Form 990

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)

OMB No. 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

. 2010 6/30 For the 2009 calendar year, or tax year beginning 7/01 , 2009, and ending D Employer Identification Number Check if applicable: FRIENDS OF THE COLUMBIA GORGE 93-0782467 Address change or print or type. See 522 SW FIFTH #720 Telephone number Name change PORTLAND, OR 97204 503-241-3762 specific Instruc-Initial return Termination tions. 642,176. G Gross receipts \$ Amended return H(a) is this a group return for affiliates? F Name and address of principal officer: X No Application pending Yes H(b) Are all affiliates included? SAME AS C ABOVE Yes No If 'No,' attach a list, (see instructions) Tax-exempt status X 501(c) (3) ◄ (insert no.) 4947(a)(1) or 527 Website: ► WWW.GORGEFRIENDS.ORG H(c) Group exemption number Form of organization: X Corporation Trust L Year of Formation: 1981 M State of legal domicile: OR Association Other > Part I Summary Briefly describe the organization's mission or most significant activities: TO_VIGOROUSLY_PROTECT_THE_SCENIC, NATURAL, CULTURAL AND RECREATIONAL RESOURCES WITHIN THE COLUMBIA RIVER GORGE Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its assets. Check this box > Number of voting members of the governing body (Part VI, line 1a). 14 Number of independent voting members of the governing body (Part VI, line 1b). 14 Total number of employees (Part V, line 2a). 13 5 Total number of volunteers (estimate if necessary). 6 300 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h). 1,821,808. 568,842. Revenue Program service revenue (Part VIII, line 2g).... 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 60,843. 34,955. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 54,450. 12,491. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 1,911,213 642,176. Grants and similar amounts paid (Part IX, column (A), lines 1-3)..... Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 468,874. 484,577. 16a Professional fundraising fees (Part IX, column (A), line 11e). b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)...... 408,384. 303,029. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 877,258. 787,606. Revenue less expenses. Subtract line 18 from line 12..... 1,033,955. -145,430.Beginning of Year End of Year Total assets (Part X, line 16)..... 2,773,191. 2,675,865. 21 Total liabilities (Part X, line 26) 38,885. 30,412. 22 Net assets or fund balances. Subtract line 21 from line 20. 2,734,306. 2,645,453. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer has any knowledge. Sign Signal Here Date Type or print name and title Preparer's identifying number (see instructions) Paid employed Preparer's signature Pre-N/A parer's & THOMPSON, LLC KERN Use 1618 SW FIRST AVENUE SUITE 215 Only EIN ► N/A PORTLAND, OR 97201 Phone no. ► (503) 222-3338 May the IRS discuss this return with the preparer shown above? (see instructions).....

Form 8868 (Rev April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 4-2009)

/ CASE CONTROL OF THE PARTY OF		11111122 - Carrier - 120 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 -	CONTRACTOR OF THE PERSON OF TH	111 / 1111			
 If you are 	filing for an Automatic 3-Month	Extension, complete	only Part I and check	this box		ria i strancarova	► X
 If you are 	filing for an Additional (Not Aut	omatic) 3-Month Exte	nsion, complete only	Part II (on pa	ge 2 of this f	orm).	
	<i>lete Part II unless</i> you have alrea		A CONTRACTOR OF THE PROPERTY O				
Part I	Automatic 3-Month Exten	sion of Time. On	ly submit origina	I (no copie	s needed)	•	
A corporation	required to file Form 990-T and	requesting an autom	atic 6-month extension	on - check thi	s box and co	mplete Part I or	ily ► 🔲
All other corp	orations (including 1120-C filers)	, partnerships, REMI	CS, and trusts must i	use Form 7004	to request a	an extension of t	lime to file
returns noted the additional Form 990-T.	ing (e-file). Generally, you can e below (6 months for a corporati (not automatic) 3-month extens instead, you must submit the full t www.irs.gov/efile and click on	on required to file For on or (2) you file For y completed and sign	m 990-T), However, ms 990-BL, 6069, or led page 2 (Part II) o	you cannot file 8870, group re	Form 8868	electronically if composite or cor	(1) you want
2	Name of Exempt Organization					Employer identifica	ilion number
Type or print							
- D	FRIENDS OF THE COLUM		100			93-078246	7
File by the due date for	Number, street, and room or suite number	r, If a P.O. box, see instruc	tions.				
filing your return. See instructions.	522 SW FIFTH #720 City, town or post office, state, and ZIP of	do For a familiar address					
DESCRIPTION OF STREET		xue, nor a toreign address,	see instructions.				
Observation and the second	PORTLAND, OR 97204		SOLVE SE				
Form 990	f return to be filed (file a separa				П г 477	20	
Form 990	5000	Form 990-T (corpo	Particular State Control of the Cont	STERRY	Form 472		
X Form 990	(Vertico)		on 401(a) or 408(a) tr	rust)	Form 522		
-			other than above)		Form 606		
Form 990	1-PF	Form 1041-A			Form 887	70	
The book	s are in the care of ► FRIEND	OF THE COLU	MBIA GORGE				
Telephone	No ► 503-241-3762		AX No. ►				
If the org	anization does not have an office	or place of business	in the United States	, check this be	ox	ransamanygas :	
If this is f	or a Group Return, enter the org	anization's four digit	Group Exemption Nu	mber (GEN)	If	this is for the w	hole group,
	s box ► 🔲 . If it is for part of						
the exten	sion will cover.						
	st an automatic 3-month (6 mont						
until _	<u>2/15</u> , 20 <u>11</u> _, to file	the exempt organiza	ation return for the or	ganization nar	ned above.		
	ension is for the organization's r	eturn for:					
▶	calendar year 20 or	man samen	57/0/5791				
► X	tax year beginning 7/01	, 20 <u>_09</u> _, and	d ending6/30_	20 _1	0		
2 If this to	ax year is for less than 12 month	s, check reason:	Initial return	Final retu	rn 🔲 C	Change in accou	nting period
3a If this a nonrefu	pplication is for Form 990-BL, 99 ndable credits. See instructions.	0-PF, 990-T, 4720, o	r 6069, enter the tent	ative tax, less	any	3a \$	0.
b If this a made. I	pplication is for Form 990-PF or nclude any prior year overpaym	990-T, enter any refu ent allowed as a cred	ndable credits and e	stimated tax p	ayments	3b\$	0.
deposit	Due. Subtract line 3b from line with FTD coupon or, if required, tructions	by using EFTPS (Ele	ctronic Federal Tax I	or, if required, Payment Syst	em).	3c \$	0.
Caution. If yo	ou are going to make an electron ructions.	ic fund withdrawal wi	th this Form 8868, se	e Form 8453-	EO and Form	8879-EO for	



BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

FRIENDS OF THE COLUMBIA GORGE

93-0782467

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Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х 1 Schedule A..... X 2 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 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. Х 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, X 6 Part I. 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. Х 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete X 9 Schedule D. Part IV . Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? In 'Yes,' complete Schedule D, Part V. 10 X Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X X as applicable 11 Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI. Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII. 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. Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX. Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII. 12 Х Yes No 12 AWas the organization included in consolidated, independent audited financial statement for the tax 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E...... X 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States?..... 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I. 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II. 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III. X 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II. 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'

complete Schedule G, Part III

Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H.....

X

X

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Form 990 (2009) FRIENDS OF THE COLUMBIA GORGE
Part IV Checklist of Required Schedules (continued)

rai	the Checkist of Required Schedules (continuedy)	_		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		Х
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		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		х
	######################################			
243	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25.	24a		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
9	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		
C	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 8	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
į	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II			
	그 그녀는 사람들이 가장 그렇게 되었다. 그렇게 되었다면 그렇게 그렇게 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게 되었다면 그렇게 그렇게 되었다면 그렇게 그렇게 되었다면 그렇게	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete			
	Schedule L, Part IV.	28b		Х
9	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	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	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R,			
	Part V, line 2.	35		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		Х
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		х
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	Х	

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Form 990 (2009)

Form 990 (2009) FRIENDS OF THE COLUMBIA GORGE

Part V Statements Regarding Other IRS Filings and Tax Compliance

u.	Contention to garanty care the content of the conte		Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S.		103	.,,,
	Information Returns. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		E	
	(gambling) winnings to prize winners?	1c	Х	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			Щ
21	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
38	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Х
ı	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
48	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)?	4a		Х
t	If 'Yes,' enter the name of the foreign country: >			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ŧ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
(If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
t	of Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
1	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 c		х
1	If 'Yes,' indicate the number of Forms 8282 filed during the year	,,		Λ_
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	T and		
_		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	_	-
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter: Gross income from other members or shareholders			
	Gross income from other members or shareholders			
12:	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	124		

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Form 990 (2009)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A.	Governing Body and Management				
					Yes	No
		number of voting members of the governing body	1a 14			
		number of voting members that are independent	1b 14			
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business relirector, trustee or key employee?	lationship with any other	2		X
3	Did the d	rganization delegate control over management duties customarily performed by or us, directors or trustees, or key employees to a management company or other person	nder the direct supervision	3		х
4		rganization make any significant changes to its organizational documents	areata-aetava paramar pere aratena di cara	4		X
		prior Form 990 was filed?				
5		rganization become aware during the year of a material diversion of the organization		5		X
6		organization have members or stockholders?		6		X
11.0		organization have members, stockholders, or other persons who may elect one or n				
•	governin	g body?	note members of the	7a		X
	b Are any	decisions of the governing body subject to approval by members, stockholders, or ot	her persons?	7 b		X
8	Did the o	rganization contemporaneously document the meetings held or written actions under	rtaken during the year by			V
		rning body?	*****	8a	Х	
		nmittee with authority to act on behalf of the governing body?		86	Х	
		any officer, director or trustee, or key employee listed in Part VII, Section A, who car lion's mailing address? If 'Yes,' provide the names and addresses in Schedule O		9		х
		Policies (This Section B requests information about policies not r		-		<u></u>
	enue Code		oquitous, mo interior			
					Yes	No
		organization have local chapters, branches, or affiliates?		10 a	,,,,	X
	b If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities o ches to ensure their operations are consistent with those of the organization?	f such chapters, affiliates,	10 Ь		
11	Has the	organization provided a copy of this Form 990 to all members of its governing body b	pefore filing the form?	11	X	
11	A Describe	in Schedule O the process, if any, used by the organization to review this Form 990	. SEE SCHEDULE O			
12	a Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12a	X	
	b Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests ts?	that could give rise	12b	х	
	Does the	organization regularly and consistently monitor and enforce compliance with the pole O how this is doneSEE .SCHEDULE .Q.	licy? If 'Yes,' describe in	12c	х	
13		organization have a written whistleblower policy?		13	X	
14	Does the	organization have a written document retention and destruction policy?	*******	14	Х	
15	Did the p	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent			
		nization's CEO, Executive Director, or top management official		15a	Х	
		icers of key employees of the organization SEE . SCHEDULE .O		15b	Х	
		line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16	Did the o	rganization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a		Х
j	olf 'Yes,' I in joint v	has the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard	to evaluate its participation the organization's exempt			
Sar	tion C	th respect to such arrangements? Disclosures		16b		
	ALL PROPERTY OF THE PERSON NAMED IN COLUMN NAM	LIVARION AND THE STATE OF THE S				
18	1	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)s only) av	ailabl	e for p	oublic
-		website X Another's website X Upon request				
		in Schedule O whether (and if so, how) the organization makes its governing documents available to the public. SEE SCHEDULE O				ncial
		name, physical address, and telephone number of the person who possesses the bios of the Columbia Gorge 522 SW FIFTH, #720 PORTLAND				

