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Department of the Treasury

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

Open to Public

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

Internal Revenue Service Inspection A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009 D Employer identification number Name of organization B Check if applicable Please Vancouver National Historic Reserve Trus use IRS label or Address change dba Fort Vancouver National Trust Doing Business As -1937645 E Telephone number print or type. See Name change (360) 992-1805 Specific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 2,936,415 750 Anderson St Terminated tions. Amended return City or town, state or country, and ZIP + 4 Vancouver, WA 986613855 Application pending Name and address of principal officer Is this a group return for affiliates? 750 Anderson St Vancouver, WA 986613855 H(b) Are all affiliates included? If "No," attach a list (see instructions) Group exemption number 🕨 **Website: ►** www fortvan org L Year of formation 1998 M State of legal domicile Summary Briefly describe the organization's mission or most significant activities To advance the preservation and educational purposes of the vancouver national historic reserve for the public benefit Activities & Governance Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets 27 Number of voting members of the governing body (Part VI, line 1a) . . 27 Number of independent voting members of the governing body (Part VI, line 1b) 22 Total number of employees (Part V, line 2a) . 450 Total number of volunteers (estimate if necessary) . . . Total gross unrelated business revenue from Part VIII, column (C), line 12 . 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 1,541,060 640,709 Program service revenue (Part VIII, line 2g) . 552,802 359,233 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,650 43,818 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 453,284 386,662 11 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 2,551,796 1,430,422 13 3,700 1,000 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-Expenses 862,389 657,720 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 249,839 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 1,048,577 502,336 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,914,666 1,161,056 Revenue less expenses Subtract line 18 from line 12 . 637,130 269,366 t Assets or nd Balances Beginning of Current **End of Year** Year 3,273,054 20 2,575,017 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 379,957 563,043 Net assets or fund balances Subtract line 21 from line 20 22 2,195,060 2,710,011 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sian 2011-01-18 Signature of officer Here Michael True CFO Type or print name and title Date Check if Preparer's identifying number Preparer's Jason R Orme (see instructions) Paid empolyed 🕨 🔽 Preparer's Firm's name (or yours Talbot Korvola & Warwick LLP EIN ▶ if self-employed), **Use Only**

4800 SW Macadam Suite 400

Portland, OR 972393973

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

address, and ZIP + 4

Phone no (503) 274-2849

Cat No 11282Y

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Total program service expenses►\$

TO ADVANCE THE EDUCATIONAL AND PRESERVATION PURPOSES OF THE VANCOUVER NATIONAL HISTORIC RESERVE, TO SUPPORT ITS RESERVE PARTNERS IN A COLLECTIVE EFFORT TO PRESERVE, ENHANCE AND OPERATE THE RESERVE FOR PUBLIC BENEFIT THROUGH EDUCATION, RESOURCE DEVELOPMENT, COMMUNITY, IDENTITY, PROGRAMS AND CULTURAL EVENTS

2	Did the organization the prior Form 990		rogram services during the year	r which were not listed on	┌ Yes ┌ No
	If "Yes," describe t	hese new services on Schedu	ile O		
3	Did the organization	σ,	significant changes in how it co	nducts, any program	┌ Yes ┌ No
	If "Yes," describe t	hese changes on Schedule O			
4	Section 501(c)(3)	and 501(c)(4) organizations	each of the organization's three and section 4947(a)(1) trusts a venue, if any, for each program :	are required to report the am	
4a	(Code) (Expenses \$	ıncludıng grants of \$	1,000) (Revenue \$	215,520)
	PEOPLE EDUCATIONA STUDENTS), 4TH OF YOUTH LEADERSHIP A SERIES (HELD AT LOC	AL COMPONENTS ARE SHOWN IN PAR JULY - CANCELLED FOR 2009 BUT P AWARD (CIVICS/ CITIZENSHIP COMF	THE FOLLOWING CELEBRATE FREEDOI RENTHESIS THE FLAG DAY CEREMONY LANNING FOR 2010, VETERANS PARAD PETITION FOR LOCAL HIGH SCHOOL JUI ENT QUESTIONS FOR THE LECTURER), IS	((PATRIOTIC ESSAY COMPETITION DE, THE MARSHALL PUBLIC LEADER NIORS/SENIORS), THE GENERAL (N FOR LOCAL FIFTH GRADE RSHIP AWARD, THE MARSHALL GEORGE C MARSHALL LECTURE
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	143,713)
-	program, Christmas a Museum hosts travell	The Trust operates Pearson Air Muse it Pearson Air Museum and many oth ing exhibits such as Snoopy asthe W	eum and the educational activities inclu ner special education programs. In addi orld War I Flying Ace from the Charles in America's second oldest wood airpla	ition to the ongoing development M Schultz Museum As part of th	en Cockpit Day, Toddler reading of new exhibits, Pearson Air e Museum operations, Pearson
	(Code) (Expenses \$	including grants of \$) (Revenue \$	334,044)
-TC	Master Lease of City OVERSEES HISTORIC SERVING 110 RESIDE	of Vancouver Property AS THE HOLE PRESERVATION AND PRESERVATION	DER OF THE MASTER LEASE FOR OFFIC I EDUCATION, PROPERTY OPERATIONS Revenue and expenses for these activ	CERS ROW AND THE WEST BARRA S AND PROPERTY DEVELOPMENT O	CKS PROPERTIES, THE TRUST ON THE HISTORIC RESERVE
4d	Other program se	rvices (Describe in Schedule	O) See also Additional Data fo	or Description	
	(Expenses \$	•	grants of \$) (Revenue \$)

