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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)

2009

OMB No 1545-1150

Department of the Treasury

Sponsoring 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

Open to Public

| Int | emal F | Revenue | Service | | ► The organization may ha | ive to use a copy of thi | s return to satisfy state | reportu | ng requirem | ents. | | | Торсоцоп |
|------------|--|-------------------|---|----------------------|-----------------------------|---------------------------|---------------------------------------|-----------------|-------------------|------------|---------|---------------|------------------|
| Α | For | the 2 | 2009 calend | ar year, | or tax year beginning | July 1 | , 200 | 9, and | ending | J | une 30 |) | , 20 10 |
| В | Che | ck if app | plicable | Please | C Name of organization | - | | | | D Empl | oyer id | entıfic | cation number |
| | Address change use Its Oregon Cattlemen's Stewardship Fund | | | | | | | | 93-1252622 | | | 52622 | |
| | Nar | ne chan | nge | label or print or | Number and street (or P O | | ered to street address | s) Roc | om/suite | E Telep | hone n | ımbe | r |
| | = | al retur | | type | 3415 Commercial St. S | E | | | 217 | , | 50 | 3.36 | 1-8941 |
| Ļ | Ten | minated | ı | See Specific | City or town, state or coun | | | | | | | | |
| Ļ | ₹ | ended r | | Instruc- | , | uy, and zii + 4 | | | | F Grou | • | • | n |
| <u>_</u> | App | olication | pending | tions | Salem, OR 97302 | | | | | | ber 🕨 | | |
| | • | Secti | on 501(c)(3) | | rations and 4947(a)(1) no | | le trusts must atta | ch | | _ | | \checkmark | Cash |
| | | | | a cor | npleted Schedule A (Fo | rm 990 or 990-EZ). | | | | (specify) | | | |
| | | | | | | | | | H Check | (▶ 🔲 | f the c | rgan | ızatıon is not |
| - | We | ebsite | e: ▶ | | | | | | requir | ed to att | ach So | hed | ule B (Form 990, |
| J | Tax | (-exer | mpt status (| check o | nly one) — 🗹 501(c) (3 |) ◀ (insert no) [| 4947(a)(1) or | 527 | 990-E | Z, or 99 | O-PF). | | |
| | | eck ▶ | | | zation is not a section 509 | | | oss rec | eipts are r | ormally | not mo | ore th | nan \$25,000. A |
| | | | | _ | turn is not required, but | | • | | • | - | | | . , |
| ī | | | | | 9 to determine gross rece | | | | | | - \$ | | 234,056 |
| _ | Par | | | | enses, and Change | | | | | | ctions | for | |
| - | 1 | 1 | | | ts, grants, and similar | | | • | | | 1 | | 233,940 |
| | | | | | . • | | | | | | 2 | | 200,040 |
| | | 2 | - | | revenue including gove | | | | | | | | |
| | | 3 | | | and assessments. | | | | | • • | 3 | | |
| <i>'</i> - | | 4 | Investmen | - | _ | | - | | • • • | | 4 | | 116 |
| ı | | 5a | | | m sale of assets other | | | a | | | 1 | | |
| , | | b | | | er basis and sales expe | | · · · · · · · · · · · · · · · · · · · | b | | | | | |
| ١. | | C | | | n sale of assets other t | | | | | | 5c | | |
| | Kevenue | 6 | Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ | | | | | | | | L = | | |
| ' | ē | а | Gross reve | enue (n | ot including \$ | of c | ontributions | | | | | | |
| ۱ د | 2 | | reported o | n line 1 |) | | 6 | a | | | | | |
| <u> </u> | _ | b | Less: direc | ct expe | nses other than fundra | ising expenses | 6 | b | | | | | |
| ; | | С | | | ss) from special events | | ubtract line 6b fro | m line | 6a) | | 6c | | |
| 3 | ĺ | 7a | | | ventory, less returns ar | | | a | | , | | | |
|) | | b | Less: cost | | • | | I RECE | PAF | D | | | | |
|) | | c | | _ | ss) from sales of inver | tony (Subtract line | 7b from line 7a) | | 10 | | 7c | | |
| | | 8 | Other reve | • | • | nory (oublides into | 8 NOV 1 | E aa | | , , | 8 | | |
| | | 9 | | | dd lines 1, 2, 3, 4, 5c, | 6c 7c and 8 | 18 NUV 1 | 3 20 | 10 9 | | 9 | | 234,056 |
| _ | +. | 10 | | | r amounts paid (attach | | | <u> </u> | 100 | | 10 | | 11,000 |
| | | - | | | or for members | | OGDE | NI I | 17 | | 11 | | , |
| | | 11 | • | | | | · · · · · · · · · · · · | 17 | <u> </u> |] | 12 | | |
| | Se | 12 | | | mpensation, and emp | | | | | | | | 226 712 |
| - | கட | 13 | | | and other payments to | | | | | | 13 | | 236,713 |
| _ | 웃 | 14 | | , , | utilities, and maintena | | | | | | 14 | | 11,097 |
| | _ | 15 | Printing, p | ublicat | ions, postage, and ship | pping | | | | | 15 | | 5,187 |
| | Į. | 16 | Other exp | enses (| describe State filir | ng & bank fees | | | | | 16 | | 230 |
| _ | | 17 | Total exp | enses. | Add lines 10 through | <u> 16</u> | <u></u> | | <u> </u> | <u>.</u> ▶ | 17 | | 264,227 |
| _ | တ္က | 18 | | |) for the year (Subtract | | | | | | 18 | | (30,171) |
| | Net Assets | 19 | | | nd balances at beginn | | | | | | | | |
| | As | | - | _ | e reported on prior yea | | | | | | 19 | | 105,586 |
| • | e e | 20 | Other cha | nges in | net assets or fund bal | ances (attach exp | lanation) | | | | 20 | | |
| - 1 | Z∣∶ | 21 | Net assets | s or fun | d balances at end of y | ear. Combine line | s 18 through 20 | | | . ▶ | 21 | | 75,415 |
| 1 | Pa | | Balanc | e She | ets. If Total assets on | line 25, column (E | 3) are \$1,250,000 | or mo | re, file Fo | rm 990 | instea | ad o | f Form 990-EZ. |
| | | | | | (See the instruction | | _ | | | ginning o | | | (B) End of year |
| | 22 | Ca | ish, savings | s, and i | nvestments | • | | | _ | 10 | 5,586 | 22 | 75,415 |
| | 23 | | | | | | | | | | | 23 | <u> </u> |
| | 23 24 | | | | pe ▶ | | | | | * 18 | | 24 | |
| | | | | | | | | | | 10 | 5,586 | \rightarrow | 75,415 |
| | 25 | | | | cribe > — | | | · · | | | | 26 | |
| | -26- 27 | —i 0 ∧N≏ | ital-iidDiiille it accate o | r fund i | balances (line 27 of co | olumn (B) must an | ree with line 21) | | | 10 | 5,586 | _ | 75,415A |
| | 21 | 146 | , a ggge ig U | . iuiiu | salanos (into E) Ol Ol | (D) inact ag | , | | | | -, | | |