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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.

(A)	(B) Average	Pos	tion /		c)	hat app	ha.	(D)	(E)	(F)
Name and Title	hours per week	or director		Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
CYNTHIA WINTER DIRECTOR	1	х						0.	0.	0.
CHARLES WEBSTER	1	Δ.				_		0.	0.	0.
DIRECTOR	1	Х						0.	0.	0.
BROUGHTON BISHOP		- 23						· ·	0.	0.
DIRECTOR	1	Х						0.	0.	0.
POLLY WOOD	-					-				· ·
DIRECTOR	1	X						0.	0.	0.
MARIA HALL										
CHAIR ELECT	1	Х						0.	0.	0.
MARK WALLER										
DIRECTOR	1	X						0.	0.	0.
KEN DENIS										
DIRECTOR	1	X						0.	0.	0.
AUBREY RUSSELL										
DIRECTOR	1	Х	Ш,					0.	0.	0.
PAT WALL										
DIRECTOR	1	X					. [0.	0.	0.
KAREN JOHNSON										
SEC./TREASURER	1	X		X				0.	0.	0.
ROBERT HANSEN										
CHAIR	1	X		X				0.	0.	0.
RICHARD RAY	1								34	
DIRECTOR	1	X						0.	0.	0.
CHRIS BECK										
DIRECTOR	1	X						0.	0.	0.
BOWEN BLAIR, JR.										
DIRECTOR	1	Х						0.	0.	0.
KEVIN GORMAN	/4/20			-2.2				(a)(0 10 / 10 / 10 / 10 / 10 / 10 / 10 / 1	920	
EXECUTIVE DIREC	40			X				81,188.	0.	0.
	1		L							

BAA

Part VII Section A. Officers, Directors, Trus	tees, F	(ey	Em	plo	ye	es,	and	d Highest Con	npensated Emp	loyee	s (coi	ηt.)
(A)	(B)			(c)			(D)	(E)		(F)	
Name and Title	Average hours per week			Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	ame cor on a	stimated unt of oth opensation from the ganization of related anization	her on n d
								1				
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~												
												-
1b Total							•	81,188.	0.			0
2 Total number of individuals (including but not limite from the organization ► 0	d to the	se li	sted	ab	ove)	wh	o re	ceived more than	\$100,000 in repor	table co	Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it	ndividua	al	* ***	• • • •			***			. 3		Х
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater individual	portable han \$15	e cor 50,00	npe 10?	nsa If 'Y	tion 'es'	and com	l oth	er compensation e Schedule J for :	from such	. 4		Х
5 Did any person listed on line 1a receive or accrue of rendered to the organization? If 'Yes,' complete So	ompens hedule	satio	n fro	om a h pe	any erso	unre	elate	d organization fo	r services	. 5		Х
Complete this table for your five highest compensa compensation from the organization.	ted inde	pend	lent	cor	ntrac	tors	tha	t received more t	han \$100,000 of			
(A) Name and business addres	SS							(B Description o	) of Services		(C) ensatio	n
	14 F =	22.2				766		30 W 3				
2 Total number of independent contractors (including \$100,000 in compensation from the expensation by		limi	ted	to th	nose	list	ed a	bove) who receiv	ed more than			

T a	rt VIII   Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	568,842.			
PROGRAM SERVICE REVENU					
	Investment income (including dividends, interest and other similar amounts).      Income from investment of tax-exempt bond proceeds     Royalties.	60,843.			60,843.
	6a Gross Rents.  b Less: rental expenses. c Rental income or (loss). d Net rental income or (loss).  7a Gross amount from sales of assets other than inventory. b Less: cost or other basis and sales expenses. c Gain or (loss).				
OTHER REVENUE	d Net gain or (loss)				
	c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less returns and allowances.  b Less: cost of goods sold.  c Net income or (loss) from sales of inventory.  Miscellaneous Revenue  Business Code				
	11a OTHER INCOME 900099 b c 900099	12,491.			12,491.
	d All other revenue	12,491. 642,176.	0.	0.	73,334.