584,127

Checklist of Required Schedule

	•		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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	Yes	
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		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
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		No
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		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ 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	Yes	
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	ĺ	l	•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	j	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		N o
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		N o
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		N o
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		N o
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		N o
38	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	38	Yes	
		F	orm 990	(2009)

Form	Form 990 (2009)						
Par	t V Statements Regarding Other IRS Filings and Tax Compliance						
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal						

	of U.S. Information Returns . Enter -0- if not applicable					
		1a	:	21		
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 gaming (gambling) winnings to prize winners?	o vend	dors and reportable	. 1c	Yes	
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		22		
b	If at least one is reported on line 2a, did the organization file all required federal employee: If the sum of lines 1a and 2a is greater than 250, you may be required to e-fil instructions)			2b		No
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?	g the	year covered by this	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule (o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a sover, a financial account in a foreign country (such as a bank account, securities acaccount)?			4a		No
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, I Financial Accounts	Report	of Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	elter transaction?	5b		Νο
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-E Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$1 organization solicit any contributions that were not tax deductible?		· ·	6a		No
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?			s 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 contribute services provided to the payor?	on an	d partly for goods and	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services p	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper file Form 8282?	rty for •	which it was required	to . 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		_		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay benefit contract?			7e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a person					<u> </u>
_	For all contributions of qualified intellectual property, did the organization file Form 8		·	7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization for required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, or a donor advised fund maintained by a sponsoring organization business holdings at any time during the year?	anızat		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				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		\dashv		
11	Section 501(c)(12) organizations. Enter					
	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 99	0 ın lı	eu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

750 Anderson St vancouver, WA 98661 (360) 992-1800

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

Se	ection A. Governing Body and Management				
	edon A. Governing body and Hanagement			Yes	No
				103	140
1a	Enter the number of voting members of the governing body 1a	27			
Ь	Enter the number of voting members that are independent 1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rother officer, director, trustee, or key employee?	elationship with any	2		Νo
3	Did the organization delegate control over management duties customarily performed by or supervision of officers, directors or trustees, or key employees to a management company of the c		3		Νο
4	Did the organization make any significant changes to its organizational documents since th	· ·			
_	filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization		5		No
6	Does the organization have members or stockholders?		6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or governing body?		7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or o	other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions und year by the following	lertaken during the			
а	The governing body?		8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who can	nnot be reached at the	9		Νο
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		NO
	venue Code.)	ed by the Internal			
- 110	volue couci,			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10a		No
	If "Yes," does the organization have written policies and procedures governing the activities	s of such chanters			
	affiliates, and branches to ensure their operations are consistent with those of the organization	tion?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body	before filling the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	0			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interest to conflicts?	ts that could give rise	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the p describe in Schedule O how this is done	olicy? If "Yes,"	12c	Yes	
13	Does the organization have a written whistleblower policy?		13	Yes	
14	Does the organization have a written document retention and destruction policy?		14	Yes	
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 of the del	eration and decision?	15-	V	
	The organization's CEO, Executive Director, or top management official		15a	Yes	
D	Other officers or key employees of the organization		15b	Yes	
	If "Yes" to line a or b, 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 taxable entity during the year?		16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization	on to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and taken steps organization's exempt status with respect to such arrangements?		16b		
Se	ction C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed ►WA , OR				
18	Section 6104 requires an organization to make its Form 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 Own website. Another's website. Upon request	that apply			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing docu	ments, conflict of			
	interest policy, and financial statements available to the public See Additional Data Table	·		nia-+	. •
20	State the name, physical address, and telephone number of the person who possesses the beautiful Michael True	DOOKS and records of th	e orga	mizatior	1 F

