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990-EZ

A For the 2009 calendar year, or tax year beginning

Department of the Treasury Internal Revenue Service

Short Form
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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

, 2009, and ending

OMB No 1545-1150 2009

Open to Public Inspection

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В	Che	ck if ap	plicable	Please	C Nan	ne of organi	ızatıon	-						D Empl	oyer id	entıfic	cation number
	Add	iress ch	nange	use IRS label or	Coast	Range As	ssociation								9	3-106	66629
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•		1	Contribution												1		23,057
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	1	b	Less: cost	_					 						7c		
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		16	Other expe							121.	AUG 1	2	2010	181	16		12,682
		17	Total expe										1	<u>\$</u>	17		60,264
-		18	Excess or	(deficit) for th	e vear (Si	ubtract line	e 17 from	line 9)	1 0	CD	- 61		=	18		(37,074)
	ets	19	Net assets	or fur	nd bala	ances at	beainnina	of vear (from line	27. col	umn (A))) (m	ust agree	with			
	SS		end-of-yea												19		44,325
	Net Assets	20	Other char	_	-	-	-								20		0
:	Ž	21	Net assets	-					•	•					21		7,251
I		rt II	Balance	e She	ets. If	Total ass	ets on line	25, colu	nn (B) ai	re \$1,250	,000 or				inste	ad of	Form 990-EZ.
							ructions fo							ginning of			(B) End of year
3	22	Ca	ish, savings	s, and II				-							4,156	22	4,928
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9).7	25		tal assets				.					—′ 		4	4,679	-	8320
	26		tal liabilitie)			354		1,069
	27		t assets or	•					st agree	with line	21)	<u> </u>		4	4,325		7251

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

Form 990-EZ (2009)

Cat No 106421

Par	Statement of Program Service Accom	plishments (See the instru	uctions for Part III	.)		Expenses
What	is the organization's primary exempt purpose?	·		'		ired for section
Desc	ribe what was achieved in carrying out the org	anization's exempt purpos	ses. In a clear ar	nd concise		(3) and 501(c)(4) • izations and section
manr	ner, describe the services provided, the number o	of persons benefited, and o	ther relevant info	mation for		a)(1) trusts; optional
each	program title.				for ot	
28	Conservation Planning for terrestrial, freshwater, an	d marine biodiversity conserv	vation.			
	See Statement 4a				1 1	
		includes foreign grants, che			28a	3,373
29	Public lands management.					
	See Statement 4b				1	
	.,					
		includes foreign grants, che		<u>. ▶ إ_ا</u>	29a	25,981
30	Watershed restoration, sustainable forestry, salmon	, and marine conservation ad	vocacy.			
	See Statement 4c					
		includes foreign grants, che			30a	26,031
31	• • •					•
20	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign grants, che	eck nere	<u>.</u> ▶ ∐	31a	EE 205
Par					32	55,385
r ai	List of Officers, Directors, Trustees, and Rej	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe	plans &	account and other allowances
See	statements 5 and 6.	devoted to position	enter -o,	deterred compe	isation.	Other allowances
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
h	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		\
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	,		
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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	40b	ı	
с	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed. ▶ Oregon			
42a	Total and the date of the case	41-75	3-138	0
	Located at ► 214 SE Monroe, Corvallis, OR ZIP + 4 ►	97	339	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	ļ	✓
	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 Bank			
	and Financial Accounts.		 	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44	L	_<
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		1
	-		-	(2000)