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	86,528.	48,023.	11,249.	27,256.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	294,479.	211,428.	13,058.	69,993.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions).		8,988.	542.	2,327.
9	Other employee benefits.		40,399.	2,629.	11,286.
10	Payroll taxes		25,331.	2,430.	9,638.
	Fees for services (non-employees)		23,331.	2,430.	3,030.
**. **	a Management				
៍	Legal				
	- Accounting				
,	d Lobbying.				
٠	Prof fundraising svcs. See Part IV, In 17				
	Investment management fees.				
			27 121	42.007	
12	Other		37,121.	42,067.	
	Advertising and promotion.	5,942.	4 046	054	1 040
13 14	Office expenses		4,046.	854.	1,042.
15	Information technology				
16	Royalties	39,756.	20 451	1 750	7 547
17	Travel	15,430.	30,451.	1,758.	7,547
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	15,430.	14,663.	275.	492.
19	Conferences, conventions, and meetings				
	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	3,745.	2,022.	1,173.	550.
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	PRINTING AND PUBLICATIONS	46,131.	39,013.	436.	6,682.
b	EVENT COSTS	38,661.	30,876.		7,785.
	PROSPECT COSTS	18,108.	6,709.		11,399.
	DATABASE & WEBSITE	12,260.	10,303.	421.	1,536.
е	TELEPHONE	8,647.	7,477.	221.	949.
	All other expenses	35,161.	17,622.	9,052.	8,487.
		787,606.	534,472.	86,165.	166,969.
26	Joint costs, Check here ► X if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational		UZ- 903-		
	campaign and fundraising solicitation	53,403.	40,738.		12,665. Form <b>990</b> (2009)

Part X Balance Sheet (A) Beginning of year (B) End of year 20,003. 5,995. 1 1 Cash - non-interest-bearing 914,421 2 99,019. 2 Savings and temporary cash investments ...... 3 Pledges and grants receivable, net ..... 793,377. 3 13,505. 4 17,309. 4 Accounts receivable net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L..... 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . 6 7 7 Notes and loans receivable, net 8 Inventories for sale or use. 12,221. Prepaid expenses and deferred charges ..... 9 18,890. 10a Land, buildings, and equipment: cost or other basis. | 10a 39,772. Complete Part VI of Schedule D 38,423. 10. 1,349. 10 c 11 Investments – publicly-traded securities ..... 11 2,508,729. 1,028,669. 12 Investments - other securities, See Part IV, line 11. 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets ..... 14 4,993. 15 Other assets. See Part IV, line 11. 15 10,566. 2,675,865. 2,773,191. 16 16 17 Accounts payable and accrued expenses. 38,885. 17 30,412. 18 Grants payable 18 Deferred revenue..... 19 Tax-exempt bond liabilities..... 20 Escrow or custodial account liability. Complete Part IV of Schedule D...... 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 24 25 Other liabilities. Complete Part X of Schedule D...... 25 26 Total liabilities. Add lines 17 through 25..... 30,412. 38,885. 26 Organizations that follow SFAS 117, check here | X | and complete lines 27 through 29 and lines 33 and 34. ASSETS Unrestricted net assets.... 2,492,236. 27 2,399,376. 38,263. 30,835. 28 203,807. 215,242. 29 Permanently restricted net assets..... 29 OR Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds..... 30 BALANCES Paid-in or capital surplus, or land, building, and equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds..... 32 Total net assets or fund balances. 2,734,306. 2,645,453. 33 Total liabilities and net assets/fund balances..... 34 2,773,191. 2,675,865. 34 BAA Form 990 (2009)

TEEA0111L 01/30/10

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Page 12 Financial Statements and Reporting Part XI Yes No X Accrual Other 1 Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a X 2b X c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X 2c review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: X Consolidated basis Both consolidated and separate basis Separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.... 3a X **b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2009) BAA

## 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.

OMB No. 1545-0047

2009

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

Employer identification number

	ENDS OF THE COL							A Committee of the Comm	82467		
			s (All organizations					See ir	nstructi	ons	
The o	rganization is not a pri	vate foundation becau	ise it is: (For lines 1 thro	ough 11,	check o	nly one	box.)				
1	A church, conventi	on of churches or ass	ociation of churches des	scribed in	section	170(b)	(i)(A)(i)				
2	A school described	in section 170(b)(1)(	A)(ii). (Attach Schedule	E.)							
3	A hospital or coope	erative hospital service	e organization described	in secti	on 170(l	ул ХАХ	iii).				
4	A medical research	organization operate	d in conjunction with a l	hospital o	describe	d in sec	tion 17	0(b)(1)(A	)(iii). En	ter the hos	pital's
	name, city, and sta	te:									
5	☐ 170(b)(1)(A)(iv). ((	Complete Part II.)	of a college or universit					rnmental	unit des	scribed in s	ection
6 7	An organization that		governmental unit descr substantial part of its s art II.)					t or from	the gen	eral public	described
8			170(b)(1)(A)(vi). (Comple	ete Part I	LY						
9	An organization that from activities relate investment income	normally receives: (1)	more than 33-1/3 % of its ns — subject to certain exc ess taxable income (less	support f	rom con	o more	han 33-	1/3 % of	its suppo	rt from gros	SS
10	An organization or	ganized and operated	exclusively to test for p	ublic safe	ety. See	section	509(a)	(4).			
11	An organization or more publicly supp describes the type	ganized and operated orted organizations of of supporting organizations	exclusively for the bene described in section 509 zation and complete line	efit of, to (a)(1) or es 11e th	perform section rough 1	the fun 509(a)(2 1h.	ctions ( 2). See	of, or car section	ry out th 5 <b>09(a)(3</b> )	e purpose ). Check ti	s of one or ne box that
	a Type I	b Type II	c Type I						d	Type III-	
e	By checking this be than foundation ma 509(a)(2).	ox, I certify that the or anagers and other tha	rganization is not contro in one or more publicly s	lled directions	tly or in d organi	directly zations	by one describ	or more ed in sec	disquali tion 509	fied perso (a)(1) or s	ns other ection
f	If the organization	received a written de	termination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting c	organizatio	b 🗆
g	Since August 17, 2	006, has the organiza	ition accepted any gift of	or contrib	ution fro	om any	of the fe	ollowing	persons	?	
									•		Yes No
	(i) a person who	directly or indirectly	controls, either alone or	together	with pe	rsons d	escribe	d in (ii) a	and (iii)	11 = (1)	
			upported organization?.							11 g (i)	
			cribed in (i) above?								
10.1	1.5	8	n described in (i) or (ii) a			*******		3(3(3),413,323)	\$100 PM \$100 PM	11 g (iii)	
h	245VI 0/20 2 W	7	the supported organizati		S 16	les su	30	80.272	77	2001 D V	
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(i) lister gove	Is the tion in col. I in your erning ment?	the organ	ou notify ization in (i) of ipport?	(vi) Is organizati (i) organiz U.S	on in col. red in the	(vii) Amour	t of Support
				Yes	No	Yes	No	Yes	No		
				1							
Total									"		

