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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

➤ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

^	ror tite	zo i i calend	ar year, or tax year beginning , 2011, and ei	laing	_		, 20
В	Check if a	applicable	C Name of organization		D Empl	oyer id	entification number
	Address	change	Coast Range Association		ŀ	9:	3-1066629
	Name ch	ange	Number and street (or P O box, if mail is not delivered to street address) Room	/suite	E Telep	hone no	ımber
<u> </u>	Initial reti		PO Box 2250			54	1-231-6651
<u> </u>	Terminat		City or town, state or country, and ZIP + 4		F Grou	· · · · · · · · · · · · · · · · · · ·	
누	J Amended	on pending	Corvallis, OR 97339			nber ▶	•
_ G		·					
		iting Method:		- 1			the organization is not
	Websi		.coastrange.org	⊸ ı			ach Schedule B
)-EZ, or 990-PF)
K	Check	▶ ∐if the	e organization is not a section 509(a)(3) supporting organization or a section 527 org	janizatio	on and it	s gross	receipts are normally
			0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-posto	ard) ma	y be req	juired (see instructions). But if
_	_		ses to file a return, be sure to file a complete return				
			b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al assets	s (Part II,		
		column (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	0
	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (se	e the	instruc	ctions	for Part I.)
ZO		Check If	the organization used Schedule O to respond to any question in this	Part I			
0	1		ons, gifts, grants, and similar amounts received			1	45,175
	2		ervice revenue including government fees and contracts			2	5,336
	3		ip dues and assessments		• •	3	0,000
J	4	Investment				4	3
7	5a				٠.,	4	<u>_</u>
	1 -					• ''	
씾	b		or other basis and sales expenses				_
SCANNED	C	_	ss) from sale of assets other than inventory (Subtract line 5b from line 5a			5c	0
	6	_	d fundraising events				
	a a		ome from gaming (attach Schedule G if greater than			,, **	
(Apyenia		\$15,000) .	<u> </u>		0	1	
٥	b		me from fundraising events (not including \$ 0 of contr	ibution	ıs		
å	<u> </u>		aising events reported on line 1) (attach Schedule G if the				
		sum of suc	th gross income and contributions exceeds \$15,000) 6b		0		
	С	Less: direc	t expenses from gaming and fundraising events 6c		0		
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b a	nd sub	otract		
		line 6c) .				6d	0
	7a	Gross sale	s of inventory, less returns and allowances 7a		0		
	Ь		of goods sold		0		
	C		(Sof (loss) Trom sales of inventory (Subtract line 7b from line 7a)			7c	O
	8		ue (describe in Schedule O)	• •	•	8	0
	9	Total reve	nue. Add lines 1, 2, 3/4, 5c, 6d, 7c, and 8	• •		9	50,514
_	10	Grants and	similar amognts paid (list in Schedule O)	• •		10	0
	11	Benefit	of Proor for membrare				0
,,	1	Solorios et	indication members			11	
Fxnenses	12	Drafassian	the compensation, and employee benefits			12	37,080
٥	13	Frotession	ar rees and of lergeagagerits to independent contractors			13	1,670
Ž	14		/, rent, utilities, and maintenance			14	4,002
ш	- ·•	Printing, pu	ublications, postage, and shipping			15	1,123
	16	Other expe	nses (describe in Schedule O)			16	11,338
_	17	Total expe	nses. Add lines 10 through 16		. ▶	17	55,213
y.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	(4,699)
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (mus				
A	?	end-of-yea	r figure reported on prior year's return)			19	17,035
ŧ	20	Other chan	ges in net assets or fund balances (explain in Schedule O)			20	0
Z	21		or fund balances at end of year. Combine lines 18 through 20		,	21	12,336

