section 513 6 Total. Add lines 1 through 5 Image: Section 513 Image: Section 513 7a Amounts included on lines 1, 2, and 3 received from disputified persons Image: Section 513 Image: Section 513 5 Anounts included on lines 1, 2, and 3 received from disputified persons Image: Section 513 Image: Section 513 6 Add lines 7 and 75 Image: Section 81 Image: Section 81 Image: Section 81 Image: Section 81 6 Public support: Section 8. Total Support Image: Section 81 Image: Section 81 Image: Section 81 Image: Section 81 9 Amounts from line 6 Image: Section 81 9 Amounts from line 10. Image: Section 81 9 Amounts from line 10. Image: Section 81 Image: Section 81 Image: Section 81 Image: Sec										
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4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf or expended on its		iness under section 513								
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	20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions			

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

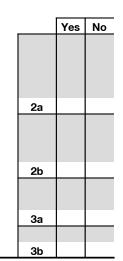
- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990) 2024 ROGUE RIVER WATERSHED COUNCIL

Ра	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
	Did the experimetion provide to each of its supported experimetions, by the last day of the fifth month of the		163	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		•	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instruction	s).		
·a	The organization satisfied the Activities Test. Complete line 2 below.	,		
	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			

- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.



	ROGUE	RIVER	WATERSHED	COUNCIL
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain Recoveries of prior-year distributions 2 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or 6 collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to 6

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2024

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2024

18

6

e Excess from 2024

Schedule A (Form 990) 2024

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Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continu	ied)		
Sect	ection D - Distributions Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes					
2	Amounts paid to perform activity that directly furthers exempt purposes of supported					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2024 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2024	าร	(iii) Distributable Amount for 2024	
1	Distributable amount for 2024 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2024 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2024					
а	From 2019					
b	From 2020					
с	From 2021					
d	From 2022					
е	From 2023					
f	Total of lines 3a through 3e					
g	Applied to under distributions of prior years					
h	Applied to 2024 distributable amount					
i	Carryover from 2019 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2024 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2024 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2024, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2024. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2025. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2020					
b	Excess from 2021					
c	Excess from 2022					
d	Excess from 2023					

Schedule A (Form 990) 2024

Schedule A (Form 990) 2024 ROGUE RIVER WATERSHED COUNCIL 11-3823736 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II. line 10: Part II. line 17a or 17b: Part III. line 12:
Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
2021 AMOUNT: \$ 1,132.
2022 AMOUNT: \$ 5,335.
2023 AMOUNT: \$ 2,674.
2024 AMOUNT: \$ 1,213.

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

OMB No. 1545-0047

ROGUE RIVER WATERSHED COUNCIL	11-3823736
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* religious is charitable, etc., contributions totaling \$5,000 or more during the year for the year for an *exclusively* religious.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

(Rev. December 2024) Department of the Treasury

Internal Revenue Service

Name of organization

Employer identification number

ROGUE RIVER WATERSHED COUNCIL

11-3823736

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,093,964.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$542,871.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 251,734.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$202,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$100,498.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$85,302.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)

Employer identification number

11-3823736

ROGUE RIVER WATERSHED COUNCIL

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 82,997. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** Х 8 Person Payroll 74,313. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 9 X Person Payroll 71,571. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (b) (c) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash \$ (Complete Part II for

Schedule B (Form 990) (Rev. 12-2024)

noncash contributions.)

Employer identification number

11-3823736

ROGUE RIVER WATERSHED COUNCIL

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
 -		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	rganization	Employer identification number			
ROGUE	RIVER WATERSHED COUNCI	L	11-3823736		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, c Use duplicate copies of Part III if additional s	through (e) and the following line e haritable, etc., contributions of \$1,000 o	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations or less for the year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of g			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of g		gift Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of g			
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
		[

SCHEDULE	D
(Form 990)	