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BAA

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.) Section A. Public Support Calendar year (or fiscal year (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total (a) 2005 beginning in) > Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')... 528,431 568,842 2,402,811. 611,032. 518,520 175,986 2 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf...... The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 0. 568,842. 2,402,811. 611,032 518,520 175,986 528,431 Total. Add lines 1-through 3.... 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 187,329. shown on line 11, column (f) ... Public support. Subtract line 5 2,215,482. from line 4...... Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 🟲 611,032 518,520 175,986 528,431 568,842 2,402,811. 7 Amounts from line 4...... Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources..... 49,242 151,216. 89,602 34,955 60,843 385,858. Net income from unrelated business activities, whether or not the business is regularly 0. carried on....... Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV 20,762. 54,450 12,491. 1,824 10,241 99,768. Total support. Add lines 7 through 10..... 2,888,437. Gross receipts from related activities, etc. (see instructions)...... 0. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here..... Section C. Computation of Public Support Percentage 76.7% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14. 15 80.5% 16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the 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 - 2008. 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 — 2009 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..... 

Schedule A (Form 990 or 990-EZ) 2009

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

TEEA0402L 10/08/09

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

	(Complete only if you chec	ked the box on li	ne 9 of Part I.)		57 JUST 10:			
Sec	tion A. Public Support							
	idar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons.  Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the							
-	year							
	Add lines 7a and 7b						-	
8	Public support (Subtract line							
<u></u>	7c from line 6.)							
-	tion B. Total Support	(-) 200F	(h) 2005	(-) 2007	(4) 2000	(~) 2000	. 1	(O Total
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
	Amounts from line 6. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources.							,
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
0.000	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (edd Ins 9, 10c, 11, and 12.)							
	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secon	nd, third, fourth,	or fifth tax year a	s a section 5	01(c)(3)	
_	organization, check this box and	stop here						<b>&gt;</b>
135233	tion C. Computation of Pul		The second secon	72 Y 1520		1	au I	7,250
15	Public support percentage for 20						15	%_
	Public support percentage from 2					******	16	%_
	tion D. Computation of Inv		Harris and the second s		/A\		177	0/
17	Investment income percentage for					-	17	%
18	Investment income percentage fr 33-1/3 support tests – 2009. If the c						7 is not	%
192	more than 33-1/3%, check this b	ox and stop here	. The organization	nne 14, and line 15 n qualifies as a p	ublicly supported	organization.	/ IS NOT	► 🔲
	33-1/3 support tests - 2008. If the is not more than 33-1/3%, check	ne organization di this box and sto	d not check a box p here. The organ	x on line 14 or 19 sization qualifies	a, and line 16 is as a publicly supp	more than 33 orted organia	8-1/3%, a zation	nd line 18
20	Private foundation. If the organiz	zation did not che	ck a box on line	14, 19a, or 19b, o	check this box and	d see instruc	lions	

Schedule A	(Form 990	or 990-E2	Z) 2009	FRIENDS	OF	THE	COLUMB	BIA (	GORGE	93-0782467	Page 4
Part IV	Supplem Part II, Ii	i <mark>ental In</mark> ne 17a (	formati or 17b;	i <b>on.</b> Comp and Part I	lete t II, lir	this p	art to pre. Provide	ovide any	the e	explanations required by Part II, line 10 additional information. See instruction	); 1S.
										****	( <del>-</del> :-:-:-
	****===	= 1. 1. 1. 1.									
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2009

# SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

### FRIENDS OF THE COLUMBIA GORGE

93-0782467

PART II. LINE 10 -	OTHER INCOME
--------------------	--------------

NATURE AND SOUR	CE	2009	2008	2007	2006	2005
OTHER INCOME		12,491.	54,450.	20,762.	10,241.	1,824.
	TOTAL \$	12,491.	\$ 54,450.	\$ 20,762.	\$ 10,241.	\$ 1,824.

