

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service,

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)

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

OMB No 1545-0047 2011 Open to Publicate Inspection

<u>A</u>	For th	ne 2011 c	alendar year, or tax	year beginning	····	, and ending							
В	Check if a	applicable	C Name of organization						D Empl	oyer identificatlor	number		
	Address à	change		McKenzie :	River Tru	ıst							
$\overline{\Box}$			Doing Business As		93	-102980	8						
\vdash	Name cha	ange	Number and street (or P	O box if mail is not deliver	ed to street addres	s)		Room/suite		hone number			
	Initial retu	um	1245 Pearl	S +			-		5.4	1-345-2	799		
	Terminate	ed	City or town, state or co				<u></u>		 	1 919 2	<u> </u>		
\vdash				andy, and En	00 07	4.0.1				1	E11 0E0		
\sqsubseteq	Amended	d return	Eugene		OR 97	401		,	G Gross re	ceipts \$ 1,	511,253		
	Applicatio	on pending	F Name and address of pr	incipal officer				H(a) Is this a	aroun return fo	r affiliates?	Yes X No		
		}	Joe Moll	_				1(2) 15 2115 21	group roturn to				
		Ì	1245 Pear	cl St				H(b) Are all affiliates included? Yes					
	_		Eugene		OR	97401		lf "N	o," attach a le	st (see instructions	s)		
1	Tax-exer	mpt status	X 501(c)(3)	501(c) () ◀	(insert no)	4947(a)(1) or	527						
J	Website	e: ▶ h	ttp://mcke	nzieriver.	org			H(c) Group e	xemption num	ber			
ĸ	Form of a	organization.	X Corporation	Trust Association	Other >		L Y	ear of formation.]	.990	M State of legal	domicile OR		
P	art is		mmary							 			
			scribe the organization	on's mission or most	significant acti	vities					·		
•		-	ire and mana		-		ents thro	nah purc	hase a	nd			
ຊ		_	tion to ensu										
Ē			tat, and oth	-		icion or c	.ican wate	, 11311	and wi	Talle			
Ž				_									
တ္	2 (s box ▶ 📗 if the or				of more than 25	% of its net as	1	1 4 5			
ಂಶ	3	Number o	of voting members of	the governing body (Part VI, line 1a	a)			3_	15			
ies	4 1	Number o	of independent voting	members of the gov	erning body (P	art VI, line 1b)			4	15			
<u>₹</u>	5 7	Total num	nber of individuals em		5	8							
Activities & Governance	6 7	Total num	ber of volunteers (es	timate if necessary)					6	500			
•	7a Total unrelated business revenue from Part VIII, column (C), line 12								7a		0		
	1 d	Net unrela	ated business taxable	income from Form	990-T, line 34				7b		0		
								Prior Ye		Curren			
<u>a</u>	8 (Contributi	ons and grants (Part	VIII, line 1h)			<u>_</u>	<u> </u>	4,054		77,864		
Ĕ	9 F	Program s	service revenue (Parl	t VIII, line 2g)			L		0		10,474		
Revenue	10 i	investmer	nt income (Part VIII, o	column (A), lines 3, 4	, and 7d)			1	0 <u>,533</u>		65 , 755		
œ	11 0	Other revi	enue (Part VIII, colun	nn (A), lines 5, 6d, 8d	c, 9c, 10c, and	11e)		3	8,893		5,302		
	12 7	Total reve	nue - add lines 8 thr	ough 11 (must equal	Part VIII, colu	mn (A), line 12)		3,39	3,480	1,2	59,395		
	13 (Grants an	id similar amounts pa	id (Part IX, column (A), lines 1–3)				0		19,921		
	14 E	Benefits p	aid to or for member	s-(Part-IX, column (A	(), line 4)		Γ		0		0		
ý	15 5	Salaries,	other compets we	employee benefits (f	Part IX, column	(A), lines 5-10) [34	1,913	4	26,073		
Sesu	16a F	Profession	nal jundraising tees (Part IXQuolumn (A),	line 11e)				0		0		
Expe	ьт	Total fund	Iraising expenses (Re	ant-IX. (column (D), lin	e 25) ▶	68 ,	612			A COLUMN			
ŭ	17 (Otheries	raising expenses (Pe enses (Part X, color	nn (A) Uines 11a-11d	1. 11f-24e)	•	Γ		8,943		35,459		
	18 T	Total exp	enses. Add lines 13	17 (must equal Part I	X column (A)	line 25)	<u> </u>		0,856		81,453		
			less expenses Subt						2,624		22,058		
58	1		CODCIVIO	Sol mon in nom mic				Beginning of Cu		End of			
Net Assets or Fund Balances	20 T	Total asse	ets (Part X, line 16)				Γ		3,228	4,4	22,350		
Ass 1 Ba	21 T		lities (Part X, line 26)				<u> </u>		6,268		14,236		
žš	22 N		s or fund balances S		line 20				6,960	4.4	08,114		
	art III		nature Block				· · · · · · · · · · · · · · · · · · ·						
_			erjury, Ldeclare that Lb	ave examined this retur	m including acc	omnanving schedu	iles and statemen	its, and to the h	est of my kr	nowledge and he	elief it is		
tn	ue, corre	ect, and co	mplete beoleration of	reparer (other than offi	cer) is based on	all information of	which preparer ha	as any knowledg	je	iomoaga ana be	5.1.5.1, 1t 15		
_								· 					
Sig	ın İ	Sic	gnature of officer						Date				
He			Joe Moll				Execut	ive Dir	rector	_			
		Tv	pe or print name and title	·			2110000	•		<u> </u>			
—			preparer's name	- 	Preparer's signati	ure		Date	Chari	if PTIN			
Paid	d		•		. reparer a signali			Jaio	Check	□ □"	26425		
_	parer		5. Duncan	g C Doth	P C			self-en		36435			
	Only	Firm's nam			P.C.		· 	F	irm's EIN	93-08	19646		
J36	. Citiy	1		Box 10086						E / 1 C O	7 2224		
		Firm's addr			440	4 >		<u>_</u>	hone no		7-2320		
			this return with the p			tions)				XY			
F O F	raperv	work Red	luction Act Notice,	see the separate ins	tructions.					For	m 990 (2011)		

SCANNED AUG 0 2 2012

Form 990 (2011)

,	art:IV. Checklist of Required Schedules		<u>'</u>	age
			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	X	$oxed{oxed}$
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	_2	X	
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_	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	į į		
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	X	<u> </u>
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	l I		
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	_5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	į ,		
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X	$ldsymbol{f eta}$
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	_8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			l
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	_9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted			ĺ
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	3.3		
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1 1		
	complete Schedule D, Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	<u> </u>		
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b	Χ	L
C	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	i		l
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			۱
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
2a				١
	Schedule D, Parts XI, XII, and XIII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	1 }		3,
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,		}	Į
	fundraising, business, investment, and program service activities outside the United States, or aggregate			v
_	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	45		v
£	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40	[Х
7	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		_^
•	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		Х
8	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		
•	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a?	18		