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

Cat No 10642I

Form 990-EZ (2009)



| | 2000) | | | | | raye Z | | |
|--------------|---|--|--|--|-----------------|--|--|--|
| Par | Statement of Program Service Accom | plishments (See the instr | uctions for Part II | l.) | | Expenses | | |
| Desc manr | is the organization's primary exempt purpose? ribe what was achieved in carrying out the org ner, describe the services provided, the number of | anization's exempt purpos | ses. In a clear ar | nd concise | 501(c) organ | ured for section)(3) and 501(c)(4) uzations and section a)(1) trusts; optional | | |
| each | each program title. | | | | | | | |
| 28 | Legal research and representation relating to perser affecting agricultural producers. Serving all public legislations | | lands and other ma | atters | | | | |
| | | includes foreign grants, ch | | | 28a | 236,713 | | |
| 29 | Donation to Western Resources Legal Center in sup- issues related to natural resources through hands of | gal | | | | | | |
| | (Grants \$) If this amount | includes foreign grants, ch | eck here | . ▶ 🗆 | 29a | 5,000 | | |
| 30 | Scholarships awarded to eight college students with | | | | | | | |
| | (Grants \$) If this amount | includes foreign grants, ch | eck here | . ▶ 🗆 | 30a | 6,000 | | |
| 31 | Other program services (attach schedule) | | | | 1 | | | |
| | | includes foreign grants, ch | | | 31a | | | |
| | Total program service expenses (add lines 28a t | | | | 32 | 247,713 | | |
| Par | List of Officers, Directors, Trustees, and Key | | | | | | | |
| | (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | (d) Contribution employee benefit deferred compe | plans & | (e) Expense account and other allowances | | |
| Bill | | Director - 1 hour | _ | | _ | _ | | |
| | 2 Hwy 99, Cottage Grove, OR 97424 | | -0- | | -0- | -0- | | |
| **** | is Martin | Director - 1 hour | -0- | | -0- | _ | | |
| | 0 Hwy 237, North Powder, OR 97867 | | -0- | | -0- | -0- | | |
| | Sessier NE MS Ranch Rd | Director - 1 hour | -0- | | -0- | -0- | | |
| | Wilher | | , | | | | | |
| | 6 N Harney Ln | Director - 1 hour | -0- | | -0- | -0- | | |
| Bob | Morse | Director - 1 hour | | | | | | |
| 8591 | 2 Lost Prairie Rd | Director - 1 nour | -0- | | -0- | -0- | | |
| Don | Gomes Jr. | Director - 1 hour | | | | | | |
| | Box 70, Antelope, OR 97001 | Director Friedri | -0- | | -0- | -0- | | |
| | lyn Kasch SW Park Ln, Culver, OR 97734 | Director - 1 hour | -0- | | -0- | -0- | | |
| | Laird 1 Hogback Rd, Plush, OR 97637 | Director - 1 hour | -0- | | -0- | -0- | | |
| | Detering 3 Ferguson Rd, Junction City, OR 97448 | Director - 1 hour | -0- | | -0- | -0- | | |
| | Kessi Mary Peak Rd, Blodgett, OR 97326 | Director - 1 hour | -0- | | -0- | -0- | | |
| | Brooks Short Corner Rd, Fox, OR 97856 | Director - 1 hour | -0- | | -0- | -0- | | |
| | Moore 3ox 132, Unity, OR 97884 | Director - 1 hour | -0- | | -0- | -0- | | |
| | Teisl Commercial St. SE, Ste 217, Salem, OR 97302 | Secretary - 1 hour | -0- | | -0- | -0- | | |
| | - Committee on Out Out on Out of Orton | | | | | | | |
| | | | | | | | | |
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| | | .L | · | | | | | |