Part VIII 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, and current key employees 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"
- 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1	For	m 990 (2009)			Page 8
\$100,000 in reportable compensation from the organization 1 Yes No	1b	Total	0		43,98
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	2	· · · · · · · · · · · · · · · · · · ·			
on line 1a ² If "Yes," complete Schedule J for such individual				Yes	No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual	3			,	No
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Name and business address City of Vancouver Po box 8995 Vancouver, WA 98668 Distinctive Landscape 16620 NE 72nd Ave Section B. Independent Contractors (B) (C) Compensation (C) Compensation Various 393,10	4	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		Yes	
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) (B) (C) Compensation City of Vancouver Po box 8995 Various Distinctive Landscape 16620 NE 72nd Ave	5	, ,		;	No
\$100,000 of compensation from the organization (A) Name and business address City of Vancouver Po box 8995 Various Distinctive Landscape 16620 NE 72nd Ave (B) Compensation Compensation Various 393,10 Landscaping 107,57	s	Section B. Independent Contractors			
Name and business address City of Vancouver Po box 8995 Various Distinctive Landscape 16620 NE 72nd Ave Description of services Compensation 393,10 Landscaping Landscaping 107,57		Complete this table for your five highest compensated independent contractors that received more the	a n		
Po box 8995 Various 393,10 Vancouver, WA 98668 Various 393,10 Distinctive Landscape Landscaping 107,57					
16620 NE 72nd Ave Landscaping 107,57	Po b	box 8995 Vanous			393,101
	166	Distinctive Landscape 16620 NE 72nd Ave Landscaping			107,572
2 Total number of independent contractors (including but not limited to those listed above) who received more than	_	Total number of independent contractors (including but not limited to those listed above) who recoved	more than		

Form **990** (2009)

\$100,000 in compensation from the organization >2

Form 99			(D					Page 9
Part	/1111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
\$ £	1a	Federated cam	paigns 1a	1				
필드	ь	Membership du	es 1b					
s,g am∡g	c	Fundraising eve	ents 1 c					
£ia	d	Related organiz	ations 1d					
Contributions, gifts, grants and other similar amounts	e	Government grants	s (contributions) 1e	87,113				
ation Sr. S	f	All other contribution	ons, gifts, grants, and 1f	553,596		ĺ		
ē¥.	g	Noncash contri	butions included in					
ξĚ		lines 1a-1f \$						
<u>ŏ≅</u>	h	Total. Add lines	s 1a-1f	•	640,709			
<u>e</u>				Business Code				
Program Serwce Revenue	2a	Celebrate Freedom	n Inco		215,520	215,520		
	Ь	Museum Income			143,713	143,713		
¥ Çe	C							
Š	d							
Ē	e	 						
i Bo	f	All other progra	im service revenue					
<u>*</u>	g	Total. Add lines	s 2a-2f		359,233			
	3	Investment inc	ome (ıncludıng dıvıden	ds, interest				
			ar amounts)		43,818			43,818
	4		tment of tax-exempt bond	proceeds ••				
	5	Royalties	() Dool	(u) Damanal				
	6a	Gross Rents	(ı) Real 1,767,150	(II) Personal				
	ь	Less rental	1,433,106					
	c	expenses Rental income	334,044					
		or (loss)		<u> </u>	224.044	224.044		
	d	Net rental inco	me or (loss) (i) Securities	(II) O ther	334,044	334,044		
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and	(i) Securities	(II) O thei				
		sales expenses						
	c d	Gain or (loss)	s)	▶-				
	8a	Gross income f						
Other Revenue		events (not inc \$	luding s reported on line 1c)					
<u>.</u>	.		a					
돌	b с		penses b (loss) from fundraising	events 🛌				
_	9a		rom gaming activities le 19					
	b c		apenses b (loss) from gaming acti					
		Gross sales of returns and allo	ınventory, less					
	.		a	119,517				
	Ь	·=	oods sold b	72,887	46,630			46,630
	С	Miscellaneous	(loss) from sales of inve s Revenue	Business Code	40,030			40,030
	11a	Misc revenue			5,988			5,988
	b	TO VOITURE						
	_ c							
	d	All other reven						
	e	Total. Add lines		·				
				▶ .	5,988			
	12	Total revenue.	See Instructions .	· · •	1,430,422	693,277	0	96,436