19

20a

20b

If "Yes," complete Schedule G, Part III

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

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

<u></u> -	art IV : Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ł		l
	organization's current and former officers, directors, trustees, key employees, and highest compensated		'	Ì
	employees? If "Yes," complete Schedule J	23		X
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 lines 24b			Ì
	through 24d and complete Schedule K If "No," go to line 25	24a	<u></u>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		L
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			Í
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a 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		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			۱
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	}		l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			۱
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	1		ĺ
	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		<u>X</u>
р	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	00-		v
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		v	
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	X	
31	Part I	24		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		- ^-
JZ	complete Schedule N, Part II	32	1	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
00	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	- 1	Х
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		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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," complete Schedule R, Part V, line 2	35b		Χ
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		Χ
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		_X_
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	_X	
		_	. 000	

Pa	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part V				1	
4-	Establish and beautiful Day 2 of Form 4000. Establish O. if not continoble	الما	18	[Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 1b	0	z.	2.7	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	ן מו			3"	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
2a	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1	t	<u>1c</u>	 	7
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a	8			- - _* ;
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing			2b	X	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			20		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	•/		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	-	 ^`
	At any time during the calendar year, did the organization have an interest in, or a signature or other	authori	tv	35		
•••	over, a financial account in a foreign country (such as a bank account, securities account, or other fin		•,	}		1
	account)?			4a		X
ь	If "Yes," enter the name of the foreign country:			1	> >	
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial	Accou	nts	A	25	1 \
5a				5a	اعمدالتدادد	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a		e				
	organization solicit any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6Ь		1
7	Organizations that may receive deductible contributions under section 170(c).					·. ·
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods			-	<u> </u>
	and services provided to the payor?			7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs				
	required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			<u>.</u>	<u></u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		· · · · · · · · · · · · · · · · · · ·	7 <u>g</u>		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	e a Form 1098-C		C. C.	· · · · · ·
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			1.	42 St.	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			- 2.		74
_	organization, have excess business holdings at any time during the year?			8	(1 - 2)	4
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter			9b	· · ·	•
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			3.5	, " n 1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			7,13	Share,
11	Section 501(c)(12) organizations. Enter				3	, ž
а	Gross income from members or shareholders	11a		1.	٠٠٠,	
b	Gross income from other sources (Do not net amounts due or paid to other sources				;	.*
	against amounts due or received from them)	11b		`	., `	1. ha 1
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		·	•	, is .
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			. :		<u>, , , , , , , , , , , , , , , , , , , </u>
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O					
b	Enter the amount of reserves the organization is required to maintain by the states in which			· .,	·	· , , ,
	the organization is licensed to issue qualified health plans	13b			., .	0 .
С	Enter the amount of reserves on hand	13c			`	`.s
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
<u>b</u> _	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		

Form	1990 (2011) McKenzie River Trust 93-1029808		P	age 6
<u>.</u> Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below		for a	
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in S	ched	ule	
	O. See instructions. Check if Schedule O contains a response to any question in this Part VI			_X
Sec	tion A. Governing Body and Management			,
_		1.35.7	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15	- 4		
	If there are material differences in voting rights among members of the governing body, or	*	2550	11.0°
	if the governing body delegated broad authority to an executive committee or similar	1 3%	3	13
	committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent 15			33.53
р 2	Enter the number of voting members included in line 1a, above, who are independent Lib L5 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		11,200	1) . "
_	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	-		
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		1	11 % 3 (1) %
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	de.)		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	1		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	1203
D	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		X	100
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by	, tolker	3 A S	244
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	100		
а	The organization's CEO, Executive Director, or top management official	15a	Х	Lace Service
ь	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	25. A.S.		N.
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		7	
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ OR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy,			
20	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization McKenzie River Trust 1245 Pearl St.			
r.,		_2/1	= 0	700

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

Check if Schedule O contains a response to any question in this Part VII

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
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees; and former such persons

Check this box if neither the organization nor any related organizations compe							npensated any current offic	er, director, or trustee.		
(A) Name and Title	Average hours per week (describe hours for related organizations in Schedule O) (Average Position (do not check more than one box, unless person is both an officer and a director/frustee) (IC) Position (do not check more than one box, unless person is both an officer and a director/frustee) (IC) Position (Formal Position In State In In In State In In In It In In In It In In In It In In In It In		(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					
(1) Roger Robb		-	-						<u> </u>	
President	2.00	X		Х				0	0	0
(2) Jim Reichman										
Vice President	2.00	X		X				0	0	0
(3) Charlie Ward										
Treasurer	2.00	X		Х	l			0	0	0
(4) Ben Miller										
Secretary	2.00	X		Х				0	0	0
(5) Rolf Anderson										
Director	2.00	X						0	0	0
(6) Kit Larsen										
Director	2.00	X						0	0	0
(7) Charlie Zennache										
Director	2.00	X	<u> </u>			Ш		0	0.	0
(8)Bob Parker										
Director	2.00	Х						0	0	0
(9) Doug DuPriest	0.00									
Director	2.00	Х	L_					0	0	0
(10) Anne Sharman	0 00									•
Director	2.00	X	_4					0	0	0
(11) Jim Pendergrass	2 00	,							0	^
Director	2.00	Х				L		0	0	0
(12) Galen Phipps	2 00	٠,					i			0
Director	2.00	Х		-			-	0	0	0
(13) Bill Sheppard Director	2.00	x						o	o	^
(14) Abe Sorom	2.00	 		\dashv	\dashv		\dashv			0
Director	2.00	$ _{X} $		ļ				o	o	0
DITECTOR	2.00								U	000

Form 990 (2011) McKenzie								93-102		Page l
Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (describe hours for	of	ix, unl	Pos check ess pe nd a c	rson Irecto	than o	ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(15)Margie Paris Director	2.00	Х						0	0	
(16) Joe Moll Executive Director	40.00			Х				65,043	0	17,360
(17) Stephanie Detwi Controller	ler 16.00			Х				8,199	0	240
(18)										
(19)										·
(20)										
(21)										
(22)										
(23)		_					., .			
(24)	<u> </u>		ļ							
(25)								<u>.</u>		
1b Sub-total c Total from continuation she	ets to Part VII, S	Secti	ion A	١.			>	73,242		17,600
d Total (add lines 1b and 1c) 2 Total number of individuals (in reportable compensation from				thos	e lis	ted a	bove		\$100,000 in	17,000
3 Did the organization list any fo						<u> </u>		nunc er highest companse	tod	Yes No
employee on line 1a? If "Yes," 4 For any individual listed on line	complete Schere 1a, is the sum	dule of re	J for porta	such able	n ind com	lividu pens	al atio	n and other compensation	from the	3 X
organization and related organindividual 5 Did any person listed on line 1	_							•		4 X
for services rendered to the or Section B. Independent Contract		es,"	com	plete	Scl	nedu.	le J	for such person		
Complete this table for your five compensation from the organians.	zation Report co							lar year ending with or with	in the organization's tax yea	
Name and	(A) business address							Descript	(B) ion of services	(C) Compensation
		_				_				
							· 			
Total number of independent or received more than \$100,000 and the second		_						e listed above) who	0	
DAA	compensation			uige			_			Form 990 (2011)

