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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 black lung benefit trust or private foundation)

OMB No 1545-0047 2009 Open to Public

, , ,		,	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black	k lung	2009
Dep	partment of the ernal Revenue S	Treasury Service	benefit trust or private foundation) The organization may have to use a copy of this return to satisfy state reporting require	ements	Open to Public Inspection
_					mapecaon
<u>A</u>			ear, or tax year beginning , and ending		
8	Check if applicable	use iRS	C Name of organization	D Employe	er identification number
Ц	Address change	label or	MOUNT PISGAH ARBORETUM	00.7	2245074
	Name change	print or	Doing Business As	23-1	345974
П	Initial return	type	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephon	
님		See Specific	34901 FRANK PARRISH ROAD	541-	·747-3817
Ш	Termination	Instruc-	City or town, state or country, and ZIP + 4	G Gross receipt	s s 360,306
	Amended return	tions.	EUGENE OR 97405		
\Box	Application pendi	F Name	and address of principal officer	H(a) Isthisag	roup return for
ш	Application penul	''Y		affiliates?	
				H(b) Are all aff	iliates 🗂 ,
				included?	
_	_	tatus X		ii No, ai	tach a list. (see instructions)
<u> </u>	Tax-exempt s				_
J	Website:		PISGAHARBORETUM.ORG	^ 7 A	emption number
	Type of organiza			<u>974 m</u>	State of legal domicile OR
	Part I	Summai	У		
	1 Briefly	describe th	ne organization's mission or most significant activities		
0	MA	INTAIN	ING PACIFIC NORTHWEST PLANT COMMUNITIES, OFFERING ENVIRON	MENTAL	•
2	ED	UCATION	PROGRAMS FOR ALL AGES. PROVIDING FACILITIES FOR THE PU	JBLIC AN	D
Ë	AC	CESS TO	RESTORED AND MAINTAINED NORTHWEST LANDSCAPE.		
Governance	2 Check	this box	if the organization discontinued its operations or disposed of more than 25% of its net assets		
ŏ	3 Numb		members of the governing body (Part VI, line 1a)		13
oð v	4 Numb	•	endent voting members of the governing body (Part VI, line 1b)		13
itie	5 Total				17
Activities &	5 Total		employees (Part V, line 2a)		
ĕ			rolunteers (estimate if necessary)		600
	1	-	ated business revenue from Part VIII, column (C), line 12	7a	
_	b Net ur	nrelated bus	siness taxable income from Form 990-T, line 34	7b	, 0
	• • • • • •		grants (Part VIII, line 1h) RECEIVED	ir	Current Year
ф	8 Contri		140		238,306
Ē	9 Progra		revenue (Part VIII, line 2g)		146,602
Revenue	10 Invest		ne (Part VIII, column (A), lines 3, 4, and 7d) NOV 1 5 2010		-32,532
_	11 Other		art VIII, column (A), lines 5, 6d, 8c, 9c, 20c, and 11e)		7,930
	12 Total	revenue – a	dd lines 8 through 11 (must equal Part VIII, column (A)-line-12)		360,306
	13 Grant	s and simila	ir amounts paid (Part IX, column (A), lines 1-3) GDEN, UI		
) }	14 Benef	its paid to o	r for members (Part IX, column (A), line 4)	l	
ົ່ທ	15 Salan	es, other co	mpensation, employee benefits (Part IX, column (A), lines 5–10)		227,231
Expenses	16a Profes	ssional fund	raising fees (Part IX, column (A), line 11e)		•
Ped	b Total		expenses (Part IX, column (D), line 25) ▶ 36, 921		······································
ŭ	17 Other	-	Part IX, column (A), lines 11a–11d, 11f–24f)		128,094
	1	-	Add lines 13–17 (must equal Part IX, column (A), line 25)		355,325
,	1		penses Subtract line 18 from line 12		4,981
<u> </u>	2 (7 CAG)	IUC ICSS CX	Beginning of Cur	rent Year	End of Year
Net Assets or	20 Total	assets (Par		0,425	945,470
A88.	T 21 Total	•		6,965	21,046
ă,	22 Net 2	,		3,460	924,424
	Part II	Signatu		3, 400	727,323
				 	
