Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

OMB No 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form, as it may be made public.

Open to Public Inspection

inte	mai neve	tue Service		114			
A	For the	2019 calendar year, or tax year beginning January 1 , 2019, and ending		cember 3	 _		
В	Check If ap	plicable C Name of organization	D Emp	loyer iden	tification number		
	Address o	Count Range Association			1066629		
님	Name cha		phone num	ber			
H	Initial retu	IPO Box 2250	541-231-6651				
H	Amended	City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption				
Ħ	Applicatio	1		nber ▶			
=			Check	▶ ☐ if ti	ne organization is not		
	Vebsite				h Schedule B		
					Z, or 990-PF)		
_		organization ☑ Corporation ☐ Trust ☐ Association ☐ Other	<u> </u>	_ <u>-</u> -	<u> </u>		
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets				
		umn (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ ¢	0		
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	inetrii	ctions for	or Part I)		
j	ai C i						
	T-4	Check if the organization used Schedule O to respond to any question in this Part I	• •	<u></u>			
	'	Contributions, gifts, grants, and similar amounts received		$\frac{1}{2}$	74,556		
	2	Program service revenue including government fees and contracts		<u> </u>	0		
	3	Membership dues and assessments		3	0		
	4	Investment income	•	4	333		
	5a	Gross amount from sale of assets other than inventory	0				
	b	Less. cost or other basis and sales expenses	0				
	С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	• •	5c	0		
	6	Gaming and fundraising events:					
Revenue	а	Gross income from gaming (attach Schedule G if greater than \$15,000)	0				
	b	Gross income from fundraising events (not including \$ 0 of contribution	s				
Æ		from fundraising events reported on line 1) (attach Schedule G if the					
_		sum of such gross income and contributions exceeds \$15,000)	0				
	С	Less: direct expenses from gaming and fundraising events 6c	0				
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sul	otract				
		line 6c)		6d	0		
	7a	Gross sales of inventory, less returns and allowances . 7	0				
	b	Less: cost of goods sold	0				
	C	Gross profit or (loss) from sales of inventory (subtract line to from the tall)	<u> </u>	7c	n		
	8	Other revenue (describe in Schedule O)		8			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 / . NO.		9	74,889		
	10	Grants and similar amounts paid (list in Schedule O)		10	0		
	11	1 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	• •	11	0		
s	12		•	12	63,487		
ŝ	13	Salaries, other compensation, and employee benefits Professional fees and other payments to independent contractors.	•	13	18,779		
ĕ	14	Occupancy, rent, utilities, and maintenance		14			
Expenses	15	Printing, publications, postage, and shipping		15	1,216		
	16			16	1,713		
		Other expenses (describe in Schedule O)			10,972		
	17_	Total expenses. Add lines 10 through 16		17	96,167		
ţs	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	<u>-21,278</u>		
SSE	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree		10			
Ä		end-of-year figure reported on prior year's return)		19	159,963		
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	0		
<u> </u>	21	Net assets or fund balances at end of year. Combine lines 18 through 20	<u>. • </u>	21	138,685		
_	_			_			

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2019)