	t II Balance Sheets. (see the instructions					
	Check if the organization used Schedule	O to respond to an			<u></u>	<u> </u>
			<u>[(</u>	A) Beginning of year		(B) End of year
22	Cash, savings, and investments			12,049	_	11,924
23	Land and buildings				23	٠ 0
24	Other assets (describe in Schedule O)			7,126	$\overline{}$	1,800
25	Total assets			19,175	-	13,724
26	Total liabilities (describe in Schedule O)			2,140		1,388
27	Net assets or fund balances (line 27 of column			17,035	27	12,336
Par		· ·				Expenses
	Check if the organization used Schedule			Part III 🔽		quired for section
What	t is the organization's primary exempt purpose?	See Schedule O - Pa	rt III			(c)(3) and 501(c)(4) anizations and section
Desc	ribe the organization's program service accomplis	shments for each of	its three largest pro	ogram services,		7(a)(1) trusts, optional
	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea		services provided,	the number of		others)
<u> </u>	Conservation Advocacy for terrestrial, freshwater, ar		y conservation.			T - · · ·
	San Sahadula O. Daga 2					
	(Grants \$) If this amount	ıncludes foreign gra	nts, check here .	▶ □	28 a	21,944
29	Public lands management for native forest and old g					
	Son Schodula O. Daga 2					
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ □	29 a	5,516
30	Public interest forest management for watershed res	<u>~</u>				
	(community forestry). See Schedule O, Page 2.			••••		
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	30a	22,311
31	Other program services (describe in Schedule O)					
		includes foreign gra	ints, check here .	▶ 🗆	318	0
32						
	Total program service expenses (add lines 28a t	through 31a)		•	32	49,771
Par						
Par		/ Employees. List eac	h one even if not com	pensated. (see the i	nstru	uctions for Part IV.)
Par	t IV List of Officers, Directors, Trustees, and Key	/ Employees. List eac	th one even if not cominy question in this for (c) Reportable	pensated. (see the in Part IV	nstru	uctions for Part IV.)
Par	t IV List of Officers, Directors, Trustees, and Key	O to respond to an (b) Title and average hours per week	h one even if not com ny question in this F	pensated. (see the in pensated.) (d) Health benefits, contributions to employ	nstru	uctions for Part IV.)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to an (b) Title and average	h one even if not com ny question in this f (c) Reportable compensation	pensated. (see the in pensated.) (d) Health benefits, contributions to employ	nstru ee (e	uctions for Part IV.)
	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	O to respond to an (b) Title and average hours per week devoted to position	h one even if not com ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC)	pensated. (see the incompart IV	nstru ee (e	uctions for Part IV.)
Judy	t IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	O to respond to an (b) Title and average hours per week	h one even if not com ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC)	pensated. (see the incompart IV	nstru ee (e	uctions for Part IV.)
Judy 3241	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address y Myers	(b) Title and average hours per week devoted to position President (2hrs)	h one even if not com ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated. (see the incompart IV	nstru ee (e	uctions for Part IV.)
Judy 3241 Mari	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address y Myers SE Midvale, Corvallis, OR 97333	O to respond to an (b) Title and average hours per week devoted to position	h one even if not com ny question in this f (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated. (see the incompart IV	nstru ee (e	uctions for Part IV.)
Judy 3241 Mari 1005	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address y Myers SE Midvale, Corvallis, OR 97333 e Cole	(b) Title and average hours per week devoted to position President (2hrs)	h one even if not com ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated. (see the incompart IV	nstru) Estimated amount of other compensation
Judy 3241 Mari 1005 Davi	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address y Myers SE Midvale, Corvallis, OR 97333 ee Cole 55 Yachats River Road, Yachats, OR 97498	(b) Title and average hours per week devoted to position President (2hrs) Vice Pres (1.5hrs)	h one even if not com ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated. (see the incompart IV	nstru) Estimated amount of other compensation
Judy 3241 Mari 1005 Davi 2585	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address y Myers SE Midvale, Corvallis, OR 97333 e Cole S5 Yachats River Road, Yachats, OR 97498 id Radtke 5 Olive St., Eugene, OR 97405 Andre	(b) Title and average hours per week devoted to position President (2hrs) Vice Pres (1.5hrs) Sec/Treasurer	h one even if not com ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0	pensated. (see the incompart IV	nstru eee (e	octions for Part IV.) Settimated amount of other compensation 0
Judy 3241 Mari 1005 Davi 2585	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address y Myers SE Midvale, Corvallis, OR 97333 e Cole S5 Yachats River Road, Yachats, OR 97498 id Radtke 6 Olive St., Eugene, OR 97405	(b) Title and average hours per week devoted to position President (2hrs) Vice Pres (1.5hrs) Sec/Treasurer (1.25hrs)	th one even if not coming question in this Fig. (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	pensated. (see the incompart IV	nstru eee (e	octions for Part IV.) Settimated amount of other compensation 0
Judy 3241 Mari 1005 Davi 2585 Don PO I	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address y Myers I SE Midvale, Corvallis, OR 97333 e Cole 55 Yachats River Road, Yachats, OR 97498 id Radtke 5 Olive St., Eugene, OR 97405 Andre Box 1818, Newport, OR 97365 Carlson	(b) Title and average hours per week devoted to position President (2hrs) Vice Pres (1.5hrs) Sec/Treasurer (1.25hrs)	h one even if not com ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0	pensated. (see the incompart IV	nstru	Dictions for Part IV.) Dictions for Part IV.)
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Judy 3241 Mari 1005 Davi 2585 Don PO I Jim PO I Chu	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address y Myers SE Midvale, Corvallis, OR 97333 e Cole S5 Yachats River Road, Yachats, OR 97498 id Radtke S Olive St., Eugene, OR 97405 Andre Box 1818, Newport, OR 97365 Carlson Box 47, Netarts, OR 97143 p Petrusich Box 34, Reedsport, OR 97467 ck Willer	/ Employees. List each O to respond to an O to respond to an (b) Title and average hours per week devoted to position President (2hrs) Vice Pres (1.5hrs) Sec/Treasurer (1.25hrs) Vice Pres (2hrs) Board Director (2hrs) Board Director (1.25hrs) Executive Director	h one even if not com ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	pensated. (see the I Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru	octions for Part IV.) Estimated amount of other compensation 0 0 0 0
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Judy 3241 Mari 1005 Davi 2585 Don PO I Jim PO I Chu	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address y Myers SE Midvale, Corvallis, OR 97333 e Cole S5 Yachats River Road, Yachats, OR 97498 id Radtke S Olive St., Eugene, OR 97405 Andre Box 1818, Newport, OR 97365 Carlson Box 47, Netarts, OR 97143 p Petrusich Box 34, Reedsport, OR 97467 ck Willer	/ Employees. List each O to respond to an O to respond to an (b) Title and average hours per week devoted to position President (2hrs) Vice Pres (1.5hrs) Sec/Treasurer (1.25hrs) Vice Pres (2hrs) Board Director (2hrs) Board Director (1.25hrs) Executive Director	h one even if not com ny question in this F (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0 0 0	pensated. (see the I Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	octions for Part IV.) Estimated amount of other compensation 0 0 0 0
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Part				
	. instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
22	Dodden and the property of the state of the		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓_
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35 _a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		مد سکند	
b 38a	Did the organization file Form 1120-POL for this year?	37b		✓
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		√
39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter:	, de	,	
a	Initiation fees and capital contributions included on line 9	\$	7	
ь 40а	Gross receipts, included on line 9, for public use of club facilities			
104	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0	, jo	۰^	
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	·	<u>. </u>	
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		/
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	, v.e.		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		5 × 5
41	List the states with which a copy of this return is filed. ▶ Oregon			
42a	The organization's books are in care of ▶ Vicki Freedom Telephone no. ▶	41-26	5-331	2
	Located at ► 255 N. Coast Hwy, Suite 203B, Newport, OR ZIP + 4 ►	973		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ▶	* 1	,	28 %
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,	**	1
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		.	▶ □
	The same are all one input interest, reserved or accorded carring the tax year.	_	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		<u>,</u>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45h		