		and belief it	use of perjury, I declare that have examined this return, including accompanying schedules and statements, and if true correct, and committee Declaration of preparer (other than officer) is based on all information of which prej	to the best of n	ny knowledge nowledge
۵.			adore M My	,	
	gn				1
He	ere		re of officer	Date //	10/2010
	1	· m	es voce W ralmor, Irassurer		
		Type or	print name and title		
		Preparer's	Date Check	ıf T	Preparer's identifying number
	aid	signature	11/11/10 self-employ	ed ▶ □	(see instructions) P00240884
Pr	eparer's	<u></u>	EMGE & WHYTE	 	93-0991735
Us	se Only	Firm's name	(or yours	EIN ►	73 0771133
		if self-employ address, and		Phone	5/1-/OF 2100
_			· · · · · · · · · · · · · · · · ·	no 🕨	541-485-2100
Ma	iv the IRS disk	CUSS THIS FE	turn with the preparer shown above? (see instructions)		Yes No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

Form 990 (2009) 917

Pa	art III Statement of Program Service Accomplishments	
	Bnefly describe the organization's mission	,
	AINTAINING PACIFIC NORTHWEST PLANT COMMUNITIES, OFFERING ENVIRO	
	DUCATION PROGRAMS FOR ALL AGES. PROVIDING FACILITIES FOR THE P	UBLIC AND
Α	CCESS TO RESTORED AND MAINTAINED NORTHWEST LANDSCAPE.	
	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
	If "Yes," describe these new services on Schedule O	
	Did the organization cease conducting, or make significant changes in how it conducts, any program	Yes X No
	services?	Yes X No
	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 120,960 including grants of \$) (Revenue \$)
M	AINTAIN ARBORETUM WHICH IS OPEN TO PUBLIC 365 DAYS A YEAR. NO A	DMISSION IS
C	HARGED (DONATIONS ARE ENCOURAGED).	
		1
	(Code) (Expenses \$ 86,661 including grants of \$) (Revenue \$	
E M	(Code)(Expenses \$ 86,661 including grants of \$) (Revenue \$ EDUCATION PROGRAM-GUIDED TOURS FOR K-5 STUDENTS; WORKSHOPS FOR C MEMBERS AND PRODUCTION AND DISTRIBUTION OF BROCHURES ON THE FLOR OF THE AREA.	
	·	
S R	(Code)(Expenses \$ 35,018 including grants of \$) (Revenue \$ SPECIAL EVENTS TO INCREASE AWARENESS OF ARBORETUM'S COLLECTIONS RESOURCES, WILDFLOWER SHOW IN SPRING, MUSHROOM FESTIVAL IN FALL, CVETNS, BIRD WALKS, PLANT SALES AND GUIDED TOURS.	
	·	
		
	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$	
40	Total program service expenses ► 242,639	Form 990 (2000)

-om	1990 (2009) MOUNI PISGAN ARBORETUM 23-7343974			۲	age 、
Pŧ	art IV Checklist of Required Schedules			Г	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	•		Yes	No
'	complete Schedule A		1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1	
•	candidates for public office? If "Yes," complete Schedule C, Part I		3		Χ
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		Χ
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? 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 Schedule D, Part III		8		Χ
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			v	
	VII, VIII, IX, or X as applicable		11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI				
_	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more				
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
	reported in Part X, line 169 If "Yes," complete Schedule D, Part IX				
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII		12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13	ļ	<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				v
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		4.5		v
4.0	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15	<u> </u>	_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		46		v
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		16	 	X
• •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		- ''-	<u> </u>	47
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III		19	L_	Χ

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Forn	n 990 (2009) MOUNT PISGAH ARBORETUM 23-7345974	· · · · · · · · · · · · · · · · · · ·	P	age 4
P	art IV Checklist of Required Schedules (continued)	•	1	
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			37
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			7
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			v
	employees? If "Yes," complete Schedule J	- 23		X
24a	. J			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			v
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			1
	to defease any tax-exempt bonds?	24c		
d		24d		
25a	(// ,			v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	'		l
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			v
	990-EZ? If "Yes," complete Schedule L, Part I	25b	-	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	1		v
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			ĺ
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			v
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			Ė
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			1 7
	Schedule L, Part IV	28b	ļ	X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			v
~~	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			v
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	1		v
32	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	,		v
33	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
34	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, Parts II,			v
35	III, IV, and V, line 1	34		X
33	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	25		v
26	Schedule R, Part V, line 2	35	 -	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			v
37	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
31	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,	Į.	1	í