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

11-3823736

Name	of the	organization
Tunio	01 010	guinzation

ROGUE RIVER WATERSHED COUNCIL

	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funda	(b) Funds and other accounts
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	-	
	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		-
	for charitable purposes and not for the benefit of the donor or		
_	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the orga	nization answered "Yes" on Form 990), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (for example, recreation	on or education)	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the for	m of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
b			
с	Number of conservation easements on a certified historic struct	cture included on line 2a	2c
	Number of conservation easements included on line 2c acquire		
	on a historic structure listed in the National Register		2d
2	Number of conservation easements modified, transferred, release		
3		ased, extinguished, or terminated by t	the organization during the tax
3		ased, extinguished, or terminated by t	the organization during the tax
3	year		the organization during the tax
	year Number of states where property subject to conservation ease	ement is located	_
4	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the perio	ement is located odic monitoring, inspection, handling o	- of
4 5	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the perio violations, and enforcement of the conservation easements it h	ement is located odic monitoring, inspection, handling o nolds?	
4 5	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the perio	ement is located odic monitoring, inspection, handling o nolds?	
4 5 6	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the perio violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, he	ement is located odic monitoring, inspection, handling of nolds? andling of violations, and enforcing co	of Yes Nonservation easements during the year
4	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the perio violations, and enforcement of the conservation easements it h	ement is located odic monitoring, inspection, handling of nolds? andling of violations, and enforcing co	of Yes Nonservation easements during the year
4 5 6 7	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, hard 	ement is located odic monitoring, inspection, handling of nolds? andling of violations, and enforcing conser	onservation easements during the year vation easements during the year
4 5 6 7	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, hard 	ement is located odic monitoring, inspection, handling of nolds? andling of violations, and enforcing conser ng of violations, and enforcing conser satisfy the requirements of section 170	of Yes N onservation easements during the year vation easements during the year 0(h)(4)(B)(i)
4 5 6 7 8	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, hard 	ement is located odic monitoring, inspection, handling of nolds? andling of violations, and enforcing conser ng of violations, and enforcing conser satisfy the requirements of section 170	Of Yes N onservation easements during the year vation easements during the year 0(h)(4)(B)(i) Yes N
4 5 6 7 8	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, hard 	ement is located odic monitoring, inspection, handling of nolds? andling of violations, and enforcing conser satisfy the requirements of section 17 n easements in its revenue and expen	Of Yes N onservation easements during the year N vation easements during the year O(h)(4)(B)(i) Yes N use statement and Yes N
4 5 6 7 8	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, hard 	ement is located odic monitoring, inspection, handling of nolds? andling of violations, and enforcing conser satisfy the requirements of section 17 n easements in its revenue and expen	Of Yes N onservation easements during the year N vation easements during the year O(h)(4)(B)(i) Yes N use statement and Yes N
4 5 6 7 8 9	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, hardling 	ement is located odic monitoring, inspection, handling of nolds? andling of violations, and enforcing conser satisfy the requirements of section 17 n easements in its revenue and expen ote to the organization's financial state	Of Yes N onservation easements during the year N vation easements during the year 0(h)(4)(B)(i) Yes N use statement and ements that describes the N N
4 5 7 8 9	year Number of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, hardling Amount of expenses incurred in monitoring, inspecting, handling Does each conservation easement reported on line 2d above so and section 170(h)(4)(B)(ii)?	ement is located odic monitoring, inspection, handling of nolds? andling of violations, and enforcing conser satisfy the requirements of section 17 in easements in its revenue and expen- ote to the organization's financial state Art, Historical Treasures, or	Of Yes N onservation easements during the year N vation easements during the year 0(h)(4)(B)(i) Yes N use statement and ements that describes the N N
4 5 7 8 9 Dar	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, hardling Amount of expenses incurred in monitoring, inspecting, handling Does each conservation easement reported on line 2d above so and section 170(h)(4)(B)(ii)?	ement is located odic monitoring, inspection, handling of nolds? andling of violations, and enforcing conser satisfy the requirements of section 170 m easements in its revenue and expendence to the organization's financial state Art, Historical Treasures, or 090, Part IV, line 8.	of Yes N onservation easements during the year Vation easements during the year 0(h)(4)(B)(i) Yes N use statement and ements that describes the Other Similar Assets.