Form 99	0-EZ (2011)					Р	age 4
						Yes	No
46	Did the organization engage, directly or in					εį	
	to candidates for public office? If "Yes,"					<u>*</u>	✓
Part	VI Section 501(c)(3) organizations 501(c)(3) organizations and section and 52, and complete the tables Check if the organization used Sc	on 4947(a)(1) nonex for lines 50 and 51	cempt charitable tru .	sts must answer c			b
		· ·				Yes	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		section 501(h) election	n in effect during th	e tax . 47	✓	
48	Is the organization a school as described in	n section 170(b)(1)(A)(ii)? If "Yes," complete \$	Schedule E	. 48		1
49a	Did the organization make any transfers t	o an exempt non-cha	ritable related organiz	ation?	. 49a		✓
b	If "Yes," was the related organization a se				. 49b		✓
50	Complete this table for the organization's						
	employees) who each received more than	1 \$100,000 of comper	nsation from the organ		one, enter "N	None."	,
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferre compensation	. , ,		
N/A	<u> </u>						
		l					
		_					
f	Total number of other employees paid over						
51 	Complete this table for the organization \$100,000 of compensation from the organization			contractors who ea	ch received	l more	than
(a)	Name and address of each independent contractor pa	aid more than \$100,000	(b) Type of serv	ice	(c) Compensat	ion	
N/A							
				_			
			-				
			-				•
d	Total number of other independent contr	actors each receiving	over \$100,000	>	0		
52	Did the organization complete Schedule nonexempt charitable trusts must attach	A? Note: All section 5	501(c)(3) organizations	and 4947(a)(1)	. ▶ 🗹 Ye	 s □	No
Under true, co	penalties of perjury, I declare that I have examined this prect, and complete Declaration of preparer (other that	return, including accompar	lying schedules and stateme	ents, and to the best of m			f, it is
	1 Challe Calala	· ン		6-14	1-2010	2	
Sign	Signature of officer			Date			
Here	Charles Willer, Director						