| | 0-EZ (2009) | | F | age 3 |
|----------|--|---------------|--------|----------|
| Part | Other Information (Note the statement requirements in the instructions for Part V.) | | 1 | |
| 33 | Did the organization energy in any activity not provided to the IDC2 if "Vee " attach a detailed | | Yes | No |
| | 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 | | ✓ |
| b | 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 -0- | | | |
| 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 | | 1 | |
| 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 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0- | | | |
| 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 | | ✓ |
| 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 | 400 | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c 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 | | √ |
| 41 | List the states with which a copy of this return is filed. ▶ Oregon | | | 4 |
| 42a | The organization's books are in care of ▶ Katie Goff Telephone no. ▶ | 503-3 | 61-894 | 1 |
| | Located at ▶ 3415 Commercial St. SE, Ste. 217, Salem, OR 97302 ZIP + 4 ▶ | | | |
| 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 | | |
| С | At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 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 | • | • • | ▶ □ |
| 44 | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44 | Yes | No ✓ |
| 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 | | ✓ |
| | | rm 9 9 | 0-EZ | (2009 |

| _ | -4- | | | |
|-----|------|-----|--------|--|
| -om | 990- | ŀΕΖ | (2009) | |

Page 4

| Part \ | Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 are | section 4947(a)(1) non- 47(a)(1) nonexempt cha nd 51. | exempt charitab ritable trusts mus | le trusts only. A t answer questio | II sec ons 46 | tion 3–491 | o |
|-----------------|---|---|--|---|---------------------|----------------------------|------------------|
| | Did the organization engage in direct or indirect | | | | | Yes | No |
| | candidates for public office? If "Yes," complete Schedule C, Part I | | | | | | |
| | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 50 | Complete this table for the organization's five h employees) who each received more than \$100, | ighest compensated empl | oyees (other than o | officers, directors, t | | | |
| | (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | àci | Exper count a allowa | and |
| None | | - | | | | | |
| | | | | | | | |
| | | - | | | | | |
| | <u> </u> | | | | | | |
| , | | - - | | | | | |
| | | <u> </u> - | | | | | |
| | | | | | | | |
| | | - | | | | | |
| f | Total number of other employees paid over \$10 | 0,000 | | | • | | |
| None | (a) Name and address of each independent contractor | r paid more than \$100,000 | (b) Ty | pe of service | (c) Co | mpens | ation |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| d | Total number of other independent contractors | each receiving over \$100, | 000 ► | | | | |
| | Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration | ned this return, including accompa n of preparer (other than officer) is | anying schedules and sta s based on all information | atements, and to the bear of which preparer has | st of my any kno | know owledg | ledge le |
| Sign Here | Signature of officer Kay Teisl, Executive Director Type or print name and title | | | //- 9-/C | <u> </u> | | |
| Paid Prepare | Preparer's signature | Date | Check if self- employed ▶ | Preparer's identifying nui | mber (Se | e instru | ctions) |
| Use On | Film Statile (0) | | Ell Ph | N ► | | | |
| May th | the IRS discuss this return with the preparer show | n above? See instructions | | ▶ [| Yes | | No (2009) |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