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Form **990** (2009)

38

38

Part VI

<u></u>	to i determine regarding office into i image and tax compilation				
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	l I		Yes	No
	U.S. Information Returns Enter -0- if not applicable	1a 2			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report				
•	gaming (gambling) winnings to prize winners?	abic	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		10		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	v			
	this return?	•	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	onty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	aal			
	account)?		4a		X
þ	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	ık			
	and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng			
	Prohibited Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible?		6a		X
þ	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).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ds	_		.,
	and services provided to the payor?		7a		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		_		v
A	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7с		X
. u e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal funds.			1	
-	benefit contract?	oliai	7e	1	Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		'y		
-•	required?		7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			1	
	organization, have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	, ,			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b		1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	l	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
			Form	ı 990	(2009)

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

Sec	tion A. Governing Body and Management			
4.	Enter the number of voting members of the governing body		Yes	No_
1a _	1 1 2	-		
b		-		
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 or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	,	X
6	Does the organization have members or stockholders?	6		X X X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
-	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			,
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
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 in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			3.7
44-	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	425		. X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		. ^
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
·	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	1.7		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		,	,
	with a taxable entity during the year?	16a		Χ
b	If "Yes," has the organization adopted a written policy or procedure requining the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization THEODORE PALMER 34901 FRANK PARRISH ROAD			
	3	41-74	フ _つ	Q17
اند	JUL 2/403 3	- I - I - I - I	1-3	0 T /

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."

|X| Check this box if the organization did not compensate any current officer, director, or trustee

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
JON STAFFORD											
PRESIDENT	2.00	X		Χ				0'	0	0	
ANNE FORRESTEL	2 00			37					0	0	
VICE PRES RITA SVANKS	2.00	X	\vdash	Χ				0:	0	0	
SECRETARY	2.00	Х		Х				o	0	0	
THEODORE PALMER	2.00	^	┢	Λ						<u> </u>	
TREASURER	5.00	Х		Х				0	0	0	
RON FUNKE	3.33	1							<u>~</u>		
DIRECTOR	2.00	X						0:	0	0	
TIM KING											
DIRECTOR	2.00	Χ						0	0	0	
FRED TEPFER											
DIRECTOR	1.00	Х	ļ					0	0	0	
CYNTHIA ORLANDO	1	١									
DIRECTOR	1.00	Х	ļ	ļ	<u> </u>			0	0	0	
JUSTIN LANPHEAR	1 00	X						0	0	0	
DIRECTOR SCOTT ALTENHOFF	1.00	├^		-	-			U	0	0	
DIRECTOR	1.00	Х						0	0-	0	
CHRIS CULVER	1.00	 ^`		-	-			<u> </u>	<u></u>		
DIRECTOR	1.00	X						0	0:	0	
DAN UDOVIC		T	<u> </u>	 					 	•	
DIRECTOR	1.00	X				-		0	0	0	
LORRAINE DAVIS											
DIRECTOR	1.00	Х			ļ			0	0	~ 0	
•											
		<u> </u>		-		-					
			<u> </u>	<u> </u>							

Part \	(A) Name and Title	(B) Average			((C)	yees,		d Highest Compensated E (D) Reportable	(E) Reportable		• (F)		
		hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of " other compensation from the organization and related organizations		ation ie tion ted	
													<u>-</u>	
		<u> </u>											•	
													<u>.</u>	
													•	
					ļ 	_								
			ļ				<u> </u>							
4b T	otal							<u> </u>						
2 To	otal number of individuals (inc				ose	liste	d abo		L who received more than \$1	00,000 in	L			
re	portable compensation from	the organization	<u> </u>	0							·		Yes	No
er	d the organization list any foi nployee on line 1a? If "Yes,"	complete Schedu	le J	for s	uch i	ndıv	ıduaİ	•	,		f	3		Х
th	or any individual listed on line e organization and related or dividual											4	ļ	Х
5 Di	d any person listed on line 1a rvices rendered to the organ											5		X
Section	n B. Independent Contracto	ors												<u></u>
	omplete this table for your five empensation from the organiz	zation	nsate	d ind	depe	nder	nt cor	ntrac						
	Name and	(A) I business address						_	Descrip	(B) tion of services		Com	(C) pensation	1
									<u> </u>			<u> </u>		
											_			
				-								 -	-	
	otal number of independent core than \$100,000 in comper						to th	ose	listed above) who received					
DAA	ore trials a root one in compet	reaction from the C	- yai	سدهدا	JII P						<u>-</u>	Form	990 (2	2009