Preparer's signature

Date

Type or print name and title

May the IRS discuss this return with the preparer shown above? See instructions

Print/Type preparer's name

Firm's name

Paid

Preparer Use Only

► ☐ Yes ☐ No

PTIN

Check if self-employed

Firm's EIN ▶

Phone no

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number Coast Range Association 93-1066629 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I **b** Type II c Type III-Functionally integrated **d** Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iu) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iv) is the organization (iii) Type of organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in cot (i) listed in your the organization in organization in col support col (i) of your above or IRC section governing document? (i) organized in the support? US 2 (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

Page 2

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

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

Secti	on A. Public Support				•		
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49,808	139,154	23,057	45,917	50,511	308,447
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	
4	Total. Add lines 1 through 3	49,808	139,154	23,057	45,917	50,511	308,447
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						85,336
6	Public support. Subtract line 5 from line 4.	*** *****			?	8 7 %.	223,111
Secti	on B. Total Support			* · · · · · · · · · · · · · · · · · · ·			
Caler	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	49,808	139,154	23,057	45,917	50,511	308,447
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	193	554	133	5	3	888
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0			0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	o	_	o	0	0
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for torganization, check this box and stop he	he organization	ons)		 n, or fifth tax y	12 ear as a section	309,335 0 n 501(c)(3)
Sect	ion C. Computation of Public Suppo						
14	Public support percentage for 2011 (line			11, column (f))		14	72.1 %
15 16a	Public support percentage from 2010 Sc 33 ¹ / ₃ % support test—2011. If the organ box and stop here. The organization qua	hedule A, Part ization did not	II, line 14 . check the box		 d line 14 is 33¹		
b	331/3% support test—2010. If the organ check this box and stop here. The organ	nızation did no	ot check a bo	x on line 13 o	r 16a, and line		or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "organization".	eets the "facts- facts-and-circi	and-circumstaumstaumstances" te	ances" test, che st. The organiz	eck this box ai ation qualifies	nd stop here. I as a publicly s	Explain in upported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization r supported organization	ation meets the meets the "fact	e "facts-and-c s-and-circums	ercumstances" stances" test. T	test, check the organization	nis box and st on qualifies as	op here. a publicly
10	Private foundation. If the organization of						
18	instructions						