Form 990 (2011) McKenzie River Trust

	II Statement of Reve			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	Federated campaigns Membership dues	1a 1b			,	`	
	Fundraising events	1c	21,249		^ -	1	
	Related organizations	1d			· , ,		
	Government grants (contributions)	1e	69,000	١	14	İ	
	All other contributions, gifts, grants,			•			
	and similar amounts not included above	1f	887,615	,			
g	Noncash contributions included in lines 1a	-1f \$	31,871	t / t · `	,	,	
h	Total. Add lines 1a-1f		•	977,864	^		
	-		Busn. Code	010 474	210 474		
2a	Contract revenue			210,474	210,474		
b							
С							
d							
е							
f	All other program service reve	enue		210,474	K		
3	Total. Add lines 2a–2f Investment income (including	dividends II					
3	and other similar amounts)	dividorido, ii	>	40,560	40,560		
4	Income from investment of ta	x-exempt bo	nd proceeds				
5	Royalties		•				
ľ	(ı) Real		(II) Personal	14.	y (**)	;	
6a	Gross rents					;	
	Less rental exps				, ,,		
С	Rental inc or (loss)			<u></u>			
_d							
7a	Gross amount from (i) Securities sales of assets		(II) Other		,×.		
	other than inventory 255	,007			* · · · ·		
Ь	Less cost or other	010		y the year	·		
		,812			Car to the second		
	` ' \	,195		25,195	25,195		
1	Net gain or (loss)			23,130	*		
8a	Gross income from fundraising ever	249		2		ŧ ,	
ļ	(\$5.1, 15.346			
ł	of contributions reported on line 10 See Part IV, line 18	<i>с).</i> а			,		
h	Less. direct expenses	ь	22,046				-
	Net income or (loss) from fun			-22,046	<u> </u>		
	Gross income from gaming activiti			1 3 3 7	1		
	See Part IV, line 19	a				,	
Ь	Less direct expenses	ь			2		
C	Net income or (loss) from gar	ming activitie	es 🕨				
10a	Gross sales of inventory, less	s		Bank I Ka			ļ
ŀ	returns and allowances	a					
	Less: cost of goods sold	b			<u> </u>	-	
<u></u> <u></u> <u></u> <u></u> <u></u>	Net income or (loss) from sal				 	, ,	
<u> </u>	Miscellaneous Revenue		Busn Code	27,348	3		27,3
11a			<u> </u>	27,340			
b			 				
C							
d e				27,348	3	•	
	IOLAI. AUG IIIICS TIA-TIG		_	1,259,395		0	27,3

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

requ	Check if Schedule O contains a response	se to any question in this P	art IX		
	o not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and			- 14 x 2 2 3 3 4 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	organizations in the U.S See Part IV, line 21	19,921	19,921		
2	Grants and other assistance to individuals in			, , , , , , , , , , , , , , , , , , , ,	
	the U.S. See Part IV, line 22			3 *	
3	Grants and other assistance to governments,			, ", ", ", ", ", ", ", ", ", ", ", ", ",	
	organizations, and individuals outside the				• •
	U S See Part IV, lines 15 and 16				<u>, '</u>
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		{		
	trustees, and key employees	90,691	30,740	48,064	11,887
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	267,595	162,139	70,197	35,259
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,056		1,995	1,392
9	Other employee benefits	25,995			4,324
10	Payroll taxes	33,736	17,630	10,613	5,493
11	Fees for services (non-employees)				
а	Management				
þ	Legal	1,000	1,000		<u> </u>
C	Accounting	11,982		11,982	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	ļ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·	
f	Investment management fees		- 100	1 000	
g	Other	7,083	5,120	1,290	673
12	Advertising and promotion	2,134	1,670	17	447
13	Office expenses	20,506	8,303	7,372	4,831
14	Information technology				·
15	Royalties	34 405	252	22 750	400
16	Occupancy	34,485	253 9,050	33,752	480
17	Travel	10,678	9,030	999	629
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	13,172	13,172		
20 21	Interest Payments to affiliates		15,172		
22	•	11,240		11,240	
23	Depreciation, depletion, and amortization Insurance	12,035	350	11,685	_
24	Other expenses, Itemize expenses not covered	(2 · 12) · 4 · 4 · 4 · 5 · 5 · 6	51 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2 \$2	11,000	factor and the second
	above (List miscellaneous expenses in line 24e If			****	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				***
а	Land acquisition expense	730,875	730,875		
ь	Land management expense	357,816	357,596		220
c	Other	15,785	6,783	6,928	2,074
d	Training	6,668	3,774	1,991	903
_	All other expenses		48,150	-48,150	
25	Total functional expenses. Add lines 1 through 24e	1,681,453	1,435,558	177,283	68,612
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
DAA					Form 990 (2011)

		(Palance Short				1023000		Faye II
<u> </u>	art)	Balance Sheet				(4)	, 	(B)
				=		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing				102		10,656
	2	Savings and temporary cash investments				203,866	2	428,493
	3	Pledges and grants receivable, net				780,803	3	392,987
	4	Accounts receivable, net				6,584	4	4,838
	5	Receivables from current and former officers, directors,	trustee	s, key		45	٠,	· ~,.
	İ	employees, and highest compensated employees. Com						
	ĺ	Schedule L	•				5	
	6	Receivables from other disqualified persons (as defined	Estimate - a to	3 ,	· ·			
	1	4958(f)(1)), persons described in section 4958(c)(3)(B),						
		employers and sponsoring organizations of section 501			,	3		
()		employees' beneficiary organizations (see instructions)	`	•			6	
Assets	7	Notes and loans receivable, net					7	
As	8	Inventories for sale or use					8	
	9	Prepaid expenses and deferred charges				3,600	9	3,838
		Land, buildings, and equipment cost or	[]			The state of the state of		
	''-	other basis Complete Part VI of Schedule D	10a	2.	266,677		1.00	Many Cara Andrews
	h	Less accumulated depreciation	10b		81,919	2,749,549		
	11	Investments—publicly traded securities	_100			1,158,958		997,572
	12	Investments—other securities See Part IV, line 11				424,971		399,208
	13	Investments—program-related See Part IV, line 11					13	333/200
	14	Intangible assets					14	
	15	Other assets See Part IV, line 11				154,795		
	16	Total assets. Add lines 1 through 15 (must equal line 3-	4 \			5,483,228		4,422,350
	17	Accounts payable and accrued expenses	<u>"</u>			19,268	17	14,236
	18	Grants payable				15/200	18	11/230
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of			21			
(6	22	Payables to current and former officers, directors, truste				19 x		S. A. M. A. C. S. A. 20
Liabilities		employees, highest compensated employees, and disqu						
į	l	Complete Part II of Schedule L	Janneu	persons		<u> </u>	22	<u> </u>
Ľ	23	Secured mortgages and notes payable to unrelated third	d parting			587,000	23	
	24	Unsecured notes and loans payable to unrelated third pa	•	•		3017000	24	
		Other liabilities (including federal income tax, payables t		d third			-	
		parties, and other liabilities not included on lines 17-24)						
	ł	of Schedule D	Outip	Olo I dit X			25	
	26	Total liabilities. Add lines 17 through 25				606,268		14,236
		Organizations that follow SFAS 117, check here ►X	and	complete				- m44
S	ŀ	lines 27 through 29, and lines 33 and 34.		complete				
Ē	27	Unrestricted net assets				3,805,106	27	3,652,355
3ala	28	Temporarily restricted net assets				1,071,854	28	755,759
Id E	29	Permanently restricted net assets					29	337.33
5		Organizations that do not follow SFAS 117, check he	are 🍆	and		Wast towast	3.4	
or Fund Balances		complete lines 30 through 34.		J			***	
ets	30	Capital stock or trust principal, or current funds			30			
155	31	Paid-in or capital surplus, or land, building, or equipment	ľ		31	<u> </u>		
Net Assets	32	Retained earnings, endowment, accumulated income, or		funds	ŀ		32	
ž	33	Total net assets or fund balances		4,876,960	33	4,408,114		
	34	Total liabilities and net assets/fund balances				5,483,228		4,422,350
	J-+	Total naplinies and her assets/fund balances				3, 103, 220	<u> </u>	1,122,550