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization PUBLIC DISCLOSURE COPY

#### Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

Employer identification number

2009

FRIENDS OF THE COLUMBIA GORGE		93-0782467
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(_3_) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a	private foundation
	527 political organization	
F 000 PF	D501(5)(2)	
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a priv	ate foundation
	501(c)(3) taxable private foundation	ate louridation
Check if your organization is covered by the Ge	eneral Rule or a Special Rule	
Note: Only a section 501(c)(7), (8), or (10) orga	anization can check boxes for both the General Rule and a S	Special Rule. See instructions.
1		
General Rule —	, or 990-PF that received, during the year, \$5,000 or more (	(a
contributor. (Complete Parts I and II.)	., or 990-PF that received, during the year, \$5,000 or more (	in money or property) from any one
Special Rules -		
X For a section 501(c)(3) organization filing F	orm 990 or 990-EZ, that met the 33-1/3% support test of the	regulations under sections
509(a)(1)/170(b)(1)(A)(vi) and received from any	one contributor, during the year, a contribution of the greater of (1 r (ii) Form 990-EZ, line 1. Complete Parts I and II.	) \$5,000 or (2) 2% of the
	- Model 18. 18. 18. 18. 18. 18. 18. 18. 18. 18.	
aggregate contributions of more than \$1,00	ation filing Form 990 or 990-EZ, that received from any one 0 for use exclusively for religious, charitable, scientific, literal Complete Parts I, II, and III.	arv, or educational purposes, or the
prevention of cruelty to children or animals.	Complete Parts I, II, and III.	
For a section 501(c)(7), (8), or (10) organization	ation filing Form 990 or 990-EZ, that received from any one	contributor, during the year,
this box is checked, enter here the total cor	s, charitable, etc, purposes, but these contributions did not atributions that were received during the year for an exclusive	vely religious, charitable, etc.
purpose. Do not complete any of the parts i	unless the General Rule applies to this organization because	e it received nonexclusively
religious, charitable, etc, contributions of \$5	5,000 or more during the year	
Caution: An organization that is not covered by	the General Rule and/or the Special Rules does not file Sc	hedule B (Form 990, 990-EZ, or
990-PF) but it must answer 'No' on Part IV, line 990-PF, to certify that it does not meet the filling	e 2 of their Form 990, or check the box on line H of its Form g requirements of Schedule B (Form 990, 990-EZ, or 990-Pf	990-EZ, or on line 2 of its Form
BAA For Privacy Act and Paperwork Reduction		B (Form 990, 990-EZ, or 990-PF) (2009)
for Form 990, 990EZ, or 990-PF.	octional designation of the state of the sta	. 5 (10111 330, 330-22, 01 330-11) (2003)

of Part I

FRIENDS OF THE COLUMBIA GORGE

Page 1 of 1
Employer identification number 93-0782467

Part I	Contributors (see instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$25,000.	Person X Payroll
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$25,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3		\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4		\$60,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5		\$12,000.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
37		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

of 1

of Part II

Name of organization

FRIENDS OF THE COLUMBIA GORGE

Employer identification number

93-0782467

Part II	Noncash Property (see instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$\$	

Employer identification number

FRIENDS OF THE COLUMBIA GORGE 93-0782467

Part III | Exclusively religious, charitable, etc. individual contributions to section 501(c)(7), (8), or (10)

	organizations aggregating more the For organizations completing Part III, enter contributions of \$1,000 or less for the year.	18.41		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	300 11130 4000	(d)  Description of how gift is held
	N/A			
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Rela	ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4			ationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee
(a)	(b)	(c)		(d)
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	ationship of transferor to transferee

#### SCHEDULE C (Form 990 or 990-EZ)

#### Political Campaign and Lobbying Activities

OMB No. 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.	ICH
Name of organization	Employer identification number
FRIENDS OF THE COLUMBIA GORGE	93-0782467
Part I-A Complete if the organization is exempt under section	n 501(c) or is a section 527 organization.

-	ter A complete if the organization is exempt under section so ite of is a section ser organization.
1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2	Political expenditures
3	Volunteer hours
Pa	rt I-B Complete if the organization is exempt under section 501(c)(3).
1	Enter the amount of any excise tax incurred by the organization under section 4955
2	Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4	a Was a correction made? Yes N
	b If 'Yes,' describe in Part IV.
Pa	rt I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities.
3	Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4	Did the filing organization file Form 1120-POL for this year?
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund

or a political action committe	e (PAC). Il additional space is needed, pro	ovide information in F	an iv.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2009

BAA

Part II-A | Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)). A Check if the filing organization belongs to an affiliated group. if the filing organization checked box A and 'limited control' provisions apply. B Check ► Limits on Lobbying Expenditures — (The term 'expenditures' means amounts paid or incurred.) (b) Affiliated group totals (a) Filing organization's totals 1a Total lobbying expenditures to influence public opinion (grass roots lobbying)...... 29,445. b Total lobbying expenditures to influence a legislative body (direct lobbying) ...... 0. c Total lobbying expenditures (add lines 1a and 1b) 29,445. 758,161. 0. 787,606. e Total exempt purpose expenditures (add lines 1c and 1d)...... f Lobbying nontaxable amount. Enter the amount from the following table in 143,141. both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: 20% of the amount on line 1e. Not over \$500,000 \$100,000 plus 15% of the excess over \$500,000. Over \$500,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 \$225,000 plus 5% of the excess over \$1,500,000. Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 \$1,000,000. 35.785. 0. g Grassroots nontaxable amount (enter 25% of line 1f)..... 0. h Subtract line 1g from line 1a. If zero or less, enter -0-0 0. 0. i Subtract line 1f from line 1c. If zero or less, enter -0-..... j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting No section 4911 tax for this year?..... 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.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal (a) 2006 (c) 2008 (d) 2009 (e) Total (b) 2007 year beginning in) 2a Lobbying non-taxable 177,401 163,206 156,589 143,141 amount..... 640,337. b Lobbying ceiling amount (150% of line 2a, column (e))..... 960,506. c Total lobbying 57,406 26,801 50,471 29,445 expenditures. 164,123. d Grassroots nontaxable 44,350 40,802. 39,147 35,785 160,084. amount..... Grassroots ceiling amount (150% of line 2d, column (e))..... 240,126. f Grassroots lobbying expenditures.....