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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

	organization answered "Yes ection 501(c)(4), (5), or (6) orga	s" to Form 990, Part IV, line 5 (Proxy 1	ax) or Form 990-E	Z, Part V, line 35c (Proxy Ta	ıx), then
	of organization	anizations Complete Fait III		Employer ider	tification number
Coast	Range Association				93-1066629
Part	I-A Complete if the	e organization is exempt und	er section 501(c	c) or is a section 527 of	organization.
1		the organization's direct and indire			
2	Political expenditures .			\$	
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt unde	er section 501(c	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ition under section	n 4955 ▶ \$	0
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	0
3		ed a section 4955 tax, did it file For			Yes No
4a					Yes No
<u>b</u>	If "Yes," describe in Part				
Part		e organization is exempt und			(c)(3).
1		tly expended by the filing organiz		· · · · · · · · · · · · · · · · · · ·	
_					
2		filing organization's funds contrib			
2		ivities			
3		expenditures. Add lines 1 and 2.			
4		n file Form 1120-POL for this year?			
5		ses and employer identification nur			
		ents. For each organization listed, on tributions received that were pro-			
	as a separate segregated	fund or a political action committee	e (PAC). If addition	nal space is needed, prov	ide information in Part IV.
				1	
	(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
					delivered to a separate political organization. If
					none, enter -0-
(1)					
(2)					
(3)					
	<u> </u>				
(4)					,
(5)					
					
(6)					Į.

	•	•					
Pa	rt II-A C	omplete if the organizati ection 501(h)).	ion is exempt u	nder section 50	11(c)(3) and filed	d Form 5768 (ele	ection under
A	Check ► □	if the filing organization by name, address, EIN, exp					oup member's
В	Check ▶ □] if the filing organization o	hecked box A a	and "limited cont	rol" provisions a	ıpply.	
_			bbying Expenditu	ıres		(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lobb	ying expenditures to influence	ce public opinion	(grass roots lobby	ina)	128	N/A
		ying expenditures to influence	•			3,500	
		ying expenditures (add lines	_			3,628	
		mpt purpose expenditures				46,143	
		npt purpose expenditures (a				49,771	
		nontaxable amount. Ente		•		1071	
	columns.	mornasabio amounti Emo		o u.o .oo		9954	9954
		unt on line 1e, column (a) or (b)	is: The lebbying	nontaxable amount	ie	20 1 4 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	D 1
	Not over \$5			nount on line 1e	13.	27 16	
				15% of the excess of	\$500,000		
		000 but not over \$1,000,000 0,000 but not over \$1,500,000		10% of the excess of			
				5% of the excess of			
		0,000 but not over \$17,000,000		5% of the excess of	ver \$1,500,000	10 Mars 20 Mar	
	Over \$17,0	ts nontaxable amount (enter	\$1,000,000	 		2488	
		line 1g from line 1a. If zero o				0	
		line 1g from line 1c. If zero or	•			0	, ,
		s an amount other than ze			the organization		
		section 4911 tax for this yea			· · · · · ·		Yes No
		(Some organizations that r columns below	nade a section 5 v. See the instruc	ctions for lines 2a	not have to com through 2f on pa		e
		Lobbyi	ng Expenditures	During 4-Year Av	veraging Period	T	
		ar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2	a Lobbying	nontaxable amount					
		ceiling amount line 2a, column (e))		* 1. Ex			
	c Total lobb	oying expenditures					
	d Grassroo	ts nontaxable amount					
		ts ceiling amount line 2d, column (e))					
	f Grassroo	ts lobbying expenditures					