Form **990** (2011)

Form 990 (2011) McKenzie River Trust	93-1029808	Pag	e 12
Part XI Reconciliation of Net Assets			
Check if Schedule O contains a response to any que	estion in this Part XI		\Box
	,		
1 Total revenue (must equal Part VIII, column (A), line 12)		1 1,259,3	
2 Total expenses (must equal Part IX, column (A), line 25)		2 1,681,4	
3 Revenue less expenses Subtract line 2 from line 1		3 -422,0	
4 Net assets or fund balances at beginning of year (must equal Part X,	line 33, column (A))	4 4,876,9	
5 Other changes in net assets or fund balances (explain in Schedule C)	5 -46,7	<u> 88</u>
6 Net assets or fund balances at end of year. Combine lines 3, 4, and	5 (must equal Part X, line 33,		
column (B))		6 4,408,1	.14
Part XII Financial Statements and Reporting			
Check if Schedule O contains a response to any que	estion in this Part XII		\prod
 Accounting method used to prepare the Form 990	y an independent accountant? ent accountant?	2a X	No X
of the audit, review, or compilation of its financial statements and se If the organization changed either its oversight process or selection p Schedule O If "Yes" to line 2a or 2b, check a box below to indicate whether the fir issued on a separate basis, consolidated basis, or both	lection of an independent accountant? process during the tax year, explain in mancial statements for the year were	2c X	
 X Separate basis Consolidated basis Both consolidate 3a As a result of a federal award, was the organization required to under the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If required audit or audits, explain why in Schedule O and describe any 	the organization did not undergo the	3a 3b	<u>X</u>
		Form 990 ((2011)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

McKenzie River Trust

Employer Identification number 93-1029808

														
Р	art I	Reas	on for Public Charity	Status (All organization	ns must c	omplete	this p	art.) S	ee ins	tructio	ns			
The	orga	nization is not	a private foundation becau	se it is (For lines 1 through	11, check on	ly one box	()							
1		A church, co	nvention of churches, or as	sociation of churches describ	ed in sectio	n 170(b)(1)(A)(i).							
2				(A)(ii). (Attach Schedule E)										
3				rice organization described in	section 170)(b)(1)(A)	(iii).							
4				ed in conjunction with a hosp)(1)(A)(iii). Ent	er the h	nospital's na	me.		
•	ليا	city, and stat	•	od in conjunction with a moop		000		-,,,,,,,,,	,		oopital o me	,		
5	\Box			of a college or university owi	ned or oners	ted by a n	overnm	ental un	ıt descr	n badı				
3	Ш				neu or opera	ted by a g	JOVETHIL	cillai uii	it uesci	ibed iii				
_			(b)(1)(A)(iv). (Complete Par	*		-6 /1 \/4\/								
6	1	•		governmental unit described										
7	X	•	-	substantial part of its suppo	rt from a gov	ernmenta	il unit or	from the	gener	al public	С			
		described in	section 170(b)(1)(A)(vi). (C	Complete Part II)										
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) As 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														
11	П	An organizat	on organized and operated	exclusively for the benefit of	to perform i	he function	ons of, o	r to carr	y out th	e				
	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													
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(2). See section 509(a)(2).													
	a Type I b Type II c Type III—Functionally integrated d Type III—Other													
е	a Type I b Type II c Type III—Functionally integrated during Type III—Other 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 50	-	,	• •	•				`	•			
f			· · · ·	ermination from the IRS that	ıt is a Type I	. Type II.	or Type	III supp	ortina					
'			check this box		п.о ц., уро.	, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o. ,,,,,	осрр	J					
_		•		ation accepted any gift or con	tribution from	n any of th	ha							
g		_		ation accepted any girt of con		ii aliy ol ti								
		following pe		4				\ a=a				[v.		
				ontrols, either alone or togetl	ner with pers	ons descr	ibea in (ii) and			<u> </u>	Yes	No	
		• •	w, the governing body of the								11g		 	
			member of a person descri								119		┼	
		(iii) A 35% d	controlled entity of a person	described in (i) or (ii) above?							11g	<u>(ii)}</u>		
h		Provide the	following information about t	the supported organization(s	<u> </u>						,			
(i		e of supported	(ii) EIN	(iii) Type of organization	1 1 1	organization		ou notify		Is the	i .	Amount of		
	org	anization		(described on lines 1–9 above or IRC section		isted in your document?		nzation in of your		tion in col ized in the		upport		
				(see instructions))	9570111179		sup	port?	U	S ?				
	_				Yes	No	Yes	No	Yes	No				
A)									}]				
							L							
B)					ĺ					1 1				
						ļ								
C)				}		,			}					
				ļ				<u>. </u>		L				
D)					{	[]								
									<u> </u>					
E)				1						}	l			
			W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	32 1502 150 1 2 6	7 , 3-	S 2 (3 3	 -						
٠.					3 3	, " + 5	1,5	- «		۱ ،				

93-1029808

Page 2

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) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 802,558 3,344,054 2,433,499 716,242 977,864 8,274,217 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 802,558 Total. Add lines 1 through 3 2,433,499 716,242 3,344,054 977,864 8,274,217 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) 34. 194 Public support. Subtract line 5 from line 4 8,274,217 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (b) 2008 (c) 2009 (d) 2010 (e) 2011 (a) 2007 (f) Total Amounts from line 4 2,433,499 716,242 802,558 3,344,054 977,864 8,274,217 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 87,953 78,415 66,243 42,598 40,560 315,769 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets 49,721 27,348 198,707 (Explain in Part IV) 51,558 36,325 11 Total support. Add lines 7 through 10 8,788,693 12 Gross receipts from related activities, etc. (see instructions) 12 251,034 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 94.15% 15 Public support percentage from 2010 Schedule A, Part II, line 14 15 92.00% 16a 33 1/3% support test-2011. 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 b 33 1/3% support test-2010. 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 17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Par	rt II.
If the organization fails to qualify under the tests listed below, please complete Part II.)	