Do	All Balanca Charte (see the instructions	for Dort III				
Ра	Balance Sheets (see the instructions	•		D-4 II		
	Check if the organization used Schedul	e O to respond to a	ny question in this			(D) Fod of year
	One has a second assertance to		F	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		-	159,963	_	121,340
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25	Total assets			159,963		121,340
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of colum			159,963	27	121,340
Par		•		,		Expenses
\ A / l= =	Check if the organization used Schedul			Part III 🔽	(Rea	uired for section
	is the organization's primary exempt purpose?				501(c)(3) and 501(c)(4)
	ribe the organization's program service accomp				orga othe	nizations, optional for
	easured by expenses In a clear and concise rons benefited, and other relevant information for e		e services provided	, the number of	Other	15)
		ach program title.				
28				••••		
	See Schedule O		·····			
	/O	A I I I				
		t includes foreign gra		·	28a	24,314
29			•••••			
	See Schedule O		· · · · · · · · · · · · · · · · · · ·			
	/O					
00		t includes foreign gra			29a	47,013
30						
	See Schedule O					
	/O				00	1
24	(Grants \$ 0) If this amoun	t includes foreign gra			30a	13,259
31	Other program services (describe in Schedule O)					
20	(Grants \$ 24,314) If this amoun				31a	
	Total program service expenses (add lines 28a				32	84,586
Par	List of Officers, Directors, Trustees, and Ke Check if the organization used Schedul				ıstruc	tions for Part IV)
	Check if the organization used Schedule		(c) Reportable	(d) Health benefits,		<u> </u>
	(a) Name and trile	(b) Average hours per week	compensation	contributions to employ		
	(a) Namo and the	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
	6:11.		(in not para, enter -o-/	deletted compensation	'	
Yoko	SIIK					
• •		3	0		0	0
Joan	Stephens	-				
01		2	0		٠	
Alex	Lackey	-				
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iom	Petrusich	-				_
	Do date	1	0		ا ا	0
David	Radtke					_
		1	0		<u> </u>	0
MICH	nel Gaston	-				
<u> </u>	L MCH an	11	0		0	0
	k Willer		47.005	44.55		•
Ome	e & Executive Director	40	17,285	11,55	2	0
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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s Part	V 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	res	NO V
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		√
35a	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 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	35b 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 b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year?	37b 38a		>
ь 39 а	If "Yes," complete Schedule L, Part II, and enter the total amount involved		no. Mješ Mješ	
b 40a	Gross receipts, included on line 9, for public use of club facilities		ministració	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d e	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization	5 海		
41	transaction? If "Yes," complete Form 8886-T	40e		√ _
42a		541-54	7-3965	5
	TID 1 4 N			
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)? If "Yes," enter the name of the foreign country	42b	Yes	No ✓
•	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		Allegari.	
•	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		<u>√</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	► □ No
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	No.	\(\frac{1}{2}\)
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	i Indijip.	<u>√</u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		√ √ √
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	i Billionia.	√

							_	'	62 140	
46	Did ti	he organization engage, directly or in	idirectly, in political c	ampaign activities on	behalf of or	ın opposi	tion			
		ndidates for public office? If "Yes," of		, Part I	· · ·		<u> </u>	46		
Part		Section 501(c)(3) Organizations								
		All section 501(c)(3) organization	s must answer que	stions 47-49b and	52, and co	mplete th	e tabl	es for	rlines	
		50 and 51.								
	_	Check if the organization used Sch	nedule O to respond	I to any question in t	his Part VI	<u> </u>		<u> </u>	\square	
								1	es No	
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) election	n in effect o	during the	tax [
	year?	If "Yes," complete Schedule C, Part	tll					47	1	
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes." complete	Schedule E		.	48	1	
49a		he organization make any transfers to				• • •	- ⊢	49a	1	
b		es," was the related organization a se					<u> </u>	49b		
50		plete this table for the organization's				are direct			and ke	
-		oyees) who each received more than								
		o, ees, mis easi reesi vaa mere ana.	<u>_</u>		(d) Health		O, Onto			
	(a)	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions		e (e) Estimated amount of			
	(4)	Traine and the or each employee	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred		other compensation			
			<u> </u>	,	comper	sation				
None										
		· · · · · · · · · · · · · · · · · · ·								
				1	ŀ					
				* * * * * * * * * * * * * * * * * * * *	1					
-					 					
	Total	number of other employees paid over	or \$100 000	▶ 0	<u>. </u>					
			·							
51	¢100	plete this table for the organization' ,000 of compensation from the orga	s five highest compe	ensated independent	contractors	who each	n recei	ved m	nore than	
	Ψ100	,000 or compensation from the orga	inization in there is no	Tie, enter None.	- 1					
	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	rice	(c)) Compe	ensation		
None		·								
]						
				1	l					
	Total	number of other independent contra	ectors each receiving	over \$100,000			0			
52 52		·	_	•			<u></u>			
JZ		the organization complete Schedu pleted Schedule A	ile A? Note: All Se	ection 501(c)(3) orga	nizations m	ust attact		V	□ N-	
	•		· · · · · ·	· · · · · ·	• • • •	<u> </u>	.▶✓		∐ No	
		of perjury, I declare that I have examined this rid complete Declaration of preparer (other than					nowledg	e and b	elief, it is	
	Teot, an	d complete declaration of preparer totals	Tollicel) is based on all lillo		las any knowlet	<u>-</u>				
٥.	•	the w		l						
Sign		Signature of officer		Date	- 10	~~ ~	4			
Here		CKUCK WILL	11/15/2021			<i>10</i> (<u>ノ</u>			
		▼ Type or print name and title				/				
Paid		Print/Type preparer's name	Preparer's signature	Da	ite	Check	l f P	TIN		
Prep	arer					mployed				
Use		Firm's name ▶	,	Firm	's EIN ▶			***		
	IJ. iiy	Firm's address ▶					Phone no			
May th	ne IRS	discuss this return with the preparer	shown above? See	nstructions			▶ □	Yes	☐ No	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization Employer identification number 93-1066629 **Coast Range Association** 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 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 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). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (v) Amount of monetary (i) Name of supported organization (iv) Is the organization (ii) EIN (iii) Type of organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E)

