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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
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

A For the 2010 calendar year, or tax year beginning January 1, 2010, and ending December 31, 2010

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization: **Coast Range Association**

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 2250

City or town, state or country, and ZIP + 4
Corvallis, OR 97339

D Employer identification number: **93-1062993**

E Telephone number: **541-231-6651**

F Group Exemption Number: ▶

G Accounting Method: ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ **www.coastrange.org**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **45,922**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☐

1	Contributions, gifts, grants, and similar amounts received	1	45,917 00
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	5 00
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe in Schedule O)	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	45,922
10	Grants and similar amounts paid (list in Schedule O)	10	0
11	Benefits paid to or for members	11	0
12	Salaries, other compensation, and employee benefits	12	20,954
13	Professional fees and other payments to independent contractors	13	2,065
14	Occupancy, rent, utilities, and maintenance	14	2,556
15	Printing, publications, postage, and shipping	15	229
16	Other expenses (describe in Schedule O)	16	10,334
17	Total expenses. Add lines 10 through 16	17	36,138
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,784
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	7,251
20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	17,035

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Part II **Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☒

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	4,928	22 12,049
23	Land and buildings	0	23 0
24	Other assets (describe in Schedule O)	3,392	24 7,126
25	Total assets	8,320	25 19,175
26	Total liabilities (describe in Schedule O)	1,069	26 2,140
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	7,251	27 17,035

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III ☒ (Required for section

What is the organization's primary exempt purpose? See Schedule O - Part III

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts, optional
for others)

28	Conservation advocacy for terrestrial, freshwater, and marine biodiversity conservation. See Schedule O, Page 2		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	14,610
29	Public lands management for native forest and old growth conservation. See Schedule O, Page 2		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	7,580
30	Public interest forest management for watershed restoration and economic benefit (community forestry). See Schedule O, Page 2-3		
	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	10,531
31	Other program services (describe in Schedule O) (Grants \$ 0) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	0
32	Total program service expenses (add lines 28a through 31a) ▶	32	32,721

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV ☒

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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 tax year covered by this return?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39b N/A		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="text"/> ; section 4912 <input type="text"/> ; section 4955 <input type="text"/>		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c 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 <input type="text"/>		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="text"/>		
e 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. Oregon		
42a The organization's books are in care of Chuck Willer Telephone no. 541-231-6651 Located at 214 SE Monroe, Corvallis, OR ZIP + 4 97339		
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 account)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: <input type="text"/>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 **0**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

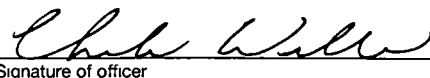
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 **0**

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☒ **Yes** ☐ **No**

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

Sign Here



Signature of officer

6-13-2011
Date

Chuck Willer Executive Director

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name

Firm's EIN

Firm's address

Phone no

May the IRS discuss this return with the preparer shown above? See instructions ☐ **Yes** ☐ **No**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Coast Range Association

Employer identification number

93-1066629

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ 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)**.
- 7 ☒ 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.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- 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)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
- (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)		
----------	--	--
- h Provide the following information about the supported organization(s).

(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 notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	93,656	49,808	139,154	23,057	45,917	351,592
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	
4 Total. Add lines 1 through 3.	93,656	49,808	139,154	23,057	45,917	351,592
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).						75,000
6 Public support. Subtract line 5 from line 4.						276,592

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	93,656	49,808	139,154	23,057	45,917	351,592
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	79	193	554	133	5	964
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						352,556
12 Gross receipts from related activities, etc. (see instructions)				12		0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	78.4 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	78.6 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. 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 <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010**Open to Public
Inspection**Name of the organization
Coast Range AssociationEmployer identification number
93-1066629

Part 1. Line 16 Other Expenses	Totals	Programs	Management	Fund Raising
Bank Charges	88.00	0	88.00	0
Board Expenses	120.00	0	120.00	0
Conferences	50.00	50.00	0	0
CRA Vehicle (Repair and Maintenance)	2,711.00	2,680.00	25.00	6.00
Depreciation (See Schedule O, Page 4)	731.00	686.00	35.00	10.00
Direct Mail Postage	413.00	204.00	0	209.00
Direct Mail Printing	357.00	179.00	0	178.00
Research Materials	513.00	513.00	0	0
Memberships	60.00	60.00	0	0
Office Supplies	875.00	545.00	162.00	168.00
Training Workshop	50.00	50.00	0	0
Travel	4,239.00	3,932.00	202.00	105.00
Totals	\$ 10,334.00	\$ 8,981.00	\$ 646.00	\$ 707.00

Part II. Line 24 Other Assets

Receivable from Portland Audubon: \$4,465.00

Isuzu Truck 2,400.00 See Schedule O, Page 4 for 2010 Depreciation and Amortization Report

Dell Laptop Computer 261.00 See Schedule O, Page 4 for 2010 Depreciation and Amortization Report