Form 990 (2009)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations m All other organizations must complete column (A) but are not required to			(D)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			3	
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,000	1,000		
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	232,512	85,317	79,116	68,079
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	287,823	105,613	97,936	84,274
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,929	12,817	11,885	10,227
9 Other employee benefits	56,342	20,674	19,171	16,497
10 Payroll taxes	46,114	16,921	15,691	13,502
11 Fees for services (non-employees)				
a Management				
b Legal	3,976	3,451	525	
c Accounting	24,100	4,000	10,463	9,637
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	81,972	72,053	7,821	2,098
17 Travel	40,031	24,659	8,354	7,018
Payments of travel or entertainment expenses for any federal, state, or local public officials				· -
19 Conferences, conventions, and meetings				
20 Interest	16,992	13,828	2,742	422
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,832	31,884	5,961	1,987
23 Insurance				
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Other Services	60,308	32,129	27,829	350
b Printing	49,026	19,741	4,384	24,901
C Other professional serv	47,123	33,176	13,947	
d Equipment Rental	29,583	24,901	3,941	741
e Supplies	27,456	18,756	6,799	1,901
f All other expenses	81,937	63,207	10,525	8,205
Total functional expenses. Add lines 1 through 24f	1,161,056	584,127	327,090	249,839
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	1	<u> </u>	<u> </u>	rm 990 (2009)

Part X Balance Sheet (A) (B) Beginning of year End of year 88.593 17.356 1 1 Cash—non-interest-bearing 937.822 2 1,174,410 2 281,610 214,774 3 3 4 58.335 4 49.744 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 7 94.317 91,180 Inventories for sale or use 2,607 1,899 9 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete 511.060 10a 10a Part VI of Schedule D 10b 201.536 309.524 b Less accumulated depreciation 332.342 10c 779.391 11 1.163.684 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 250.483 16 2,575,017 16 3,273,054 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 159.867 17 298.761 17 Accounts payable and accrued expenses . 18 18 66,024 19 115,112 19 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 24 154.066 25 Other liabilities Complete Part X of Schedule D 25 149,170 26 **Total liabilities.** Add lines 17 through 25 379,957 26 563,043 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 1.204.914 1,523,616 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets Fund 990.146 29 1.186.395 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 2,195,060 33 33 2,710,011 34 Total liabilities and net assets/fund balances 2.575.017 3,273,054 34

Part XI Financial Statements and Reporting

			Yes	No		
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo		
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes			
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both					
	▼ Separate basis					
3а	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		No		
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				

Form **990** (2009)

Employer identification number

OMB No 1545-0047

OMB NO 1545-004

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

h

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

Public Charity Status and Public Support

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

Name of the organization Vancouver National Historic Reserve Trus dba Fort Vancouver National Trust

dba F	ort Van	couver National Trust	91-1937645							
Pa	rt I	Reason for Public Charity Status (All organizations must complete this		tions						
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one b								
1	Γ	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).								
2	Γ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	Γ	A medical research organization operated in conjunction with a hospital described in se hospital's name, city, and state	ction 170(b)(1)(A)	(iii). Ente	r the					
5	Γ	An organization operated for the benefit of a college or university owned or operated by section 170(b)(1)(A)(iv). (Complete Part II)	a governmental uni	t describe	- d ın					
6	Г	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	<u> </u>	An organization that normally receives a substantial part of its support from a governm described in section 170(b)(1)(A)(vi) (Complete Part II)	ental unit or from th	e general	public					
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)								
9	Γ	An organization that normally receives (1) more than 331/3% 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 tha	n 331/3%	of					
		its support from gross investment income and unrelated business taxable income (less	section 511 tax) fr	om busine	esses					
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Pa	rt III)							
10	Γ	An organization organized and operated exclusively to test for public safety. See sectio	n 509(a)(4).							
11	Г	An organization organized and operated exclusively for the benefit of, to perform the fur one or more publicly supported organizations described in section 509(a)(1) or section the box that describes the type of supporting organization and complete lines 11e throi a Type I b Type II c Type III - Functionally integrate	509(a)(2) See sec ugh 11h		a)(3).	Check				
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirect other than foundation managers and other than one or more publicly supported organization 509(a)(2)								
f		If the organization received a written determination from the IRS that it is a Type I, Type check this box	oe II or Type III su	porting o	rganız	ation,				
g		Since August 17, 2006, has the organization accepted any gift or contribution from any following persons?		ı						
		(i) a person who directly or indirectly controls, either alone or together with persons de	scribed in (ii)		Yes	No				
		and (III) below, the governing body of the the supported organization?		11g(i)		<u> </u>				
		(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)		l				

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you no organizat col (i) of suppor	ion in your	(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
				-		-		+	
				+		+	+		
Total									

Provide the following information about the supported organization(s)

Part II Support Schedule for Organizations Described in IRC 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.)