Pa	irt V	III Statement of Reve	nue					
	•				(A) Total revenue	(B) Related or - exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
8 8	1a	Federated campaigns	1a					
ant	, in	Membership dues	1b	55,017	1			
₽₽	٥	•	1c	- 33,017	I			
ī.	٠	Fundraising events	-		I	İ		
햞	a	Related organizations	1d	27 700	1			
Sins	е	Government grants (contributions)	1e	27,780	1			
Ě	†	All other contributions, gifts, grants, and similar amounts not included above		155 500	1			
들등		and summar amounts not included above	1f	155,509	1			
out	g		1f \$	2,818				,
Program Service Revenue Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f			238,306			
Jue				Busn. Code				
ve	2a	FESTIVAL			52,297	52,297		
å	b	RENTAL REVENUE			47,409	47,409		
Š	С	EDUCATION			46,896	46,896		
Ser	d							_
E	е	,						
ogu	f	All other program service reven	iue					
ڇ	g	Total. Add lines 2a-2f			146,602			
	3	Investment income (including d	ividends, ir	nterest, and				
		other similar amounts)		▶	-32,532			-32,532
	4	Income from investment of tax-	exempt bo	nd proceeds	,			- · · -
	5	Royalties		•				
		(ı) Real		(II) Personal				
	6a	Gross Rents		T,				
	b	Less rental exps		-	` [
	C	Rental inc or (loss)			1			
	ď	Net rental income or (loss)			Ī	1	:	
		Gross amount from (i) Securities		(ii) Other				
		sales of assets	'	(II) Other	Į.	į	:	
		other than inventory					:	
	b	Less cost or other			I			
		basis & sales exps			1			
	١.	Gain or (loss)	L		ŧ			
	d	Net gain or (loss)						
ē	8a	Gross income from fundraising ever	its		1			
en		(not including \$			Ī			
8		of contributions reported on line 1c)			1			
Other Revenue		See Part IV, line 18	a		1	l		
높		Less direct expenses	ь		1			
•		Net income or (loss) from fundr		nts 🕨				
	9a	Gross income from garning activities	3	1	1	į		
		See Part IV, line 19	a		1			
	b	Less direct expenses	ь					
	С	Net income or (loss) from gami	ng acti <u>vitie</u> :	s 🕨				
	10a	Gross sales of inventory, less			1			
		returns and allowances	a	1,262	I			
	b	Less cost of goods sold	ь		1			
		Net income or (loss) from sales	of invento	ry 🕨	1,262	1,262		
		Miscellaneous Revenue		Busn Code		·		
	11a	MISCELLANEOUS REVENUE			6,668	6,668	•	•
	b					,		
	c	•			-		·	
	d	All other revenue						
	e	Total. Add lines 11a–11d		—	6,668			
	12	Total Revenue. See instruction	ns	.	360,306	154,532	0	-32,532
				- I			•	, ,,,,,,,

Part IX **Statement of Functional Expenses**

MOUNT PISGAH ARBORETUM

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and			1	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22		<u></u> _		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				~
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	185,089	123,234	43,851	18,004
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	42,142	28,058	9,984	4,100
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				•
С	Accounting				
d					
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	19,164	12,118	3,570	3,476
12	Advertising and promotion	5,449	1,661	3.7.3	3,788
13	Office expenses	44,374	26,309	10,613	7,452
14	Information technology		20,005		.,
15	Royalties				
16	Occupancy	13,209	11,349	1,860	
17	Travel	13,203	11,545		
18	Payments of travel or entertainment expenses				
10	•				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19					
20	Interest				
21	Payments to affiliates	25 400	24 002	/1 E	
22	Depreciation, depletion, and amortization	25,490 17,917	24,993 12,445	415 5,472	82
23	Insurance	17,917	12,445	5,4/2	
	Others are as a second to			-	
24	Other expenses Itemize expenses not			-	
	covered above (Expenses grouped together			Į.	
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				······
а	FUEL	1,952	1,933		19
þ	AUTO PARTS	539	539		
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	355,325	242,639	75,765	36,921
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
					- 000