4 5 7 8 9 Par	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, hardling 	ement is located odic monitoring, inspection, handling of nolds? andling of violations, and enforcing conser satisfy the requirements of section 176 in easements in its revenue and expen- ote to the organization's financial state Art, Historical Treasures, or 190, Part IV, line 8. , not to report in its revenue statemen	Of Yes N onservation easements during the year N vation easements during the year O(h)(4)(B)(i) Yes N use statement and ements that describes the Other Similar Assets. N other Similar Assets. N N
4 5 7 8 9 Par	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, hardling 	ement is located odic monitoring, inspection, handling of nolds? andling of violations, and enforcing conser satisfy the requirements of section 17 in easements in its revenue and expen- ote to the organization's financial state Art, Historical Treasures, or 90, Part IV, line 8. , not to report in its revenue statemen- ic exhibition, education, or research in	of Yes N onservation easements during the year N vation easements during the year O(h)(4)(B)(i) Yes N use statement and ements that describes the Other Similar Assets. N other Similar Assets. It and balance sheet works It furtherance of public
4 5 7 8 9 Par 1a	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, hardling Amount of expenses incurred in monitoring, inspecting, handling Does each conservation easement reported on line 2d above se and section 170(h)(4)(B)(ii)?	ement is located	of Yes N onservation easements during the year N vation easements during the year O(h)(4)(B)(i) Yes N use statement and ements that describes the N N Other Similar Assets. N N It and balance sheet works of furtherance of public ems. N N
4 5 7 8 9 Par 1a	yearNumber of states where property subject to conservation ease Does the organization have a written policy regarding the period violations, and enforcement of the conservation easements it h Staff and volunteer hours devoted to monitoring, inspecting, hardline Amount of expenses incurred in monitoring, inspecting, handline Does each conservation easement reported on line 2d above se and section 170(h)(4)(B)(ii)?	ement is located	of Yes N onservation easements during the year N vation easements during the year O(h)(4)(B)(i) Yes N use statement and ements that describes the N N Other Similar Assets. N N It and balance sheet works of furtherance of public ems. N N
4 5 7 8 9 Par 1a	year	ement is located	of Yes N onservation easements during the year N vation easements during the year O(h)(4)(B)(i) Yes N use statement and ements that describes the N N Other Similar Assets. N N It and balance sheet works of furtherance of public ems. N N
4 5 7 8 9 Par 1a	year	ement is located	of Yes N onservation easements during the year N vation easements during the year 0(h)(4)(B)(i) Yes N 0(h)(4)(B)(i) Yes N use statement and ements that describes the N Other Similar Assets. It and balance sheet works a furtherance of public ems. Id balance sheet works of urtherance of public service,
4 5 7 8 9 Dar 1a	year	ement is located odic monitoring, inspection, handling of holds? andling of violations, and enforcing conser ing of violations, and enforcing conser satisfy the requirements of section 176 in easements in its revenue and expen- ote to the organization's financial state Art, Historical Treasures, or 190, Part IV, line 8. , not to report in its revenue statement ic exhibition, education, or research in cial statements that describes these it , to report in its revenue statement an exhibition, education, or research in fu	Of Yes Nonservation easements during the year vation easements during the year 0(h)(4)(B)(i) Yes 0(h)(4)(B)(i) Yes Number of the statement and ements that describes the Other Similar Assets. It and balance sheet works Infurtherance of public ems. Id balance sheet works of intherance of public service,
4 5 7 8 9 Par 1a b	year	ement is located	Of Yes Nonservation easements during the year vation easements during the year 0(h)(4)(B)(i) Yes 0(h)(4)(B)(i) Yes Number of the statement and ements that describes the Other Similar Assets. It and balance sheet works Infurtherance of public ems. Id balance sheet works of intherance of public service, \$ \$ \$
4 5 7 8 9 Par 1a b	year	ement is located	Of Yes Nonservation easements during the year vation easements during the year 0(h)(4)(B)(i) Yes 0(h)(4)(B)(i) Yes Number of the statement and ements that describes the Other Similar Assets. It and balance sheet works Infurtherance of public ems. Id balance sheet works of intherance of public service, \$ \$ \$
4 5 7 8 9 <u>Par</u> 1a b	year	ement is located	of Yes Nonservation easements during the year vation easements during the year vation easements during the year 0(h)(4)(B)(i) Yes N ise statement and ements that describes the Other Similar Assets. It and balance sheet works If urtherance of public ems. Id balance sheet works of intherance of public service, \$
4 5 7 8 9 <u>2</u> 2 a	year	ement is located	of yation easements during the year vation easements during the year 0(h)(4)(B)(i) Yes N use statement and ements that describes the Other Similar Assets. it and balance sheet works i furtherance of public ems. d balance sheet works of irtherance of public service, \$