-	(Complete only if you	ou checked the	box on line 5,	7, or 8 or Part I	.)			
	ection A. Public Support endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,191,6	52 730,17	0 836,777			999,942	5,779,785
2	Tax revenues levied for the organization's benefit and either paid to or expended on its							
3	behalf The value of services or facilities furnished by a governmental unit to							
	the organization without charge	,						
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a	1,191,6	52 730,17	0 836,777	2,021,234		999,942	5,779,785
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							1,287,125
6	Public Support. Subtract line 5 from	ו						4,492,660
5	line 4 ection B. Total Support							
	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	109	(f) Total
_	beginning in)	1,191,662	1,816,322	836,777	2,021,234	(0) 2	999,942	5,779,785
7 8	A mounts from line 4 Gross income from interest,	1,151,002	1,010,322	030,777	2,021,254		333,342	3,113,103
Ū	dividends, payments received on securities loans, rents, royalties and income from similar sources	116,578	1,816,322	1,845,464	1,934,413	1	,785,263	7,498,040
9	Net income from unrelated business activities, whether or not the business is regularly carried on		-1,175					-1,175
LO	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets		22,030		6,150		5,988	34,168
L1	Total support (Add lines 7 through 10)							13,310,818
12	Gross receipts from related activity		•			12		1,793,020
L3	First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul		·	1, third, fourth, or f	ifth tax year as a	501(c)(3	3) organiz	eation, ▶
<u> </u>	Public Support Percentage for 200			11 column (f))		14		33 750 %
L 5	Public Support Percentage for 200	-				15		39 010 %
L6a	33 1/3% support test—2009. If the			x on line 13, and l	ine 14 is 33 1/3%		, check t	
	and stop here. The organization qual 33 1/3% support test—2008. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization medians.	e organization did n qualifies as a p — 2009. If the org ation meets the "	l not check the bo ublicly supported janization did not facts and circums	x on line 13 or 16 organization check a box on lin tances" test, che	ne 13, 16a, or 16t ck this box and st	o and line	e 14 Explain	▶┌
h	organization 10%-facts-and-circumstances test	-2008. If the ord	ianization did not	check a hov on lin	ne 13, 16a 16b o	r 17a ar	nd line	►
J	15 is 10% or more, and if the organization in Part IV how the organization	nization meets th ition meets the "	ne "facts and circi facts and circums	umstances" test, o tances" test The	check this box and organization qual	d stop he lifies as a	ere. a publicly	▶ ┌─
18	Private Foundation If the organizations	tion did not chec	k a box on line 13	, 16a, 16b, 17a oi	r 17b, check this	box and	see	▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar 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 ")						
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						
3	purpose Gross receipts from activities that				+		
3	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						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	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)						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
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,						
14	11 and 12) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and stop here	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	▶ ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	009 (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind stop here. T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chack - h	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 91-1937645

Name: Vancouver National Historic Reserve Trus

dba Fort Vancouver National Trust

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services										
(Code) (Expenses \$	including grants of \$) (Revenue \$)						
locations as well as	s providing support to the National F	perative Association to the National Parl Park Service for education programs suc d Revenue and expenses for these activ	h as Archaeology Field School a	and Campfires						

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per	Posi t	((tion (hat a	che	')			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
Bob Ridgley Trustee	1 00	x						О	0	0		
Brad Carlson trustee	1 00	Х						0	0	0		
Bruce Hagensen Trustee	1 00	Х						0	0	0		
David Nicandri Ex-Officio	1 00	Х						0	0	0		
Dean Irvin trustee	1 00	Х						0	0	0		
Dick Pokornowski Trustee	1 00	Х						0	0	0		
Ed Lynch Co-Chair	1 00	Х						0	0	0		
Elson Strahan President and CEO	50 00	Х		х				150,504	0	31,184		
Eric Fuller Trustee	1 00	Х						0	0	0		
George Bing Sheldon Co-Chair	1 00	Х						0	0	0		
George Killian Trustee	1 00	Х						0	0	0		
Hunt Coraccı Trustee	1 00	Х						0	0	0		
Jan Bader Ex-Officio	1 00	Х						0	0	0		
JD Muyskens Secretary	1 00	Х						0	0	0		
Jennifer Kampsula ex-O fficio	1 00	Х						0	0	0		
John Rudı Trustee	1 00	Х						0	0	0		
Mary Meyers Trustee	1 00	Х						0	0	0		
Mike Mccoy Trustee	1 00	Х						0	0	0		
Mike Williams Trustee	1 00	Х						0	0	0		
Paul Christensen Trustee	1 00	×						0	0	0		
Richard Keller II Trustee	1 00	Х						0	0	0		
Roger Qualman Trustee	1 00	Х						0	0	0		
Stacey Graham Vice Chair	1 00	Х						0	0	0		
Steve Horenstein Treasurer	1 00	Х						0	0	0		
Tom Koenniger Trustee	1 00	×						0	0	0		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week		on a Institutional Trustee	ched pply)	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Tracy forman Ex-O fficio	1 00	х						0	0	0
Twyla Barnes Trustee	1 00	х						0	0	0
Ward Cook Trustee	1 00	Х						0	0	0
Michael True CFO	50 00			х				82,008	0	12,796