Schedule C (Form 990 or 990-EZ) 2009

1 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:  a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? 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? If 'Yes,' describe in Part IV. j Total. Add lines 1c through 1i. 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If 'Yes,' enter the amount of any tax incurred under section 4912. c If 'Yes,' enter the amount of any tax incurred upder section 4912. d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?  Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) (4), section 501(c) (6) OR if Part III-A, line 3	Yes	No	(b) Amount
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Dues, assessments and similar amounts from members	1(c)(5)	, or sec	tion 501(c)
	J 15 a	115WCIC	u 165.
2 Section 163(s) per deductible labbuing and political assentitude (de not include amounts of political		1	
expenses for which the section 527(f) tax was paid).			
a Current year.		2a	
<b>b</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			
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 polities expenditure next year?		3	
5 Taxable amount of lobbying and political expenditures (see instructions)	ess litical		
	ess litical	4	
Part IV Supplemental Information	ess litical		

Schedule C (	Form 990 or 990-EZ) 2009 FRIENDS OF THE COLUMBIA GORGE	93-0782467	Page 4
Part IV	Form 990 or 990-EZ) 2009 FRIENDS OF THE COLUMBIA GORGE Supplemental Information (continued)		
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	1. I THE CALL AND THE TOTAL AND EXPENSE TO A SECOND AND A		
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Employer Identification number

FRIENDS OF THE COLUMBIA GORGE	93-0782467
Part I Organizations Maintaining Donor Advised Funds or Other	11 1 E2/27 - 4 E2/27 - 1 E4/27
the organization answered 'Yes' to Form 990, Part IV, line 6	
(a) Donor advised fun	nds (b) Funds and other accounts
1 Total number at end of year	
2 Aggregate contributions to (during year)	
4 Aggregate value at end of year	
5 Did the organization inform all donors and donor advisors in writing that the as	sets held in donor advised
funds are the organization's property, subject to the organization's exclusive le	gal control? Yes No
6 Did the organization inform all grantees, donors, and donor advisors in writing used only for charitable purposes and not for the benefit of the donor or donor purpose conferring impermissible private benefit??	that grant funds may be advisor or for any other Yes No
Part II Conservation Easements Complete if the organization answ	vered 'Yes' to Form 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization (check all that	
	Preservation of an historically important land area
	Preservation of certified historic structure
Preservation of open space	
Complete lines 2a through 2d if the organization held a qualified conservation.	contribution in the form of a conservation easement on the
last day of the tax year.	contribution in the form of a conservation casement on the
	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in	
d Number of conservation easements included in (c) acquired after 8/17/06	8(5)
Number of conservation easements modified, transferred, released, extinguish	
year >	ed, or terminated by the organization during the tax
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, and enforcement of the conservation easement it holds?	inspection, handling of violations, Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conduring the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conserved during the year >	ation easements \$
8 Does each conservation easement reported on line 2(d) above satisfy the required 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	irements of section Yes No
9 In Part XIV, describe how the organization reports conservation easements in its revinctude, if applicable, the text of the footnote to the organization's financial sta	enue and expense statement, and balance sheet, and stements that describes the organization's accounting for
conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Tr Complete if the organization answered 'Yes' to Form 990, F	reasures, or Other Similar Assets Part IV, line 8.
1a If the organization elected, as permitted under SFAS 116, not to report in its retreasures, or other similar assets held for public exhibition, education, or reseathe text of the footnote to its financial statements that describes these items.	evenue statement and balance sheet works of art, historicanch in furtherance of public service, provide, in Part XIV,
b If the organization elected, as permitted under SFAS 116, to report in its rever freasures, or other similar assets held for public exhibition, education, or resea amounts relating to these items:	nue statement and balance sheet works of art, historical arch in furtherance of public service, provide the following
(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, or other s amounts required to be reported under SFAS 116 relating to these items:	
a Revenues included in Form 990, Part VIII, line 1	► \$