<u></u>	tion A Bublic Support	quality under ti	ie lesis listeu i	below, please c	omplete Part II	·· <i>)</i>	
	ction A. Public Support ndar year (or fiscal year beginning in) ▶	T (a) 2007	(h) 2008	(-) 2000	(4) 2010	(-) 2011	(O T-4-1
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
2	grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's fax-exempt purpose 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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support	·					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(ь) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6					 	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on		<u> </u>				
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)						
14	First five years. If the Form 990 is for the	organization's first	, second, third, fo	urth, or fifth tax yea	ar as a section 501	(c)(3)	
	organization, check this box and stop her						<u> </u>
<u>Sec</u>	tion C. Computation of Public Su	upport Percent	tage		<u></u>		
15	Public support percentage for 2011 (line 8	• • •	•	n (f))		15	<u>%</u>
16	Public support percentage from 2010 Scho					16	%_
	tion D. Computation of Investme						
17	Investment income percentage for 2011 (i		-	, column (f))		17	%
18	Investment income percentage from 2010	•				18	%_
19a	33 1/3% support tests—2011. If the orga						
_	17 is not more than 33 1/3%, check this bo	•	_	•			▶ []
b	33 1/3% support tests—2010. If the orga						<u> </u>
	line 18 is not more than 33 1/3%, check th	•	-	-		-	P
20	Private foundation. If the organization did	not check a box o	<u>n line 14, 19a, or</u>	190, check this bo	x and see instructi	ons	

Schedule A (Form 990 or 990-EZ) 2011 McKenzie River Trust

93-1029808

Page 4

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. Also complete this part for any additional information (See instructions)

Part II, Line 10 - Other Income Detail

Other income

Ś

198,707

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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.

OMB No 1545-0047

2011
Open to Rublic Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of organization

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

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

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations Complete Part III

	<u> </u>			93-10298	. <u>08</u>
Pai	til-A Complete if the organization is exer	npt under section 501(c) or is a section	on 527 organizati	on.
1	Provide a description of the organization's direct and indire	ect political campaign activities	in Part IV.		· ———
2	Political expenditures			▶ \$	
3	Volunteer hours			•	
				···	
Pai	til-Ba Complete if the organization is exer	npt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the organization	zation under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organization	<u> </u>	5	▶ \$	
3	If the organization incurred a section 4955 tax, did it file Fe	orm 4720 for this year?			Yes No
	Was a correction made?				∐ Yes ∐ No
	If "Yes," describe in Part IV	-44	\	504(-)(0)	
	TIPE Complete if the organization is exer			on 501(c)(3).	
1	Enter the amount directly expended by the filing organizat	ion for section 527 exempt fund	tion		
_	activities			▶ \$	
2	Enter the amount of the filing organization's funds contribu	uted to other organizations for s	ection		
_	527 exempt function activities	1 . b		▶ \$	
3	Total exempt function expenditures Add lines 1 and 2 En	iter here and on Form 1120-PO	L,	. .	
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification n	· · ·	_	_	
	organization made payments For each organization listed				
	the amount of political contributions received that were pro	• •	•	•	
	as a separate segregated fund or a political action commit				(a) Associated collecti
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					defivered to a separate
					political organization if none, enter -0
1)					
')					11
2)					
-,					
3)		 		·	
-,		<u> </u>			
4)					··
•					
 5)					
-			1		
5)					
or Pa	erwork Reduction Act Notice, see the instructions for Form 990 or 990-E	z		Schedule C	(Form 990 or 990-EZ) 2011

Sche	dule C (Form 990 or 990-EZ) 2011 MCKEII	zie River irust		93-1029808	Page 2
Pa		ization is exempt under section 5	i01(c)(3) ar	d filed Form 5768 (e	lection under
	section 501(h)). Check ▶ ☐ if the filing organizat	ion belongs to an affiliated group (a	nd list in Pa	irt IV each affiliated gr	roup member's
		, expenses, and share of excess lo			
В	·	on checked box A and "limited con		•	
		bbying Expenditures		(a) Filing	(b) Affiliated
		means amounts paid or incurred.)		organization's totals	group totals
1a	a Total lobbying expenditures to influence p	public opinion (grass roots lobbying)		500	
t	Total lobbying expenditures to influence a	legislative body (direct lobbying)			
c	Total lobbying expenditures (add lines 1a	and 1b)		500	
c	1 Other exempt purpose expenditures			1,680,953	
ε	Total exempt purpose expenditures (add	lines 1c and 1d)		1,681,453	
•	f Lobbying nontaxable amount Enter the a	•			
,	columns			234,073	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		The state of the state of	
	Not over \$500,000	20% of the amount on line 1e		The Sale of the Sa	1 pt - 12 pt - 1
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000			Children Spile
	Over \$17,000,000	\$1,000,000		3 (0,00)	* · · · · · · · · · · · · · · · · · · ·
ç	Grassroots nontaxable amount (enter 25%	% of line 1f)		58,518	
t	Subtract line 1g from line 1a. If zero or les	ss, enter -0-		0	
i	Subtract line 1f from line 1c If zero or les	s, enter -0-		0	
i	If there is an amount other than zero on e	ither line 1h or line 1i, did the organization f	le Form 4720		
	reporting section 4911 tax for this year?				Yes No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

		obbying Expenditu	res During 4-Yea	r Averaging Peri	od	
	Calendar year (or fiscal year beginning ın)	(a) 2008	(ь) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount			288,543	234,073	522,616
b	Lobbying ceiling amount (150% of line 2a, column(e))					783,924
С	Total lobbying expenditures			10,000	500	10,500
d	Grassroots nontaxable amount			72,136	58,518	130,654
е	Grassroots ceiling amount (150% of line 2d, column (e))					195,981
f	Grassroots lobbying expenditures				500	500

Schedule C (Form 990 or 990-EZ) 2011

	T (a)		(b)	–	
For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Α	moı		
 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 Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? 				1 TO 1 TO 1		
c Media advertisements?		-	************			·····
d Mailings to members, legislators, or the public?	 	<u> </u>				
e Publications, or published or broadcast statements?	<u> </u>					
f Grants to other organizations for lobbying purposes?				_		
g Direct contact with legislators, their staffs, government officials, or a legislative body?						
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-					
i Other activities?						
j Total. Add lines 1c through 1ı	is,	e e e la constantina				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			1. 74.		^	4.5
b If "Yes," enter the amount of any tax incurred under section 4912	* 1.) }				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	: ,	2 2 2 2 3 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	,,		7. X 1547.	_	.,,*	, , ,
Part III-A: Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	5U1(C)(5),	or se	ection ———			T
4. Mere substantially all (00% or mare) dues recoved pandadustible by members?			<u></u>		Yes	No
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? 				1 2		
Did the organization make only in-house lobbying expenditules of \$2,000 or less: Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		\vdash
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."		if Pa		line	3, is	s
1 Dues, assessments and similar amounts from members		_1				
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		, , ,				
political expenses for which the section 527(f) tax was paid). a Current year		2a				
b Carryover from last year		2b				
c 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, Part II- 1 Also, complete this part for any additional information	A, and Part II	-B, line	•			
Schedule C, Part II-A, Explanation of Four Year Average	ging					
2010 was the first year any lobbying was performed.						