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Other Services	60,308	32,129	27,829	350
Printing	49,026	19,741	4,384	24,901
Other professional serv	47,123	33,176	13,947	
Equipment Rental	29,583	24,901	3,941	741
Supplies	27,456	18,756	6,799	1,901

DLN: 93493018006171

OMB No 1545-0047

Open to Public Inspection

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

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

Political Campaign and Lobbying Activities

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

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

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

If th	, ,, , -	t have NOT filed Form 5768 (elections, "to Form 990, Part IV, Line 5 stations. Complete Part III		•	•
N a Var	rme of the organization acouver National Historic Reserve Trus	zatone complete rate iii		Employer iden	tification number
	a Fort Vancouver National Trust	ganization is exempt und	or costion FO1/	91-1937645	/ avanniantian
Par	-				organization.
1		ganization's direct and indirect po	olitical campaign ac	tivities in Part IV	
2	Political expenditures			►	\$
3	V olunteer hours				
Par	t I-B Complete if the or	ganization is exempt und	er section 501(c)(3).	
1	<u> </u>	e tax incurred by the organization			\$
2	Enter the amount of any excise	e tax incurred by organization ma	nagers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	section 4955 tax, did it file Form	4720 for this year?		☐ Yes ☐ No
4a	Was a correction made?				┌ Yes ┌ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the or	ganization is exempt und	er section 501(c) except section 50:	1(c)(3).
1	Enter the amount directly expe	ended by the filing organization fo	r section 527 exem	pt function activities 🕨	\$
2	Enter the amount of the filing of exempt funtion activities	organization's funds contributed t	o other organization	s for section 527 ▶	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter ho	ere and on Form 112	20-POL, line 17b	.
4	Did the filing organization file I	Form 1120-POI for this year?			Yes No
	were made For each organizat contributions received that we	nd employer identification numbe ion listed, enter the amount paid re promptly and directly delivered nittee (PAC) If additional space i	from the filing organ d to a separate polit	ızatıon's funds Also enter t ıcal organızatıon, such as a	he amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

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

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000					
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	00				
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(a	1)	(b)
		Yes	No	A mount
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
а	Volunteers?		Νo	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		Νo	
d	Mailings to members, legislators, or the public?		Νo	
e	Publications, or published or broadcast statements?		Νo	
f	Grants to other organizations for lobbying purposes?		Νo	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo	
i	Other activities? If "Yes," describe in Part IV	Yes		15,343
j	Total lines 1c through 1i			15,343
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
С	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1

Also, complete this part for any additional information

Dues, assessments and similar amounts from members

Ident if ier	Return Reference	Explanation
Part II-B, Line 11	1	Compensation and Travel costs, including airfare, hotel and
	Activities	meals for discussions with legislators

efile GRAPHIC print - DO NOT PROCESS

As Filed Data

DLN: 93493018006171

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public Inspection Internal Revenue Service ► Attach to Form 990. ► See separate instructions. Name of the organization **Employer identification number** Vancouver National Historic Reserve Trus dba Fort Vancouver National Trust 91-1937645 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🛌 Number of states where property subject to conservation easement is located **-**__ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ ___ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