Part		mplete if the organization is exempt under section 501(c)(3) and has NOT ection under section 501(h)).	filed	Form	5768		
For e	ach "Yes" r	esponse to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of the	lobbying a	ctivity.	Yes	No	A	moun	t
1	legislation,	year, did the filing organization attempt to influence foreign, national, state or local including any attempt to influence public opinion on a legislative matter or , through the use of:				> 5'	* /
a b	Volunteers?	r management (include compensation in expenses reported on lines 1c through 1i)?		1			
c		ertisements?		1			0
d		members, legislators, or the public?	-	1			
e		s, or published or broadcast statements?	1	 			128
f		ther organizations for lobbying purposes?	Ť	1			0
g		act with legislators, their staffs, government officials, or a legislative body?	$\overline{}$	+			3,500
h		nonstrations, seminars, conventions, speeches, lectures, or any similar means?	-	1			0,500
i	Other activi			1			0
j	-	ines 1c through 1i					3,628
2a		vities in line 1 cause the organization to be not described in section 501(c)(3)?	incelle.		\$ \$ 13000		
b		ter the amount of any tax incurred under section 4912	2 2 2 3 2		**********************	1000	<u> </u>
C		ter the amount of any tax incurred by organization managers under section 4912					
ď		organization incurred a section 4912 tax, did it file Form 4720 for this year?	علاقت		, a.		
Part		mplete if the organization is exempt under section 501(c)(4), section 501(c)	\(5\	<u> </u>	ation	m 4 2	
· are		(c)(6).)(S), '	or se	Cuon		
		(4)(4).			-	Yes	No
1	More subst	antially all (90% or more) dues received nondeductible by members?				163	110
2		anization make only in-house lobbying expenditures of \$2,000 or less?			1		├
3					2		
Part		anization agree to carry over lobbying and political expenditures from the prior year?			3	<u> </u>	<u> </u>
I all c	50 1	mplete 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 "No" Obswered "Yes.")(5), (R (b)	or se Part	ction III-A, i	ine 3	3, is
1	Dues, asses	ssments and similar amounts from members		1			
2		2(e) nondeductible lobbying and political expenditures (do not include amounts spenses for which the section 527(f) tax was paid).	of	**			
а	Current year	r		2a			
b	Carryover f	rom last year		2b			
C				2c			
3	Aggregate a	amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3	-		
4	If notices vecess does	vere sent and the amount on line 2c exceeds the amount on line 3, what portion of s the organization agree to carryover to the reasonable estimate of nondeductible lobb I expenditure next year?	the	Sec.			_
5		ount of lobbying and political expenditures (see instructions)	•	4			
Pari		oplemental Information	•	5	<u> </u>		
		to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5;	Dort I	1 4. 0.	od Dow	ш. В	lina
1. Also	o, complete t	his part for any additional information.	Гапп	i-A, ai	iu ran	11-0,	III IE
	•	Dregon legislators to fund and implement three research marine reserves in Oregon's Territo		Th:			
UKA S	itan lobbled (regon registators to fund and implement three research marine reserves in Oregon's Territo	riai S	ea. Ini	S Invol	/ea	
direct	y meeting wi	th state legislators to explain the scientific benefits of small marine reserves. On two occasi	ons, tl	he CR	A throu	gh	
email	messages to	our supporters urged CRA supporters to voice their support for marine reserve funding and	ımple	ementa	ition		
by the	Oregon legis	slature.					

chedule C (For	m 990 or 990-EZ) 2011	Page 4
Part IV	Supplemental Information (continued)	
·		·
		·
		·
		······
•••		
•••••		
• • • • • • • • • • • • • • • • • • • •		·

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

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.