93-1029808

Page 4

Schedule C (Form 990 or 990-EZ) 2011 McKenzie River Trust

Part IVA Supplemental Information (continued)

00500

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Nam	of the organization		Employer	identification	on number	
N	cKenzie River Trust		93-1	.02980	0.8	
	organizations Maintaining Donor Advised F organization answered "Yes" to Form 990, Part	unds or Other Similar Funds or Ad				е
		(a) Donor advised funds	(b) Funds and	d other accounts	3
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing the	nat the assets held in donor advised				
	funds are the organization's property, subject to the organization's ex	clusive legal control?			Yes	No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used				
	only for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose				_
	conferring impermissible private benefit?				Yes	No.
<u>P</u>	art II Conservation Easements. Complete if the org	anization answered "Yes" to Form 9	<u>90, Pa</u>	<u>rt IV, lin</u>	<u>e 7.</u>	
1	Purpose(s) of conservation easements held by the organization (check	ck all that apply).				
	X Preservation of land for public use (e.g., recreation or education)	Preservation of an historically impo	ortant la	nd area		
	X Protection of natural habitat	Preservation of a certified historic	structure	•		
	X Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a consen	vation			
	easement on the last day of the tax year			,		
				Held at th	e End of the	
а	Total number of conservation easements		2a		2:	
b	Total acreage restricted by conservation easements		2b		1,66	8.00
C	Number of conservation easements on a certified historic structure in		2c			
d	Number of conservation easements included in (c) acquired after 8/1	7/06, and not on a				
	historic structure listed in the National Register		<u>2d</u>			
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organization	on during	the the		
	tax year >					
4	Number of states where property subject to conservation easement is					
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, nandling or			X Yes	
•	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enfo	roung concentration excements during the von			X Yes	∐ No
6	▶ 500		31			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing \$\bigset\$ \$16,522\$	-				
8	Does each conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(B)				
	(i) and section 170(h)(4)(B)(ii)?				Yes	∐ No
9	In Part XIV, describe how the organization reports conservation ease	•				
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that des	scribes t	he		
D	organization's accounting for conservation easements.	Historical Transumas or Other Si	mile-	Acceta		
[Pi	urt III Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to		ımılar i	Assets.	ı	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and ba	lance st	neet		
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance of			
	public service, provide, in Part XIV, the text of the footnote to its financial	cial statements that describes these items				
b	If the organization elected, as permitted under SFAS 116 (ASC 958),	to report in its revenue statement and balanc	æ sheet			
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	ance 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		>	\$		
2	If the organization received or held works of art, historical treasures, of	r other sımılar assets for financıal gaın, provi	de the			
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items				
а	Revenues included in Form 990, Part VIII, line 1		>	\$		
_ b	Assets included in Form 990, Part X		<u> </u>	\$		

0500	•				
Sche	dule D (Form 990) 2011 McKenzie	River Trust		93-1029808	Page 2
	irt III Organizations Maintaining		listorical Treasures	, or Other Similar As	sets (continued)
3	Using the organization's acquisition, accessio collection items (check all that apply)				
а	Public exhibition	 -	exchange programs		
b	Scholarly research	e 💹 Other			
C	Preservation for future generations				
4	Provide a description of the organization's col	lections and explain how th	ney further the organization	n's exempt purpose in Part	
_	XIV.			,	
5	During the year, did the organization solicit or				
- Do	assets to be sold to raise funds rather than to art IV Escrow and Custodial Arra				MOOD Part IV
<u>. </u>	Escrow and Custodial Arra line 9, or reported an amount			ilswered res to ron	
1a	Is the organization an agent, trustee, custodia	n or other intermediary for	contributions or other asse	ets not	
	included on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIV a	and complete the following	table		
				<u> </u>	Amount
C	Beginning balance			1c	
d	Additions during the year			1d	
е	Distributions during the year			1e	
f	Ending balance			1f	
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21?			Yes No
	If "Yes," explain the arrangement in Part XIV				
					
	irt V Endowment Funds. Comple				
Pa	irt V		answered "Yes" to Fo		
Pa 1a	Beginning of year balance				
Pa 1a b	Beginning of year balance Contributions				
Pa 1a b	Beginning of year balance				
Pa 1a b	Beginning of year balance Contributions Net investment earnings, gains, and				
Pa 1a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses				back (e) Four years back
Pa 1a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships				back (e) Four years back
Pa 1a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and				back (e) Four years back
Pa 1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs				back (e) Four years back
Pa 1a b c d e	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses	(a) Current year	b) Prior year (c) Two ye		back (e) Four years back
Pa fa b c d e f g	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance	(a) Current year	b) Prior year (c) Two ye		back (e) Four years back
Pa 1a b c d e f g 2 a	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre	(a) Current year (b) Prior year (c) Two ye		back (e) Four years back
Pa 1a b c d e f g 2 a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment	(a) Current year (b) Prior year (c) Two ye		back (e) Four years back
Pa 1a b c d e f g 2 a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment	nt year end balance (line 1 %	b) Prior year (c) Two ye		back (e) Four years back
Pa 1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment % Temporarily restricted endowment	nt year end balance (line 1 %	g, column (a)) held as:	ears back (d) Three years	back (e) Four years back
Pa 1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment \(\) % Temporarily restricted endowment \(\) % The percentages in lines 2a, 2b, and 2c should	nt year end balance (line 1 %	g, column (a)) held as:	ears back (d) Three years	back (e) Four years back Yes No
Pa 1a b c d e f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment % Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should Are there endowment funds not in the possess	nt year end balance (line 1 %	g, column (a)) held as:	ears back (d) Three years	back (e) Four years back Yes No
Pa fa de f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment \(\) % Temporarily restricted endowment \(\) % The percentages in lines 2a, 2b, and 2c should Are there endowment funds not in the possess organization by (i) unrelated organizations (ii) related organizations	nt year end balance (line 1 % d equal 100% sion of the organization tha	g, column (a)) held as:	ears back (d) Three years	yes No
Pa fa de f g 2 a b c	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment \(\) % Temporarily restricted endowment \(\) % The percentages in lines 2a, 2b, and 2c should Are there endowment funds not in the possess organization by (i) unrelated organizations If "Yes" to 3a(ii), are the related organizations	nt year end balance (line 1 % d equal 100% sion of the organization that	g, column (a)) held as:	ears back (d) Three years	back (e) Four years back Yes No 3a(i)
Pa 1a b c d e f g 2 a b c 3a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment \(\) % Temporarily restricted endowment \(\) % The percentages in lines 2a, 2b, and 2c should Are there endowment funds not in the possess organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations Describe in Part XIV the intended uses of the	nt year end balance (line 1 % d equal 100% sion of the organization that	g, column (a)) held as: t are held and administeredule R? funds	ears back (d) Three years	yes No
Pa 1a b c d e f g 2 a b c 3a b	Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the curre Board designated or quasi-endowment Permanent endowment \(\) % Temporarily restricted endowment \(\) % The percentages in lines 2a, 2b, and 2c should Are there endowment funds not in the possess organization by (i) unrelated organizations If "Yes" to 3a(ii), are the related organizations	nt year end balance (line 1 % d equal 100% sion of the organization that	g, column (a)) held as: t are held and administeredule R? funds	ears back (d) Three years	yes No 3a(i) 3a(ii)