Page 10

423,074

3,364

9,183

21,046

467,364

442,746

426,251

793,460

810,425

30

31

32

33

34

14,314

(B)

End of year

Form 990 (2009) MOUNT PISGAH ARBORETUM 23-7345974 Part X **Balance Sheet** (A) Beginning of year 87, 773 Cash-non-interest bearing 254 Savings and temporary cash investments 2 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 272,494 b Less accumulated depreciation 10c Investments—publicly traded securities 11 11 449,904 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 810,425 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,893 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 Deferred revenue 6,660 19 20 Tax-exempt bond liabilities 20 21 21 Liabilities Escrow or custodial account liability Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 8,412 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 16,965 Total liabilities. Add lines 17 through 25 26 26 Net Assets or Fund Balances Organizations that follow SFAS 117, check here > |X| and complete lines 27 through 29, and lines 33 and 34. 271,905 27 Unrestricted net assets 27 95,304 28 Temporanly restricted net assets 28

Form 990 (2009)

924,424

29

30

31

32

33

Permanently restricted net assets

Total net assets or fund balances

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that do not follow SFAS 117, check here ▶

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building, or equipment fund

Pa	rt XI Financial Statements and Reporting	· ·				
			Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			İ		
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Χ			
b	Were the organization's financial statements audited by an independent accountant?	2b		X		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Χ	L		
	If the organization changed either its oversight process or selection process during the tax year, explain in		1	Ė		
	Schedule O			Ė		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			į		
	issued on a consolidated basis, separate basis, or both		-	ĺ		
	X Separate basis Consolidated basis Both consolidated and separate basis			į		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?	3a		Χ		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		_			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b				
	Forr					

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Quen to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MOUNT PISGAH ARBORETUM

Employer identification number 23-7345974

Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b Type II c Type III-Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(II) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(III) Provide the following information about the supported organization(s) (i) Name of supported (iv) is the organization (v) Did you notify (III) Type of organization (vi) is the (VII) Amount of organization (described on lines 1-9 the organization in organization in col in col (i) listed in your support col (i) of your (i) organized in the above or IRC section governing document? support? 1157 (see instructions)) Yes Yes No Yes Nο

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its hehalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources q Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III .Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	cked the box e	mine o or r ar	· · · · · · · · · · · · · · · · · · ·			
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	225,686	240,551	298,734	148,758	238,306	1,152,035
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	76,712	79,724	97;332	165,851	154,532	574,151
3	Gross receipts from activities that are not an unrelated trade or business under section 513					-	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge		24,000	- 26,460	24,000	24,000	98,460
6	Total. Add lines 1 through 5	302,398	344,275	422,526	338,609	416,838	1,824,646
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						,
С	Add lines 7a and 7b	-					
8	Public support (Subtract line 7c from line 6)						1,824,646
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	302,398	344,275	422,526	338,609	416,838	1,824,646
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,106	70,181	78,593	-158,182	-32,532	8,166
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					-	
С	Add lines 10a and 10b	50,106	70,181	78,593	-158,182	-32,532	8,166
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	,					
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	352,504	414,456	501,119	180,427	384,306	1,832,812
14	First five years. If the Form 990 is for the o organization, check this box and stop here	rganızatıon's first, s	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3	3)	. □
Sec	tion C. Computation of Public Su	nnort Percents	200				
15	Public support percentage for 2009 (line 8,		_			. 15	99.55%
16	Public support percentage for 2009 (line 6, 4)	* *	•	' ''		16	97.66 %
	tion D. Computation of Investmen					10	31.00 /6
17	Investment income percentage for 2009 (lin			olumn (f))		17	<u>%</u>
18	Investment income percentage from 2008 S	**	=			18	
19a	33 1/3 % support tests—2009. If the organ			4, and line 15 is mo	ore than 33 1/3 %.		
b	17 is not more than 33 1/3 %, check this bo 33 1/3 % support tests—2008. If the organ	x and stop here . The	he organization qua	alifies as a publicly	supported organiza	ation	▶ ∑
-	line 18 is not more than 33 1/3 %, check this						▶ [
20	Private foundation. If the organization did	=	•				▶ [