Open to Public Inspection

Coast Range Association 93-1066629 Part 1. Line 16 Other Expenses **Totals Programs** Management Fund Raising **Board Expenses** 345 0 345 0 Business Fees 255 0 255 Depreciation 730 600 100 30 **Direct Mail** Postage 350 351 **Printing** 300 305 Entertainment 157 100 57 Office Supplies 657 557 70 30 7,788 Travel 7,399 234 156 TOTALS \$ 9,406 \$ 1,061 \$ 11,338 \$872 Part II. Line 24 Other Assets Isuzu Truck \$ 1,800 See Schedule O, Page 3 for 2011 Depreciation and Amortization Report **Total Other Assets** \$ 1,800 Part II. Line 26 Total Liabilities Misc. Payables \$ 1,388 Total Liabilities: \$ 1,388

Employer identification number 93-106629

Part III. Statement of Program Service Accomplishment. Answer to what the organization's primary exempt purpose is: The purpose of the
Coast Range Association is to protect the coast range region's forest and related ecosystems from unwise use while fostering a new
vision of stewardship, diversity and long term sustainability. The purposes of the corporation are accomplished through public education,
research, and the advocacy of environmentally sound public policy toward the goal of building just and sustainable human communities
that provide for people and the natural world. The corporation's purpose and mission is accomplished through three specific programs:
1. Conservation advocacy for terrestrial, freshwater, and marine biodiversity conservation, 2. Public lands management for native forest
and old growth forest conservation, 3. Public interest forest management for watershed restoration and economic benefits - our
community forestry education and training initiative.
Specific description of achievements in carrying out the corporation's purpose for 990EZ, Part III 28, 29, 30 are below:
Line 28. Conservation advocacy for terrestrial, freshwater, and marine biodiversity conservation. We continued the development of the
land-sea conservation framework. CRA staff worked to further educate the public on the importance of healthy watersheds and
provided support to watershed councils. CRA staff person, Chuck Willer, participated in a six month Conservation Action Plan process for
the Nehalem watershed which may provide multiple follow up opportunities in 2012. We continued work to achieve near shore marine
reserves. This involved public education and lobbying in support of State of Oregon legislation to implement and fund the marine reserves.
Line 29. Public lands management for native forest and old growth conservation: We continue educating the public about the need to
conserve the region's last remaining old growth and native forests on federal and state forest lands. We continued the maintenance of the
CRA's Google Earth web site locating federal and state older forest stands. Key CRA forest reports and analyses are archived on the CRA'
main website at www.coastrange.org
Line 30. Public interest forest management for watershed restoration and economic benefits was a priority program in 2011. CRA staff
provided half time contract support to the Oregon Coast Community Forest Association (OCCFA). The OCCFA is a 501c3 tax exempt
organization seeking to own and manage forest lands for a public benefit and provide value added wood products for local economic
development. During the year, CRA staff supported the completion of the Lincoln County Feasibility Study - a project assessing issues
regarding the formation of a community forest in Lincoln County. To that end, CRA staff also served on the board of directors of the
Yachats-based 501c3 conservancy organization View the Future as well as the board of directors of the OCCFA
RECEIVED SOLUTION 1 9 2012 OGDEN, UT

Name of the organization Coast Range Association		<u> </u>		·			Employer identi	ication number 3-100629
Part II. Line 24 Other Assets.	2011 Depreciatio	n and Am	ortization	Report -	Assets Not He	eld for Investr	nent.	
escription	Cost/Basis	5	Accu	ımulated	I Depreciation	Воо	k Value	
Dell Computer	\$ 654			65	4		0	
1998 Isuzu Rodeo SUV	\$ 3,000			1,200)	1,	.800	
			End 2011		Unadjusted	Basis for	Accumulated	2011 Amount
Description	Date Acquired	Method	Value	Life	Cost/Basis	Deprec.	Depreciation	of Depreciation
Dell Laptop Computer	01/10/2008	SL	130	5	654	654	654	131
1998 Isuzu Rodeo SUV	12/20/2009	SL	2,400	5	3,000	3,000	1,200	600
Grand Total 990 Depreciation			3,261		3,654	3,654	1,854	731
	····							
								
								
					••			•
								
						•		