Part VI Land, Buildings, and	Equipment. See Form 990	, Part X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,161,855	13.500	2,161,855
b Buildings				
c Leasehold improvements			. <u></u>	
d Equipment		104,822	81,919	22,903
e Other				
otal, Add lines 1a through 1e (Column (d)	nust equal Form 990, Part X, colu	mn (B), line 10(c))	>	2,184,758

Schedule D (Form 990) 2011

Part VII Investments—Other Securities. See Form 990,	Part X. line 12.	73 1023000 Tage 0
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other Beneficial interest in OCF	389,138	Market
(A) Certificate of deposit	10,070	Cost
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(1)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	399,208	, , , , ,
Part VIII Investments—Program Related. See Form 990	, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		,
Part IX Other Assets. See Form 990, Part X, line 15.		
(a) Description		(b) Book value
(1)		
(2)		
(3)		
_(4)		
	<u> </u>	
_(7)		
_(8)		<u></u>
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<u> </u>
Part X . Other Liabilities. See Form 990, Part X, line 25		
1. (a) Description of liability	(b) Book value	The state of the s
(1) Federal income taxes		
_(2)		
(3)		Control of the second of the s
_(4)		
_(5)		No.
(6)		
_(7)		
(8)		4
(9)		and the state of the state of the state of
(10)		
(11)		* * * * * * * * * * * * * * * * * * * *
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)		

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Sche	dule D (Form 990) 2011 McKenzie River Trust		93-102980	08	Page 4
	int XII Reconciliation of Change in Net Assets from Form 990	to Audi			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
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 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10	
Pá	irtXII Reconciliation of Revenue per Audited Financial Statem	ents W	ith Revenue per Re	eturn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1994	
а	Net unrealized gains on investments	2a_			
b	Donated services and use of facilities	2b	·		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1		i	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			28.	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u> </u>	5	<u> </u>
Pâ	Reconciliation of Expenses per Audited Financial States	ments V	With Expenses per	Retur	'n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
а	Donated services and use of facilities	2a			
Ь	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e_	
3	Subtract line 2e from line 1			3	

Part XIV Supplemental Information

b Other (Describe in Part XIV.)

c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

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

Part II, Line 9 - Accounting for Conservation Easements

Land held for Conservation: Purchased land is recorded at cost. Donated land is recorded as a contribution at its estimated fair market value at the date of gift. Land conservation easements have no readily discernible value and therefore, are not recorded. While professional appraisals are used to determine a fair market value for conservation easements held by the Trust, that value is not convertible by the Trust and holding the

⊘PartXIV Supplemental Information (continued)

easement increases the Trust's stewardship obligations. Consequently, easements are recorded at a nominal \$1 value for tracking purposes only. The Board may from time to time evaluate the carrying value of land held for conservation and if the value of the property appears impaired based upon restrictions imposed by the Board or a third-party funding source, may adjust the value of the land based on the restrictions imposed.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

2011

Open to Public 27.

Employer identification number Name of the organization 93-1029808 McKenzie River Trust Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. (Parti) Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (I) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity from activity or entity (fundraiser) fundraiser listed in control of organization contributions' col (i) Yes 10 Total ▶

Page 2

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Living River None (add col. (a) through col (c)) (event type) (event type) (total number) Revenue 21,249 21,249 1 Gross receipts 2 Less: Charitable 21,249 21,249 contributions 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes 2,297 2,297 Direct Expenses 6 Rent/facility costs 7 Food and beverages 2,500 2,500 8 Entertainment 17,249 17,249 9 Other direct expenses 22,046 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % Yes Yes 6 Volunteer labor No No 7 Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain 10a Yes No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain

Schedule G (Form 990 or 990-EZ) 2011 McKenzie River Trust 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partners formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/sperecords: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receivenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:	ecial events books and	Yes No. 13a % 13b %
 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partners formed to administer charitable gaming? Indicate the percentage of gaming activity operated in: The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/sperecords: Name Address Does the organization have a contract with a third party from whom the organization receivenue? If "Yes," enter the amount of gaming revenue received by the organization \$ amount of gaming revenue retained by the third party \$ 	ecial events books and	Yes No. 13a % 13b %
 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partners formed to administer charitable gaming? Indicate the percentage of gaming activity operated in: The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/sperecords: Name Address Does the organization have a contract with a third party from whom the organization receivenue? If "Yes," enter the amount of gaming revenue received by the organization \$ amount of gaming revenue retained by the third party \$ 	ecial events books and	13a % 13b %
formed to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/sperecords: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receivenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$	ecial events books and	13a % 13b %
 Indicate the percentage of gaming activity operated in: The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/sperecords: Name Address Does the organization have a contract with a third party from whom the organization receivenue? If "Yes," enter the amount of gaming revenue received by the organization \$ amount of gaming revenue retained by the third party \$ 	ceives gaming	13b %
a The organization's facility b An outside facility 14 Enter the name and address of the person who prepares the organization's gaming/sperecords: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receivenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$	ceives gaming	13b %
 14 Enter the name and address of the person who prepares the organization's gaming/sperecords: Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receivenue? b If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$ 	ceives gaming	
records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization recrevenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$	ceives gaming	
Address ▶ 15a Does the organization have a contract with a third party from whom the organization recrevenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$		
 15a Does the organization have a contract with a third party from whom the organization recrevenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$ 		
revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$		
 b If "Yes," enter the amount of gaming revenue received by the organization ► \$ amount of gaming revenue retained by the third party ► \$ 	and the	
amount of gaming revenue retained by the third party ▶ \$	and the	∐ Yes ∐ No
c If "Yes," enter name and address of the third party:	•	
Name ▶		
Address ►		
16 Gaming manager information		
Name ▶		
Gaming manager compensation ▶ \$		
Description of services provided ▶		
Director/officer Employee Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the ga	iming proceeds to	□ v ₌₌ □ N ₌
		Yes No
retain the state gaming license?	mot organizations or	
	mpt organizations or	

SCHEDULEI (Form 990)