Schedule A (Form 990 or 990-EZ) 2009 MOUNT PISGAH ARBORETUM 23-7345974

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

> Open to Public Inspection

Name of the organization			Employer identification number		
MC	DUNT PISGAH ARBORETUM		23-73	45974	
Pa	organizations Maintaining Donor Advised Funthe organization answered "Yes" to Form 990, P	ds or Other Similar Funds or Adart IV, line 6.	ccounts.	Complete if	
		(a) Donor advised funds	(b) F	unds and other accounts	
1	Total number at end of year				
2	Aggregate contributions to (dunng year)		_		
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised				
	funds are the organization's property, subject to the organization's exclusive legal control?				
6	Did the organization inform all grantees, donors, and donor advisors in wr	riting that grant funds can be			
	used only for chantable purposes and not for the benefit of the donor or d	onor advisor, or for any other			
	purpose conferring impermissible private benefit?			Yes No	
Pa	rt II Conservation Easements. Complete if the orga	nization answered "Yes" to Form	990, Pa	rt IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check al	I that apply)			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land	area	
	Protection of natural habitat	Preservation of certified historic st	ructure		
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified conserva-	ition contribution in the form of a conservat	ion		
	easement on the last day of the tax year				
			1	leld at the End of the Tax Year	
а	Total number of conservation easements		2a		
þ	Total acreage restricted by conservation easements				
С	Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 2d				
d					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during				
	the taxable year				
4	Number of states where property subject to conservation easement is located				
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?				
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year				
_	<u></u>				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	servation easements during the year			
•					
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section		Yes No	
•	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ı)?	A A		☐ Yes ☐ No	
9	In Part XIV, describe how the organization reports conservation easement balance sheet, and include, if applicable, the text of the footnote to the organization.	•			
	the organization's accounting for conservation easements	ganization s ilitariciai statements that descr	1003		
Pa	rt III Organizations Maintaining Collections of Art, I		imilar As	sets.	
	Complete if the organization answered "Yes" to		_		
1a	If the organization elected, as permitted under SFAS 116, not to report in				
	art, historical treasures, or other similar assets held for public exhibition, e	·	olic service,		
	provide, in Part XIV, the text of the footnote to its financial statements tha		6	-	
þ	If the organization elected, as permitted under SFAS 116, to report in its r				
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public s	service,		
	provide the following amounts relating to these items (i) Percentage included in Form 000, Part VIII, line 1			r	
	(i) Revenues included in Form 990, Part VIII, line 1			<u> </u>	
_	(ii) Assets included in Form 990, Part X	has a smaller mars to face for a second second		3 – – – – –	
2	If the organization received or held works of art, historical treasures, or of	•	e the		
_	following amounts required to be reported under SFAS 116 relating to these items				
a	Revenues included in Form 990, Part VIII, line 1		P	•	
D	Assets included in Form 990, Part X		•	\$	