	dule D (Form 990) (Rev. 12-2024) ROGUE							1-38			je 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	orical Tr	easures, o	r Other	Simila	r Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following that	make sig	nificant u	se of its			
	collection items (check all that apply).										
а	Public exhibition	c			hange prograi						
b	Scholarly research	e	•	Other							
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	in how th	ey further t	he organizatio	n's exemp	ot purpos	se in Par	t XIII.		
5	During the year, did the organization solicit of								-		
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the o	organizatior	n answered "Y	es" on Fo	orm 990, I	Part IV, li	ne 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod		-						٦		
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	bllowing t	able:					A		
									Amoun	[
	Beginning balance						1c				
	Additions during the year						1d				
-	Distributions during the year						1e				
f	Ending balance										
	Did the organization include an amount on F					1 1/11			Yes		No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds Complete if										
1 01		(a) Current year		rior year	(c) Two years) Three ve	ars hack	(e) Four	vears ha	ack
10	Designing of year balance	(a) ourrent year		nor year			, 11100 you			youro be	
	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
4	and programs										
	Administrative expenses										
-	End of year balance Provide the estimated percentage of the cur										
2	Board designated or quasi-endowment		با عد (الله عر %	y, column (a	a)) heiù as.						
	Permanent endowment	%	70								
		%									
C	The percentages on lines 2a, 2b, and 2c sho	-									
30	Are there endowment funds not in the posse	•	ation tha	t are hold a	nd administor	od for tho					
Ja	organization by:	ession of the organiz		it are neiu a					ſ	Yes	No
	(i) Unrelated organizations?								3a(i)		
	(ii) Related organizations?										
h	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the								56		
	t VI Land, Buildings, and Equipn		Swinchti	unus.							
	Complete if the organization answere		0. Part IV	/. line 11a. S	See Form 990.	Part X. lir	ne 10.				
	Description of property	(a) Cost or c	other	(b) Cost	or other	(c) Acc	umulated		(d) Boo	k value	
	Land	basis (investr	nent)	Dasis	(other)	depre	eciation				
	Land										
	Buildings										
	Leasehold improvements			5	2,221.	F	51,17	7		1,04	4
	Equipment				-,		/ - , - /	· •		-,0+	± •
	Other		Y line 1	00 00/000	(B))					1,04	4
Total	Aud mies ra through re. (Column (d) must e	-quai i Unii 990, Parl	л, ше Г							-, • =	<u>т</u> ө

Schedule D (Form 990) (Rev. 12-2024)

Schedule D (Form 990) (Rev. 12-2024) ROGUE RIVER WATERSHED COUNCI

Part VII Investments - Other Securities Complete if the organization answered "Yes" on Form 990, Part IV, line 11b, See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) RIGHT-OF-USE ASSET - OPERATING LEASE	53,800.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	53,800.
Part X Other Liabilities	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 2	5.
1. (a) Description of liability	(b) Book value

(1) Federal income taxes	
(2) LEASE LIABILITY - OPERATING LEASE	53,800.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, line 25, col. (B))	53,800.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) (Rev. 12-2024)