00200

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

OMB No 1545-0047 2011

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Open to Public Inspection

Name	Name of the organization					Employer ide	Employer identification number		
	McKenzie River Trust	st				93-10	93-1029808		
Ä	Part General Information on Grants and Assistance	Assistance							
~	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	he amount of the gr	ants or assi	stance, the grantees'	eligibility for the grant	s or assistance, and	.	× X	2
7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	nitoring the use of o	rant funds i	n the United States					
ď	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes"	vernments an	d Organiz	zations in the Un	ited States. Com	plete if the orga	ınization answ	ered "Yes"	
	to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed	recipient that re space is needeo	ceived mo	ore than \$5,000. C	heck this box if n	io one recipient	received more	than \$5,000.	▲
-	(a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	rant
ε	(1) Coalition of Oregon Land Trusts							Tand conservation	l oi.
Enc		45-1510255		19,921					
(2)									
ල									
(4)									
(2)									
9)									
6									
(8)									
6									1
9.6	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	organizations listed	d in the line	1 table	; ;		;	 	

Schedule I (Form 990) (2011)

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

93-1029808

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed Schedule | (Form 990) (2011) MCKenzie River Trust

00500

	רמון ווו כמון סב ממטווכמופת וו מתחווכוומו אסמכם וא וופכתפת	מושו אלשבע וא ווענתעת				
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	•
1						
						•
7						
2						
4						
2						
9						
:						
7						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	mplete this part to prov	ide the information r	equired in Part I, line	2, and any other additiona	l information
72						

Procedures for Monitoring the Use of Grant Funds ı ~ Part I, Line an agreement with the Coalition of Oregon Land Trusts (COLT) The Trust has

authority to accept grant funds for support of the work of COLT. The Trust to act as its fiscal sponsor. As part of this agreement, the Trust has the

received grants in support of COLT and passed a portion of the funds on to

expenses. pay COLT Part IV - Additional Information

The Coalition of Oregon Land Trusts (COLT) obtained an EIN and subsequently

applied for their 501(c)(3) status during 2011, which was received in

Schedule I (F	Schedule (Form 990) (2011) McKenzie River Trust	er Trust	σ	93-1029808		Page 2
Partill	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line-22. Part III can be duplicated if additional space is needed.	Individuals in the Unial space is needed.	nited States. Comp	olete if the organizatio	n answered "Yes" to Form	
<u> </u>	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other)
-						
2						
n						
4						
9						
မ						
7						
Partiv	Supplemental Information. Complete this part to provide	plete this part to prov	ide the information r	equired in Part I, line	te the information required in Part I, line 2, and any other additional information.	information.

00200

MRT acted as the fiscal sponsor for COLT during 2011. January 2012.

00500

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

Attach to Form 990.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

McKenzie River Trust

Employer identification number 93-1029808

P	art l Types of Property					
<u>-:</u>		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part Vill, line 1g	(d) Method of determi noncash contribution a	-
1	Art—Works of art					
2	Art—Historical treasures					
3	Art—Fractional interests					
4	Books and publications		13 PARTITION			
5	Clothing and household goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities—Publicly traded	X	2	2 , 871	Market value at	donation
10	Secunties—Closely held stock					
11	Securities—Partnership, LLC, or trust interests			!		
12	Securities—Miscellaneous					
13	Qualified conservation					
	contribution—Historic structures					
14	Qualified conservation					
	contribution—Other	X	2	29,000	Comparable appr	aisals
15	Real estate—Residential					
16	Real estate—Commercial					
17	Real estate—Other					
18	Collectibles					
19	Food inventory					
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►(
26	Other ►(
27	Other ►(
28	Other ►(
29	Number of Forms 8283 received by twhich the organization completed Fo	-			29	
						Yes No
30a	During the year, did the organization	receive by	contribution any propert	ty reported in Part I, lines 1	-28 that	
	it must hold for at least three years fr	rom the da	te of the initial contribution	on, and which is not require	ed to be	
	used for exempt purposes for the ent	tire holding	period?			30a X
b	If "Yes," describe the arrangement in	Part II				
31	Does the organization have a gift acc	ceptance p	olicy that requires the re-	view of any non-standard		
	contributions?					31 X
32a	Does the organization hire or use thir	rd parties o	or related organizations to	o solicit, process, or sell no	oncash	
	contributions?					32a X
b	If "Yes," describe in Part II					
33	If the organization did not report an a	mount in c	column (c) for a type of p	roperty for which column (a	a) is checked,	
	describe in Part II				-	1.34.1.35177.3

Schedule M (Form 990) (2011) MCKenzie River Trust 93-1029808

Rart III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

2011
Open to Rubile

OMB No 1545-0047

Name of the organization

McKenzie River Trust

Employer Identification number 93-1029808

Form 990, Part I, Line 6

Volunteers help with stewardship of properties (tree planting, weed removal) and outreach events.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 A draft of the form 990 is provided to the finance committee (FC) for their review. Before the form is filed the FC refers to Form 990 to the full board for its review and discussion.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Each director, principal officer and member of a committee with governing

board delegated powers signs a statement upon joining the board which

affirms they have:

- A) Received a copy of the Conflict of Interest Policy
- B) Has read and understands the Policy
- C) Has agreed to comply with the Policy
- D) Understand the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in acitivities which accomplish one or more of its tax exempt purposes.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Executive committee of board reviews MRT compensation data, including the compensation of the Executive Director, as part of annual review and salary adjustments. Compensation agreements and benefits are reviewed for reasonableness. Based on competent survey information and the result of

Name of the organization

McKenzie River Trust

Employer identification number 93-1029808

arm's length bargaining.

Form 990, Part VI, Line 15b - Compensation Process for Officers

The Executive Director reviews MRT compensation data as part of annual review. Management other than Executive Director have received COLA increases granted to other employees.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Documents are available upon request.

Ferms	Mor	tgages and Oth	er Notes Payable		
990 / 990-PF	For calendar year 2011,		, and ending		2011
Name	10. 000.00. 100. 10. 11.	or tax your boginning	<u> </u>	Employer Ident	tification Number
McKenzie Rive	r Trust			93-1029	808
	t X, Line 23 -	- Additional	Information		*
101m 330, 141		naar cronar			
(1) Note Payabl	Name of lender	<u> </u>	Relationship to di	squalified person	
(2)					
(3)					
(5)					
(6)					· · · · · · · · · · · · · · · · · · ·
(7) (8)					
(9)					
(10)			1 30 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	in .	
Original amount		Maturity		<u>````</u>	Interest
<u>borrowed</u> (1) 587,00	Date of loan 0 12/08/10	date 07/22/11	Repayment terms Paid in full 7/22	/11	3.900
(2)				,	
(3)					
(4) (5)	- 		<u> </u>		
(6)					
(7) (8)		-	·		
(9)					
(10)	- 10,10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			- , , , , , , , , , , , , , , , , , , ,	
3 5 55 ×	The state of the s	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	The second of th		<u> </u>
	curity provided by borrower		Purpose	of loan	
(1) Real estate (2)			Purchase agreement		
(3)					
(4)					
(5) (6)	<u> </u>				
(7)					
(8) (9)					
(10)_					
The state of the state	The state of the s			<u> </u>	\$ 42 K
Consider	ation furnished by lender		Balance due at beginning of year		ice due at I of year
(1)			beginning of year 587,000		
(2)					
(4)					
(5)					
(6) (7)					
(8)					
(9) (10)					
Totals			587,000		