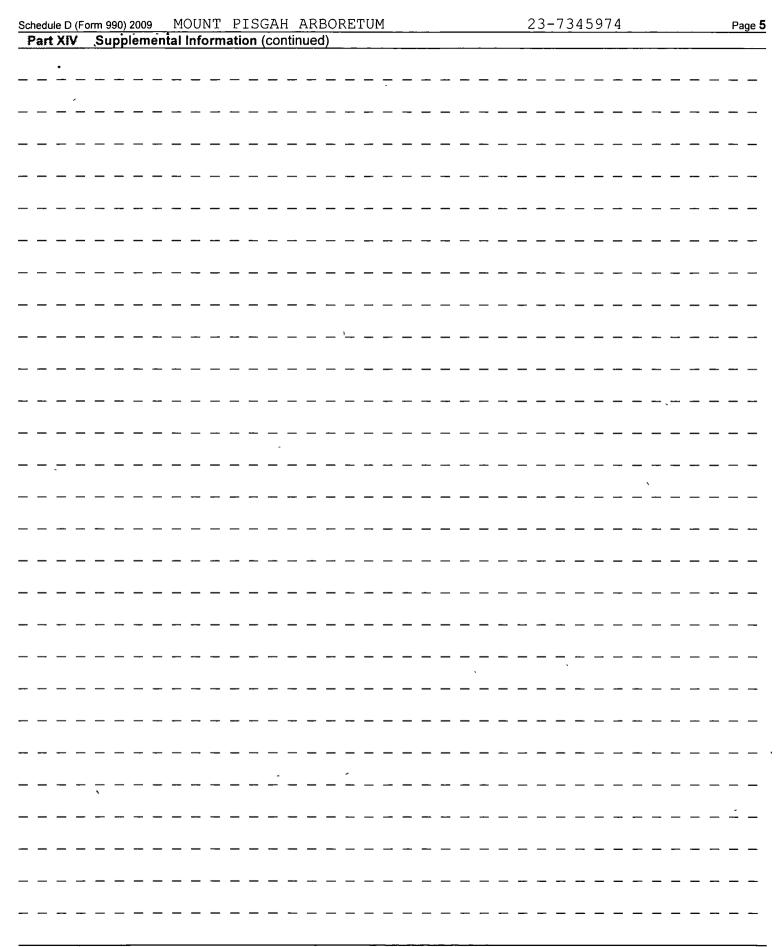
Part VI	Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10							
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		`						
b Building	gs							
c Leaseh	old improvements							
d Equipm	nent							
e Other			577,177	154,103	423,074			
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))					423,074			

Schedule D (Form 990) 2009

Part VII Investments—Other Securities. See Form 990,	Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
Financial derivatives			
Closely-held equity interests			
Other OREGON COMMUNITY FOUNDATION EN	462,120	MARKET	
	· · · -		
			
		· · · · · ·	
	·		· · · · -
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	462,120		
Part VIII Investments—Program Related. See Form 990	, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
			
	· · · · · · · · · · · · · · · · · · ·		
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			· · · · · · · · · · · · · · · · · · ·
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
			
	· ·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line 25. (a) Description of liability			
1 (a) Description of liability Federal income taxes	(b) Amount		
r ederal income taxes			,
• • • • • • • • • • • • • • • • • • • •			
			·
			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organiza	ition's financial statements t	hat reports the	

organization's liability for uncertain tax positions under FIN 48

and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information



SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

MOUNT PISGAH ARBORETUM

Employer identification number 23-7345974

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 OFFICERS OF THE ORGANIZATION REVIEW 990 BEFORE SUBMISSION

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
.
UPON REQUEST

Forms Mortgages and Other Notes Payable						
990 / 990-PF		20 1		2	009	
Name	For calendar year 200	09, or tax year beginning	, and ending	Employer Identification	n Number	
MOUNT PISGAH ARBORETUM			23-7345974			
FORM 990, PA	ART X, LINE 23	- ADDITIONAL	INFORMATION	··		
	Name of lender		Relationship to di	squalified person		
(1) JOHN DEERE TRACTOR LOAN			Netationally to disqualified person			
(2)						
(3)						
(4) (5)	<u> </u>			<u></u>		
(6)						
(7)						
(8)						
(9)						
(10)						
Onginal amoui borrowed	nt Date of loan	Maturity date	Repayment terms		Interest rate	
(1) 15,	778 07/01/0	7 07/01/12			7.900	
(2)						
(3)						
(4) (5)						
(6)	"					
(7)						
(8)						
(9) (10)				-		
(10)						
	Security provided by borrow	er	Purpose	of loan		
(1) TRACTOR			PURCHASE EQUIPMENT			
(2)		 				
(4)						
(5)						
(6)						
(7) (8)						
(9)	· · · · · · · · · · · · · · · · · · ·			·		
(10)						
Consideration framehold by lands-			Balance due at beginning of year	Balance due at end of year		
Consideration furnished by lender (1)			8,412	9,183		
(2)						
(3)						
(4)	-					
(5) (6)						
(7)						
(8)						
(9)				 		
(10) Totals			8,412		9,183	