| Name | Name of the organization Employer identification number | | | | | | | on number | | | |
|-------------------------|---|--|--|---|--|--|---|--|---|---|--|
| Ore | gon | Cattlemen's | Stewardship F | und | | | | | 93 | 1 | 252622 |
| Pa | rt I | Reason | for Public Ch | arity Status (All org | ganizatio | ons mus | t comple | ete this | part.) Se | e instruc | ctions. |
| The 1 2 3 4 | | A church, co A school des A hospital or A medical re | nvention of churscribed in section a cooperative from the cooperative | dation because it is or ches, or association on 170(b)(1)(A)(ii). (Attacspital service organition operated in conjuste: | of church ach Sche ization de unction v | hes desci edule E.) escribed | ribed in s in sectio spital de: | ection 1 n 170(b)(scribed in | 70(b)(1)(A (1)(A)(iii). n section | A)(i). 170(b)(1 |)(A)(iii). Enter the |
| 5 | | An organizat | • | the benefit of a colle | ge or uni | versity ov | vned or c | perated | by a gov | ernmenta | unit described in |
| 6 | | A federal, st | ate, or local gov | ernment or governme | ntal unit | describe | d in sect | ion 170(t | o)(1)(A)(v) | | |
| 7 | | | | receives a substantia 1)(A)(vi). (Complete P | | its suppo | rt from a | governm | nental uni | t or from t | the general public |
| 8 9 | | An organizat receipts from support from | ion that normally activities related gross investment | d in section 170(b)(1)(a) receives (1) more that red to its exempt function and unreafter June 30, 1975. | an 33½ % ions—su lated bus | of its sup bject to d siness tax | pport from certain ex kable inc | ceptions ome (les | , and (2) s section | no more | than 331/3 % of its |
| 10 11 e | | An organizar purposes of 509(a)(3). Cha Type By checking persons other | tion organized a one or more pub neck the box tha I b i this box, I cert | ify that the organizat n managers and other | rely for the nizations of supporting Typerson is not the tenton is not the relation in the relation in the relation is not the relation in the relation in the relation is not the relation in the relation in the relation is not the relation in the relation in the relation is not the relation in the relatio | ne benefi described rting orga e III-Fund ot control | t of, to point of the point of | perform to on 509(a) and com integrated tly or inc | he function (1) or second the line of the | ons of, one one of, one of, one of, one of one of | a)(2). See section ough 11h. Type III-Other more disqualified |
| f g | | If the organiorganization | zation received , check this box at 17, 2006, has | a written determinati | | | | | | | III supporting □ |
| | | (i) A person and (iii) b (ii) A family (iii) A 35% o | n who directly or below, the gover member of a pe controlled entity or | r indirectly controls, a ning body of the supp rson described in (i) a of a person described | oorted or above? I in (i) or | ganizatio (ii) above | n? . ? | h persor | ns descrit | oed in (ii) | Yes No 11g(i) 11g(ii) 11g(iii) |
| <u>h</u> (i) | Name | e of supported ganization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section | n col. (i) listed in your the organization in governing document? col (i) of your | | | nization in of your | organizat (i) organi | s the ion in col zed in the S? | (vii) Amount of support |
| | | | | (see instructions)) | Yes | No | Yes | No No | Yes | No | |
| | | | | | | 110 | .03 | 110 | | | |
| | | | | | | | | | | | |
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| | ule A (Form 990 or 990-EZ) 2009 | | | | | | Page 2 |
|--------------|---|------------------|---------------------------------------|----------------|----------------------|------------------|--|
| <u>Pa</u> r | | | | | | and 170(b)(| 1)(A)(vi) |
| 500 | (Complete only if you chection A. Public Support | ked the box | on line 5, 7, 6 | or 8 of Part I | .) | | |
| | endar year (or fiscal year beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (a) 2000 | (f) Total |
| Cai | endar year (or inscar year beginning in) | (a) 2003 | (D) 2000 | (6) 2007 | (u) 2008 | (e) 2009 | (i) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | | Ξ. | | | | 1 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | , | | |
| 6 | Public support. Subtract line 5 from line 4. | | | <u> </u> | | <u> </u> | |
| | tion B. Total Support | () 0005 | #1.0000 | | / n 2000 | 1 1 2222 | (0 T.L.) |
| Ca | lendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | i |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) | - | | | - | | |
| 11 | Total support. Add lines 7 through 10 . | | <u></u> | |] | | <u> </u> |
| 12 | Gross receipts from related activities, etc. | • | • | | | 12 | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop he | ere | <u></u> | | h, or fifth tax y | | on 501(c)(3) \blacktriangleright \Box |
| | tion C. Computation of Public Su | | | 4 1 /5 | | | |
| 14 | Public support percentage for 2009 (line | | · · · · · · · · · · · · · · · · · · · | 1, column (t)) | | 15 | <u>%</u> % |
| 15 | Public support percentage from 2008 Sc | | | | | | |
| 16a | 33% % support test—2009. If the organ and stop here. The organization qualifies | | | | | | |
| b | 331/3 % support test - 2008. If the organi | | | | | | |
| | box and stop here. The organization qua | | | | | | |
| 17a | 10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum" | facts-and-circui | mstances" test, | check this box | and stop here | . Explain in Pai | t IV how the |
| b | 10%-facts-and-circumstances test-2008 more, and if the organization meets the " | facts-and-circun | nstances" test, | check this box | and stop here. | Explain in Par | t IV how the |
| 18 | organization meets the "facts-and-circumst Private foundation. If the organization did | | | | | | |
| | | | | | | | |