Part VI

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 47(a)(1) nonexempt charit ad 51.	cempt charita able trusts m	able trusts only. A ust answer question	II section ns 46–49	—- ∂b ´
1	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete to the comp	Schedule C, Part I			46 47	S No ✓
48 49a b 50	Did the organization engage in lobbying activities is the organization a school as described in section Did the organization make any transfers to an exif "Yes," was the related organization a section 5 Complete this table for the organization's five his employees) who each received more than \$100,	on 170(b)(1)(A)(ii)? If "Yes," co sempt non-charitable related 527 organization? ghest compensated employ	omplete Schedu d organization? vees (other than	lle E	48 49a 49b rustees a	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensatio		(e) Expe	ense and
f	Total number of other employees paid over \$100	0,000 ▶	0			
	Complete this table for the organization's five \$100,000 of compensation from the organization			ctors who each rec	eived mor	e thar
	(a) Name and address of each independent contractor		(b)	Type of service	(c) Compen	sation
	Total number of other independent contractors e		00 ▶	0		
Sign Here	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration Signature of officer Charles Willer, Director Type or print name and title	ed this return, including accompany of preparer (other than officer) is b	ring schedules and ased on all informat	statements, and to the bestion of which preparer has	st of my knov any knowled	vledge ge
Paid Prepare Use On	Preparer's signature Firm's name (or	Date	Check if self- employed ▶	Preparer's identifying nui	mber (See instri	uctions)
	yours it self-employed, address, and ZIP + 4 e IRS discuss this return with the preparer show	n above? See instructions		Phone no ►	Yes 🗆	No

SCHÈDULE 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.

OMB No. 1545-0047
2009
Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number **Coast Rnge Association** 93 1066629 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). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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.) 6 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\% % 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% % 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🔲 Type I **b** Type II c Type III-Functionally integrated d ☐ Type III-Other e 🗆 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? (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). h (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support governing document? above or IRC section col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes No Yes No

Total

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 (d) 2008 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 93.656 45.556 49,808 139,154 23.057 351,231 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on 0 0 0 0 0 0 its behalf The value of services or facilities furnished by a governmental unit to the 0 n 0 organization without charge 45,556 93,656 49.808 23,057 139,154 351.231 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 75,000 shown on line 11, column (f) Public support. Subtract line 5 from line 4. 276,231 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 49,808 45,556 93,656 139,154 23,057 351,231 7 Amounts from line 4 . 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 0 79 193 554 133 959 sources . . Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 0 regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets 0 0 0 0 (Explain in Part IV.) 351,231 11 Total support. Add lines 7 through 10 . 0 Gross receipts from related activities, etc. (see instructions) 12 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 78.6 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 331/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/3 % support test-2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this 17a 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 b 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 ▶ □

Coast Range Association			93-1066629
FORM 990-EZ Year 2009	aid	9	Grants Schedule
	Amount Provided	Class of Activity	Relationship
Oregon Coast Community Forest Association P.O. Box 147 Newport, OR 97365 EIN: 26-3609411 http://oregoncoastcommunityforestassoc.org/	\$ 5,000	(See explanation below)	None

Total Grant Amount: \$ 5,000.

To Form 990EZ, Part I, Line 10

Explanation of Class of Activity: The support grant to the Oregon Coast Community Forest Association was for two classes of activity.

- 1. Public educational materials and efforts communicating the purpose and services offered by the OCCFA.
- 3. Organizational development efforts related to hiring professional services to insure proper organizational documents, policies and procedures and training of the Board of Director.

The Oregon Coast Community Forest Association currently has an application for 501C-3 tax exempt status before the IRS. The application was submitted in June, 2009.

Coast Range Association Form 990-EZ 2009	Other Expenses	enses		93-1066629 Statement 1
Description	Total	Program Services	Management and General	Fundraising
Administrative costs	145	0	145	0
Bank Service Charges	441	0	441	0
Board Expenses	526	0	526	0
Conferences & Meetings	1,139	1,139	0	0
CRA Vehicle Maintenance	1,039	1,039	0	0
Depreciation (See Attachment #1)	131	06	30	7
Direct Mail Processing	1,533	992	0	797
Entertainment	262	262	0	0
Maps, Book and Research Materials	929	220	0	0
Memberships	174	174	0	0
Office Supplies	510	372	101	37
Research Materials	920	220	0	0
Travel	6,212	5,858	354	0
	12,682	10,270	1,597	815

Total to Form 990-EZ, Line 16 \$12,682

93-1066629

FORM 990-EZ Year 2009	Other Assets	Statement 2
<u>Description</u>	<u>Value</u>	
Dell Laptop Computer 1998 Isuzu Rodeo SUV	392. 3,000.	
Total to Form 990EZ, Part II, Line 24 (See Attachment #1)	\$3,392.	