following amounts required to be reported under SFAS 116 relating to these items

Part	Organizations Maintaining Co	llections of Art	, His	tori	<u>cal T</u>	reasu	res, or Ot	he	<u>r Similar Asse</u>	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	ne fol	lowing	that are	e a significai	nt us	se of its collection	1	
а	Public exhibition		d	\sqcap	Loan	orexch	nange progra	ms			
ь	Scholarly research		e	Γ	O the	r					
С	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ın ho	w the	y furth	er the o	rganızatıon':	s ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			•						Yes	✓ No
Par	Part IV, line 9, or reported an an	ements. Comple	ete ıf	the	orgar	ıızatıon			es" to Form 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	forc	ontrib	utions o	rotherasse	ets n		Yes	Г No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follov	ving t	able						
									A mou	ınt	
с	Beginning balance						-	1c			
d	Additions during the year							1d			
е	Distributions during the year						<u> </u>	le			
f	Ending balance							1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	e 21?						Γ	Yes	∏ No
	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete									\ Faur V	aara Daali
1a	Beginning of year balance	(a)Current Year	(D) Prior	rear	(c)IW	o Years Back	(a)	hree Years Back (e)Four Y	ears Back
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
·	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held a	s								
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment - %										
С	Term endowment ► %										
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are hel	d and a	dmınıstered	fort	the		
	organization by									Yes	No
	(i) unrelated organizations							•	3a(i)		
_	(ii) related organizations								3a(ii)		<u> </u>
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second or the secon	•				• •		•	Зь		<u> </u>
	t VI Investments—Land, Buildings					990 Da	rt X line 1	<u> </u>			
T G I		s, and Equipme				or other	(b)Cost or of		(c) Accumulated		
	Description of investment					estment)	basis (othe		depreciation	(d) B	ook value
1a	Land						254,	834			254,834
ь	Buildings						<u>, </u>				
	Leasehold improvements										
d	Equipment						213,	089	201,536		11,553
	Other						·	137			43,137
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, colur	nn (B), line	10(c).)					309,524
	· · · · · · · · · · · · · · · · · · ·	·							Schedule D (I	orm 9	

Part VII Investments—Other Securities. See	Form 990, Part X, line 1		
(a) Description of security or category (including name of security)	(b)Book value		od of valuation f-year market value
Financial derivatives			,
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(B) Book value	Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
(-,,			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, III (a) Description	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value 250,483
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Description of the part o	ne 15. otion		250,483
Part IX Other Assets. See Form 990, Part X, III (a) Description Donated real estate held for sale Total. (Column (b) should equal Form 990, Part X, col.(B) line	ne 15. ption		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X	ne 15. ption 25.) C, line 25.	, , , , , 	250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	25.)		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	25.)		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)	, , , , , , 	250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)		250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)	, , , ,	250,483
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line : Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes Security deposits	15. otion (5.)		250,483

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,430,422
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,161,056
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	269,366
4	Net unrealized gains (losses) on investments	4	245,585
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	245,585
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	514,951
Pai	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Reti	urn
1	Total revenue, gains, and other support per audited financial statements	1	3,166,154
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,735,732
3	Subtract line 2e from line 1	3	1,430,422
4	A mounts 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 XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,430,422
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements	1	2,651,203
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
a b	Donated services and use of facilities		
_			
b	Prior year adjustments		
b	Prior year adjustments	2e	1,490,147
b c d	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV) 2d 1,433,105	2e 3	1,490,147 1,161,056
b c d e	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV) 2d 1,433,105 Add lines 2a through 2d		
b c d e	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV) 2d 1,433,105 Add lines 2a through 2d Subtract line 2e from line 1		
b c d e 3	Prior year adjustments 2b Other losses 2c Other (Describe in Part XIV) 2d 1,433,105 Add lines 2a through 2d Subtract line 2e from line 1		
b c d e 3 4	Prior year adjustments		

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

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

Ident if ier	Return Reference	Explanation
Part III, Line 1a		Collections and Exhibits During 2005 the Trust assumed operations of the Pearson Air Museum and acquired related museum assets. The assets consist of airplanes, exhibits and other collections. It is not practical to estimate the fair market value of the assets and, as such, they have not been capitalized in the accompanying Statement of Financial Position. Collections and exhibits acquired since January 1, 2006 have been capitalized and are recorded at fair market value as of the date contributed or at cost if purchased. Due to their nature, exhibits and collections are not depreciated. Part of the purpose of the trust is to promote historical education, including military history. The airplanes, exhibits and collections are a part of this history.
		Part XII, Line 2d rental expenses netted with revenues for tax 1,433,105 Part XIII, Line 2d rental expenses netted with revenues for tax 1,433,105

DLN: 93493018006171

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Vancouver National Historic Reserve Trus

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

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

dba	Fort Vancouver National Trust		91-1937645			
Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t		•			
	Compensation committee	Γ	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	l paymen	t?	4a		No
ь	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p		- ·			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	olete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	•		7		No
8	Were any amounts reported in Form 990, Part VII,	paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in Part III	n Kegs s	section 53 4958-4(a)(3)/ IT "Yes," describe	8		No
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name					(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation				
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ				
Elson Strahan ((1) (11)	150,504 0	0	_	11,288 0	19,896 0		0 0				

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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OMB No 1545-0047

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Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