Total Other Assets: \$7,126.00

Part II. Line 26 Total Liabilities

IRS 941 Payments \$ 1,040.00

Misc. Payables 1,100.00

Total Liabilities: \$ 2,140.00

Name of the organization

Coast Range Association

Employer identification number

93-1066629

Part III. Statement of Program Service Accomplishment. Answer to what the organization's primary exempt purpose is: The purpose of the

Coast Range Association is to protect the coast range region's forest and related ecosystems from unwise use while fostering a new vision of stewardship, diversity and long term sustainability. The purposes of the corporation are accomplished through public education, research and the advocacy of environmentally sound public policy toward the goal of building just and sustainable human communities that provide for people and the natural world. The corporation's purpose and mission is accomplished through three specific programs:

1. Conservation advocacy for terrestrial, freshwater, and marine biodiversity conservation, 2. Public lands management for native forest and old growth forest conservation, 3. Public interest forest management for watershed restoration and economic benefits - our community forestry education and training initiative.

Specific description of achievements in carrying out the corporation's purpose for 990EZ, Part III 28, 29, 30 are below:

Line 28. Conservation advocacy for terrestrial, freshwater, 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 completing for publication a comprehensive review of land-sea conservation planning and the creation of a land - sea conservation planning model. CRA staff worked to educate the public on the importance of healthy watersheds and provided support for coast range watershed councils. We worked to achieve near shore marine conservation through educational work with three state-sponsored community teams considering near shore marine conservation areas. This work successfully concluded in November, 2010 with each community team (Cape Perpetua, Cascade Head, and Cape Falcon) recommending marine reserves and marine protected areas within Oregon's territorial waters. Our effort here sought to minimize negative economic impacts and insure ecological effectiveness

Line 29. Public lands management for native forest and old growth conservation: We continue educating the public about the need to conserve the region's last remaining old growth and native forests on federal and state forest lands. We continue maintaining the CRA's Google Earth website, (www.coastrange.org/wordpress) and update narrative as required. During the past year, the CRA web site and the CRA's Google Earth website have had a total of 58,846 hits with approximately 25 million kilobytes of content downloaded. Key CRA forest reports and analyses are archived on the CRA website.

Line 30. Public interest forest management for watershed restoration and economic benefits - our community forest education and training program. Great success occurred in 2010 in the community forestry program. We completed support for the City of Toledo's Mill Creek watershed stewardship plan. This effort led to the award of a planning contract for the city's watershed. Our largest effort was in support of the Oregon Coast Community Forest Association (OCCFA). This work services the approximately 50,000 residents of Lincoln County Oregon. During 2010, CRA staff led an effort to conduct a feasibility study for the purchase of a large tract of private industrial forest. The study contract was awarded to U.S. Forest Capital LLC and is scheduled for completion in 2011. (Continue on Page 3.)

Name of the organization

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Employer identification number

93-1066629

(990EZ, Part III, Line 30 continued from Schedule O page 2.) CRA staff continued to work with OCCFA volunteers to advance specific projects. One project is a landowner database software called TreeTracker. The TreeTracker software is a web-based software which allows landowners to display their property's forest conditions, explain stewardship efforts and market timber and non-timber products. TreeTracker will have Google Earth functionality to display aerial photos of the landowner's property as well as on-the-ground photos of land owner management efforts and site conditions. TreeTracker tracks timber inventory through the supply chain using bar code tracking. CRA staff also continued development of architectural wood panels using local woods. Our goal here is demonstrate that high value products, using relatively small volumes of timber, are commercially viable enterprise propositions using local woods. The CRA's work involves only research, design and product sample development as well as marketing research. This work and TreeTracker will benefit small landowners across the coast range region through enhancing sustainable timber management and adding value to land owner enterprise. We believe that when landowners can sell their products at a premium price, they then are in a financial position to potentially manage for higher conservation values protecting wildlife and aquatic systems.

990EZ, Part IV. Compensation explanation for Key Employee & Officer Chuck Willer

Officers Name	Payments	Purpose of Payment
Chuck Willer	\$ 17,432	Hourly Wage
	2,324	Medical cost reimbursements
	3,840	Travel/mileage reimbursements
Total Payments	\$ 23,596	

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Coast Range Association

Employer identification number

93-1066629

Part II. Line 24 Other Assets. 2010 Depreciation and Amortization Report - Assets Not Held for Investment.

Description	Cost/Basis	Accumulated Depreciation	Book Value
Dell Computer	\$ 654	393	261
1998 Isuzu Rodeo SUV	\$ 3,000	600	2,400

Description	Date Acquired	Method	End 2009		Unadjusted		Basis for		Accumulated	2010 Amount
			Value	Life	Cost/Basis	Deprec.	Depreciation	of Depreciation		
Dell Laptop Computer	01/10/2008	SL	261	5	654	654	393	131		
1998 Isuzu Rodeo SUV	12/20/2009	SL	3,000	5	3,000	3,000	600	600		
Grand Total 990 Depreciation			3,261		3,654	3,654	993	731		