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

| | (Complete only if you checke | a the box or | line 9 of Par | τι.) | | | |
|-----------|--|----------------------|---------------------------------------|-------------------|------------------|----------------|---------------|
| | tion A. Public Support | | | | ······ | | |
| Ca | llendar 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.") | 116,078 | 259,997 | 175,532 | 274,828 | 233,940 | 1,060,375 |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | , | | · | | · | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | , | | | | |
| 6 | Total. Add lines 1 through 5 | 116,078 | 259,997 | 175,532 | 274,828 | 233,940 | 1,060,375 |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the | | | | | | |
| _ | amount on line 13 for the year | 51,960 | 81,078 | 86,702 | 145,590 | 90,062 | 455,392 |
| С | Add lines 7a and 7b | 51,960 | 81,078 | 86,702 | 145,590 | 90,062 | 455,392 |
| 8 | Public support (Subtract line 7c from line 6) | 1.55 | 4 | 8, . | | | 604,983 |
| | tion B. Total Support | - | · · · · · · · · · · · · · · · · · · · | 4) ann - I | (0 0000 | | - <u>-</u> |
| Ca | alendar year (or fiscal year beginning in) 🕨 | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 | Amounts from line 6 | 116,078 | 259,997 | 175,532 | 274,828 | 233,940 | 1,060,375 |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2968 | 4839 | 4487 | 1667 | 116 | 14,077 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | 2968 | 4839 | 4487 | 1667 | 116 | 14,077 |
| 11 | Net income from unrelated business activities not included in line 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, 11, and 12) | 119,046 | 264,436 | 180,019 | 276,495 | 234,056 | 1,074,452 |
| 14 | First five years. If the Form 990 is for organization, check this box and stop | here | <u> </u> | | = | | ► [|
| | tion C. Computation of Public Su | | _ | - 101 | /A) | de l | EC A |
| 15 16 | Public support percentage for 2009 (lin Public support percentage from 2008 S | | | e 13, column (| (f)) | 15 16 | 56 % 83 % |
| 16 Sec | ction D. Computation of Investmen | | | <u> </u> | <u> </u> | 10 | თ |
| | | | | t by line 12 = | olumn (fl) | 17 | 1 % |
| 17 | Investment income percentage for 200 | • | * * * | • | . ((ו) חוווטוכ | 18 | 2 % |
| 18 | Investment income percentage from 20 33% % support tests – 2009. If the organization | | | | ınd line 15 ıs n | | |
| | 17 is not more than 33% %, check this b 33% % support tests—2008. If the organ | ox and stop h | e re. The organi | zation qualifies | as a publicly | supported orga | ınızation 🕨 🗵 |
| b | line-18-is-not-more-than-33½ %, check-tha | s-box-and stop | here. The orga | nızatıon qualifie | s-as-a-publicly- | supported orga | nization ► |
| 20 | Private foundation. If the organization | | | | | | |

| Schedule A (Form 990 or 990-EZ) 2009 | | | | | |
|--------------------------------------|--|--|--|--|--|
| Part IV | Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions. | | | | |
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Attachment to be made part of 2009 Form 990EZ Oregon Cattlemen's Stewardship fund For Tax Year Ended June 30, 2010 Tax ID #93-1252622

Part I line 10: Grants and other similar amounts paid

Western Resource Legal Center - \$5,000 1500 SW First Ave, Ste 765 Portland, OR 97201

Donation in support of a law clinic to educate students about natural resources associated legal issues through hands on experience. Not related.