Name of the organization Vancouver National Historic Reserve Trus							E	mployer i	dent if icat io	n numbe	ī
dba Fort Vancouver National Trust								1-19376			
Part I Excess Benefit Tran Complete if the organizat		•					, –			40b	
											rrected
1 (a) Name of disq	ualified	person			(b) Desc	riptic	n of trans	action		Yes	No
											+
											1
				-						-	
2 Enter the amount of tax impos	ed on t	he orgai	nization man	laders or	disqualified ners	ons d	uring the v	ear unde	r	•	<u>'</u>
section 4958					· · · · ·			-	• s		
3 Enter the amount of tax, If any	, on line	2, abo	ve, reimburs	ed by th	e organization .			🕨	- \$		
Down III		T									
Part II Loans to and/or I Complete if the organiz). Part IV. line 26	or F	orm 990-F	7 Part V	/ line 38a		
						,		(f)			
(a) Name of interested person and	1 ' '	oan to m the	(c)0 rig	unal			e) In	Appro	1	(g) Writte	
purpose	1	zation?	principal a		(d)Balance due	def	ault?	by boar	1	agreement?	
	To	From				Yes	No	Yes	No	Yes	No
	1.0	1.10					1	1	+		
				.							
Total				▶ \$	Davisana						
Part III Grants or Assistar Complete if the orga						/. line	e 27.				
					een interested per						
(a) Name of interested pers	on				ganızatıon		(c)Am	ount or g	rant or type	orassis	tance
Part IV Business Transact	ions	[nvolv	ing Inter	ested	Persons.						
Complete if the orga	nızatıd	n ansv	wered "Yes	" on Fo	rm 990, Part IV	, line	e 28a, 28	b, or 28	c.		
) Relationsh								aring of
(a) Name of interested person	า		veen interesters		(c) A mount of transaction		(d) Desc	rıptıon of	transaction		zation's
			organization		cransaction					Yes	No
Mıchael True		O ffice	r		9,4	85 t	:he organız	atıon lea	sed		Νο
									market rate		
									family from otember of		
							2009				
		1									
		1									

DLN: 93493018006171

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Open to Public Inspection

Name of the organization Vancouver National Historic Reserve Trus dba Fort Vancouver National Trust

Employer identification number

ba F	ort Vancouver National Trust				91-1937645			
Pa	rt I Types of Property			<u> </u>				
		(a) Check ıf applıcable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d rever	- etermı	nıng	
1	Art—Works of art			_				
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .							
	Securities—Closely held stock .							
.1	Securities—Partnership, LLC,							
	or trust interests							
	Qualified conservation							
	contribution—Historic structures							
.4	Qualified conservation contribution—Other							
.5	Real estate—Residential .	Х	1	160,000	subsequent sale			
L 6	Real estate—Commercial							
.7	Real estate—Other							
.8	Collectibles							
L 9	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ▶()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received				29			1
	for which the organization compl	eted Form 8	8283, Part IV, Donee Ackr	nowledgement	23			
20-	During the year did the arganize	.t.on	a h., a a ntwh., t. a n a n., a ran a	urtu ranartad in Dart I. linas	1 20 +6-+ .+		Yes	No
oua	During the year, did the organiza			. ,				
	must hold for at least three year			on, and which is not required	a to be used			NI -
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangeme	ent in Part I	11					
	Does the organization have a gif					31		No
∍∠a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell r	ion-casn	32a		Νο
b	If "Yes," describe in Part II							
33	If the organization did not report	revenues	n column (c) for a type of p	roperty for which column (a)) is checked,			
	describe in Part II							

Page 2

Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2009

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2009

Open to Public Inspection

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

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.

Name of the organization
Vancouver National Historic Reserve Trus
dba Fort Vancouver National Trust

Employer identification number
91-1937645

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The return preparer reviewed Form 990 with the CFO and audit committee, who approved the return for signature and filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		Board members are required to immediately disclose any potential conflict of interest when it arises. If it appears any conflict may exist, an investigation and inquiry by staff is performed and reported to the board. If a direct conflict exists, the board member is excused during any related discussions.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Comparable data provided to executive committee Officers were excused from discussion while compensation was set and approved

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Upon request, documents will be provided

ldentifier	Return Reference	Explanation
		No changes in auditor oversight or in the selection process were made during the year

ldentifier	Return Reference	Explanation
		For tax reporting purposes, rental expense are netted with revenues. As this is the case, total revenue as reported on page 1 does not accurately reflect the gross revenues of the organization and the substantial role the Trust plays as it relates to historic preservation and property operations. In addition, as a result of the netting of rental income with expenses, actual program services are significantly larger than represented on Page 1.

ldentifier	Return Reference	Explanation
Form 990, Page 1, Item B, description of amendments		Return is amended in Part X, lines 27 and 28 to correct reporting of board designated funds, reported as temporarily restricted, properly reportable as unrestricted net assets