	(Complete only if you checked the Part III. If the organization fails to						alify under
Secti	on A. Public Support	- q					
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	92229				74558	398249
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	0
4	Total. Add lines 1 through 3	92229	79554	71690	80218	74558	398249
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)						48500
6	Public support. Subtract line 5 from line 4	San					349749
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	92229	79554	71690	80218	74558	398059
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1	6	1151	3456	333	4979
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	3430	0	43/3
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	,
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	. (see instruction	ons)			12	403038
13	First five years. If the Form 990 is for the	_	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	501(c)(3)
	organization, check this box and stop he				·		🕨 🗀
	on C. Computation of Public Support						
14 15 16a							
_	box and stop here . The organization qua			-	•		🟲 🗸
b	331/3% support test—2018. If the organi						
	this box and stop here. The organization	•		•			_
17a ~~~~	10%-facts-and-circumstances test—2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization is supported organization.	ation meets the meets the	e "facts-and-d ts-and-circums	circumstances'	' test, check t The organization	his box and s	top here.
18	Private foundation. If the organization di instructions	id not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, check		see

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No 1545-0047

2019

Open to Public Inspection

Employer identification number

Coast Range Association	93-1066629						
990EZ Part I, Line 16 Explanation of Other Expenses \$ 10,972							
Advertising 725							
Business Registration Fees 294	·						
Entertainment & Food 182							
Direct Mail (Postage) 900							
Direct Mail (Printing) 1,197							
Bank Fees 88							
Travel & Lodging 7,375	·						
Board meeting expenses 211							
Total \$ 10,972							
990EZ Part III, Line 28 Marine Conservation & the Ocean Environment							
Conservation advocacy for marine biodiversity and the resilience of coastal communities. We conduct publ	ic education events, suppor						
two grassroots groups involved with Oregon's nearshore marine reserves (Cape Falcon MR & Cascade Hea	d MR) Our work was conducted						
by Coast Range Association staff person Jim Carlson. The Marine Program directly serves the people of Lin	coln, Tillamook and Clatsop						
counties. During 2019 we began building a marine communications component that will center on radio inte	rviews and an Ocean News						
electronic newsletter. Chuck Willer and Jim Carlson conducted 3 community talks on oceans & climate characteristics.	nge.						
90EZ Part III, Line 29 Private Lands Forest Management							
Public interest research and advocacy for sustainable forest management and the climate related need for f	orest carbon sequestration.						
Coast Range Association staff person, Chuck Willer, spoke at nine community events presenting research of	on private forest management						
practices, the climate emergency and the role of forests related to the need to sequester atmospheric carbo	n driving global warming.						
We began the electronic newsletter, CRA News, reporting on our work and the work of colleagues. We began	n a CRA Radio program which is						

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization	Employer identification number
Coast Range Association	93-1066629
broadcast on community radio stations and available as podcast from the CRA web	site. The CRA organization's work serves the populations
of 21 counties in Western Oregon. We provided Mary Scurlock \$18,000 in funding to	support her work on stream protection rules with the
Oregon Board of Forestry.	
90EZ Part III, Line 30 Public Lands Management	
We continue our long advocacy addressing the conservation of native forest and the	e protection of aquatic values on federal lands. This work
focused on upholding key federal forest laws regarding land management planning	by the BLM. We believe the agency erred in the
development of it Western Oregon forest management plan. We are in federal court	seeking relief as a plaintiff. We are involved in numerous
discussions and support activities urging federal forest officials to adhere to the No	rthwest Forest Plan.
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