FORM 990-EZ Year 2009	Total Liabilities	Statement 3
Description	Amount	
Misc. Payables	\$ 1,069.	
Total to Form 990EZ, Part II, Line 26	\$ 1,069.	

FORM 990-EZ Year 2009	Depreciation of Assets Not	Held for Investment	Attachment	2
Description	Cost o Other		Book Value	
Dell Computer II	\$ 654	\$ 262	\$ 392.	
Total	\$ 654	\$ 262.	\$ 392.	
Total to Form 990EZ, I	Part II, Line 24			

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Coast Range Association

FORM 990-EZ Year 2009

Statement of Program Service Accomplishments

93-1066629

Statement 4a

<u>Description of Program Service One</u>: Conservation planning for terrestrial, aquatic, and marine biodiversity conservation.

Our focus continued to be the development of a land-sea conservation planning framework. CRA collaborative work with James Cooke University ARC Centre for Excellence in Coral Reef Studies resulted in submittal of a review paper on land-sea conservation planning to the journal Biological Conservation.

Expenses

Grants

To Form 990EZ, Part III, Line 28

\$ 3,373

FORM 990-EZ

Statement of Program Service Accomplishments

Statement 4b

Year 2009

<u>Description of Program Service Two</u>: Public Lands Management

Staff continued its follow up to the Western Oregon Plan Revisions (WOPR) to the Northwest Forest Plan for BLM districts in Western Oregon. We maintained and rebuilt the Google Earth website for public forests adding the Siuslaw and Willamette National Forests. (See:

http://coastrange.org/wordpress/). We monitor state forest policy developments and advise the Oregon Board of Forestry on policy direction. We contracted Francis Eatherington to monitor public lands in the Smith, Umpqua, Coos, and CoQuille watersheds. The conservation of native and old growth forests and public education about forest ecosystem services continue to be priorities in our public educational work.

Expenses

Grants

To Form 990EZ, Part III, Line 29

\$ 25,981

FORM 990-EZ Year 2009

Statement of Program Service Accomplishments

Statement 4c

<u>Description of Program Service Three</u>: Sustaining Watersheds, Salmon, Estuaries & Oregon's Ocean and the restoration of private forestlands.

Staff worked to educate the public on the importance of native salmon, healthy watersheds and the work of Oregon's watershed councils. We continued support for the achievement of near shore marine conservation through work supporting the *Our Ocean Coalition* (See:

http://www.ouroregonocean.org/). We provided a \$5,000 grant to the nonprofit Oregon Coast Community Forest Association based in Newport, OR for continued public education, and organizational development.

	Expenses	Grants
To Form 990EZ, Part III; Line 30	\$ 26,031	\$ 5,000

Coast Range Association				93-1066629
FORM 990-EZ State For Year 2009	ement of Officers,	Statement of Officers, Directors, Trustees, and Key Employees	and Key Employees	Statement 5
(A) Name and Address	(B) Title	(C) Compensation	(D) Contributions to Emp. Benefit Pln	(E) Expesnse Account and Allowances
Judy Myers 3241 SE Midvale Corvallis, OR 97333	President Board Director & Officer	0.	· 0	
Marie Cole 10055 Yachats River Rd. Yachats, OR 97498	Vice President Board Director & Officer	ó	ó	0.
David Radtke 2585 Olive St. Eugene, OR 97405	Sec./Treasurer Board Director & Officer	Ö	o o	·0
Don Andre PO Box 1818 Newport, OR 97365	Vice President Board Director & Officer	ö	o	0.
Jim Carlson PO Box 47, Netarts, OR 97143	Board Director	Ö	ó	0
Chuck Willer P.O. Box 2250, Corvallis, OR 97339	Executive Director & Officer	\$29,785*	ö	·0
To Form 990EZ, Part IV				
	_	_	_	

*See Attachment 1

Form 990EZ, PART IV Column C. Statement of Compensation to Officer. Year 2009

Attachment 1

Officer's Name Charles Willer	Payment \$23,970 1,750	Purpose of Payment Wages Medical Reimbursement	
	1,730 4,065 Total \$29,785	Car/Gas Mileage Reimbursement	