Sche	dule D (Form 990) (Rev. 12-2024) ROGUE RIVER WATERSHED C	OUNCIL	11-3823736 Page 4
	t XI Reconciliation of Revenue per Audited Financial State		
	Complete if the organization answered "Yes" on Form 990, Part IV, line "	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat		enses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4b	
-	Add lines 4a and 4b		
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G (Form 990)	Complete if the	ntal Information organization answer rganization entered r	red "Yes" on	Form	990, F	Part IV, line 17, 18, c			OMB No. 1545-0047	
(Rev. December 2024) Department of the Treasury	U		o Form 990 o						Open to Public	
Internal Revenue Service		o www.irs.gov/Form9	90 for instru	ctions	and t	he latest informatio			Inspection	
Name of the organization		τντο ωλητος		NOT	т.				dentification number	
ROGUE RIVER WATERSHED COUNCIL 11-3823736 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not										
	required to complete this part.									
	0	ed funds through any		0						
a Mail solicitat		e			-	overnment grants				
b Internet and c Phone solici	email solicitations	f g			-	nment grants events				
d In-person so		9		Turiure	lisiing	events				
2 a Did the organization	on have a written c	r oral agreement with	any individual	(inclu	ding o	fficers, directors, trus	stees,	or		
		art VII) or entity in conr	•			U U			es No	
b If "Yes," list the 10 compensated at le	•	viduals or entities (fund	Iraisers) pursı	uant to	agree	ements under which t	the fu	ndraiser is t	o be	
	ast \$5,000 by the	organization.								
(i) Name and addres or entity (fund		(ii) Activit	у	have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	to (o f	Amount paid r retained b undraiser ed in col. (i)	y) to (or retained by)	
				Yes	No					
Total										
3 List all states in whi or licensing.	ich the organizatio	n is registered or licen	sed to solicit	contrib	outions	s or has been notified	d it is i	exempt fron	n registration	

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

Schedule G (Form 990) (Rev. 12-2024)

Schedule G (Form 990) (Rev. 12-2024) ROGUE RIVER WATERSHED COUNCIL

11-3823736 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

Hevenue		DINNER/AUCTI ON		NONE	(d) Total events (add col. (a) through
evenu		(event type)	(event type)	(total number)	col. (c))
řl	1 Gross receipts	62,525.			62,525.
	2 Less: Contributions	49,695.			49,695.
	3 Gross income (line 1 minus line 2)	12,830.			12,830.
	4 Cash prizes				
s	5 Noncash prizes				
beuse	6 Rent/facility costs				
Ulrect Expenses	7 Food and beverages	11,827.			11,827.
	8 Entertainment9 Other direct expenses	10,503.			10,503.
.	10 Direct expense summary. Add lines 4 through	-			22,330
	11 Net income summary. Subtract line 10 from lin				-9,500
	rt III Gaming. Complete if the organization a				-
	\$15,000 on Form 990-EZ, line 6a.				.
aniavau		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
	1 Gross revenue				
ses	2 Cash prizes				
	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	Enter the state(s) in which the organization condu Is the organization licensed to conduct gaming ac If "No," explain:	cts gaming activities: tivities in each of these			YesNo
	Were any of the organization's gaming licenses re If "Yes," explain:			year?	Yes No

432082 01-14-25

Schedule G (Form 990) (Rev. 12-2024)

Sch	iedule G (Form 990) (Rev. 12-2024) ROGUE RIVER WATERSHED COUNCIL 11-3	823	736	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No
12	Indicate the percentage of gaming activity conducted in:		100	
		40-	I	07
	a The organization's facility	13a		%
	a An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	🗌 No
ł	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
	s If "Yes," enter the name and address of the third party:			
C	in res, enter the hame and address of the tillio party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
ł	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lii	0 206	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	165 5,	30, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional mormation. See instructions.			

Schedule G	i (Form 990)	ROGUE RIV	VER WATERSHEI	COUNCIL	11-3823736 Page 4
Part IV	Supplemental	Information (continu	VER WATERSHEI		

SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ	OMB No. 1545-0047		
(Rev. December 2024) Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection		
Name of the organizatio	ROGUE RIVER WATERSHED COUNCIL		identification number 823736		
	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS				
	LIENCE IN ROGUE RIVER WATERSHEDS THROUGH ECOL	OGICAL			
RESTORATION	AND ENGAGEMENT WITH COMMUNITY PARTNERS.				
FORM 990, PA	RT III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:			
	ESTORATION, INCLUDING RIPARIAN REHABILITATION				
	EST MANAGEMENT PRACTICES TO HELP RECOVER NATI		NT		
COMMUNITIES,	PRIMARILY FOCUSED ON EXCLUDING LIVESTOCK AND	SUPPR	ESSING		
NOXIOUS WEED	S. ADDITIONAL EFFORTS TO ENCOURAGE NATIVE PLA	NT SUR	VIVAL		
ARE INCLUDED	IN FUTURE STEWARDSHIP. WHEN NECESSARY, NATIV	E PLAN	Т		
SPECIES ARE	PLANTED TO CONTRIBUTE SHADE TO THE STREAM AND	INCRE	ASE		
SLOPE STABIL	ITY TO HELP PREVENT EROSION. MORE OFTEN THAN	NOT, Н	OWEVER,		
WE ALLOW NAT	IVE SPECIES TO RECRUIT NATURALLY AT OUR STREAD	MSIDE			
RESTORATION	PROJECTS.				
THESE ACTION	S RESTORE NATURAL PROCESSES THAT IMPROVE WATE	R OUAL	ITY AND		
	-QUALITY AQUATIC AND TERRESTRIAL HABITATS THA				
	O-SYSTEM AND ROBUST FISH, PLANT, AND ANIMAL PO				
FORM 990, PA	RT III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	NTS:			
	BAN AREAS PROVIDE WATER QUALITY BENEFITS INCL				
	REAM BANK EROSION, INCREASED SHADING, AND DEC				
	BACTERIA ENTERING THE STREAM.				
THE COUNCIL	ALSO WORKS WITH DRINKING WATER PROVIDERS TO S'	ͲϼϫͲϝϲ	TCALLY		
	GICAL RESTORATION PRACTICES AND ON FARM AGRIC				
IMPROVEMENTS TO BENEFIT SOURCE WATER PROTECTION EFFORTS.					
	RT III, LINE 4D, OTHER PROGRAM SERVICES:				
	THE COUNCIL USES MONITORING INFORMATION TO A				
			SURE THE		
	HE COUNCIL'S ACTIVITIES. CURRENTLY, THE COUNC				
	Y PARAMETERS IN BEAR, LITTLE BUTTE, AND ELK C				
	LDFIRE, THE UPPER ROGUE COHO STRATEGIC ACTION	PLAN,	AND A		
	IRRIGATION SYSTEM IMPROVEMENT.				
EXPENSES 5 2	8,899. INCLUDING GRANTS OF \$ 0. REVENUE \$	0.			
FORM 990 PA	RT VI, SECTION B, LINE 11B:				
	IS PREPARED BY INDEPENDENT ACCOUNTANT, AND R	EVTEWE	DBY		
	THE FORM IS THEN PRESENTED TO THE BOARD FOR R				
PRIOR TO FIL					
	1101				
FORM 990, PA	RT VI, SECTION B, LINE 12C:				
	NITORS AND ENFORCES COMPLIANCE WITH THIS POLI	CY BY	REVIEWING		
ANNUAL CONFL	ICT OF INTERESTS STATEMENTS AND TAKING OTHER 7	ACTION	S AS		
NECESSARY FO	R EFFECTIVE OVERSIGHT.				
	RT VI, SECTION C, LINE 19:				
	MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF IN				
	ATEMENTS AVAILABLE UPON REQUEST. THE FINANCIA ALSO AVAILABLE ON THE COUNCIL'S WEBSITE.	L STAT	ENENIS AND		
FORM 990 ARE	ALSO AVAILADLE ON THE COUNCIL 5 WEBSITE.				
Ear Daparwork Baduat	ion Act Notice, see the Instructions for Form 000 or 000-F7	adula O (Ea	rm 990) (Poy 12-2024)		

Schedule O (Form 990) 2024 Name of the organization	Page 2 Employer identification number
ROGUE RIVER WATERSHED COUNCIL	11-3823736
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ENVIRONMENTAL DESIGN, CONSTRUCTION AND RESTORATION:	
PROGRAM SERVICE EXPENSES	1,927,649.
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,927,649.
OTHER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES	4,636. 0.
TOTAL EXPENSES	4,636.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	1,932,285.