b Assets included in Form 990, Part X

3 Using the organization's acquisition items (check all that apply):	n accession and	other records, che	ck any	y of the following th	nat are a significant us	e of its	collection	on
a Public exhibition		d Loan	or exc	hange programs				
b Scholarly research		e Other						
c Preservation for future general	tions							
4 Provide a description of the organi		ons and explain ho	w they	further the organi	zation's exempt purpo	se in		
Part XIV.		17;		2				
5 During the year, did the organization assets to be sold to raise funds ra								No
Part IV Escrow and Custodial 9, or reported an amou	Arrangemen nt on Form 9	ts Complete if o 90. Part X. line	organ 21.	ization answere	ed 'Yes' to Form 9	90, Pa	irt IV,	line
1a Is the organization an agent, trust- included on Form 990, Part X?	CO. Accounting to the same	Processes of the second		ontributions or othe	er assets not		-	
						Yes	L	No
b If 'Yes,' explain the arrangement in	n Part XIV and	complete the follow	ing tal	ble:				
						Amoun	t	
c Beginning balance								
d Additions during the year								
e Distributions during the year								
f Ending balance				*******	1f			
2a Did the organization include an an	nount on Form 9	90, Part X, line 21	2			Yes		No
b If 'Yes,' explain the arrangement in	n Part XIV.							
Part V Endowment Funds Com	nplete if orga	nization answer	ed 'Y	es' to Form 99	 Part IV, line 10. 			
	(a) Current year	(b) Prior yea	ſ	(c) Two years back	(d) Three years back	(e)	Four year	s back
1a Beginning of year balance	1,987,39	1. 1,466,3	315.					
b Contributions	2,50	0. 802,3	312.					
c Net Investment earnings, gains, and losses	113,81	6201,2	236.					
d Grants or scholarships								
e Other expenditures for facilities and programs	50,50	0. 80,0	000.					
f Administrative expenses							71	
g End of year balance	2,053,20	7. 1,987,3	391.					
2 Provide the estimated percentage								
a Board designated or quasi-endowr		89.50%						
b Permanent endowment ►	20 17/1/20	03.00						
c Term endowment ►	8							
7								
3a Are there endowment funds not in organization by:	the possession	of the organization	that a	are held and admir	istered for the		Yes	No
(i) unrelated organizations						. 3a(i)	103	X
(ii). related organizations						3a(ii)		X
b If 'Yes' to 3a(ii), are the related or		d on required on C				- Annual Contract of the last		_^_
	and the second of the second o	and the second of the second of the second			SEE I	. 3b	VTV	
Part VI Investments—Land, Bu						MILI.	VTA	
Description of investment		Cost or other basis				7.15	D1/1/	14:150
<u> </u>	3/8	(investment)		Cost or other oasis (other)	(c) Accumulated Depreciation	(a)	Book Va	lue
1a Land								
b Buildings	And the second s							
c Leasehold improvements								
d Equipment	1043 (64) KA ENG							
e Other				39,772.	38,423.		1.,	,349.
Total. Add lines 1a through 1e (Column	(d) must equal	Form 990, Part X,	colum	n (B), line 10(c).).	•			,349.
BAA				1777		lule D (Form 90	0) 2009

Part VII Investments-Other Securities See Fo	orm 990, Part X, Iir	ne 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	tion ket value
Financial derivatives			
Closely-held equity interests			
Other EQUITY MUTUAL FUNDS	2,508,729.	END OF YEAR MARKET VALUE	
	5011 11318-047 (Senior Sc		
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)	2,508,729.		
Part VIII Investments-Program Related (See F			
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion
		Cost of end-or-year man	ket value
			-
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)			
Part IX Other Assets (See Form 990, Part X,	line 15) N/A		
	scription		(b) Book value
To To South	Contract of the Contract of th		
Total. (Column (b) must equal Form 990, Part X, col.(B), li	ne 15)	· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities (See Form 990, Part	X, line 25)		
(a) Description of Liability	(b) Amount		
Federal Income Taxes			
Total. (Column (b) must equal Form 990, Part X col. (B) line 25)			
TOTAL COORDING OF THUS CHURCH FORD 250, PAIL X COLUB HIRE 251	1		

2. FIN 48 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.

Pai	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	description of the control of the co		642,176.
2	Total expenses (Form 990, Part IX, column (A), line 25)		787,606.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-145,430.
4	Net unrealized gains (losses) on investments		56,577.
5	Donated services and use of facilities.		
6	Investment expenses		= ==
7	Prior period adjustments		
8	Other (Describe in Part XIV).		
9	Total adjustments (net). Add lines 4 through 8.		56,577.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9.		-88,853.
_	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F		00,000.
1	A CONTRACTOR OF THE PROPERTY O		736,452.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		750,1521
	a Net unrealized gains on investments		
	b Donated services and use of facilities		
	c Recoveries of prior year grants	-	
	d Other (Describe in Part XIV) SEE PART XIV	-	
			94,276.
	e Add lines 2a through 2d		
3		3	642,176.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)		
	c Add lines 4a and 4b		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		642,176.
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe		
1		. 1	1,025,786.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	_	
	Prior year adjustments	- 3	
	C Other losses		
	d Other (Describe in Part XIV) SEE PART XIV	_	
	e Add lines 2a through 2d.		238,180.
3		. 3	787,606.
4			
	a Investments expenses not included on Form 990, Part VIII, line 7b 4a		
ı	Other (Describe in Part XIV)		
(c Add lines 4a and 4b.		
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	. 5	787,606.
Pai	t XIV Supplemental Information		
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this praction. PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND	/, lines 1b part to prov	and 2b; Part V, vide any additional
	TO BE USED FOR THE PRESERVATION AND PROTECTION OF LANDS IN THE GORGE	:	
		.===-	

Schedule D (Form 990) 2009 FRIENDS OF THE COLUMBIA GORGE Part XIV Supplemental Information (continued)	93-0782467	Page 5
Part XIV Supplemental Information (continued)		
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2009

## SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

FRIENDS OF	THE	COL	.UMBIA	GORGE
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93-0782467

SCHEDULE D, PART XII, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

REPORTED FOR AFFILIATE ON CONS. F/S 94,276. TOTAL 94,276.

SCHEDULE D, PART XIII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

REPORTED FOR AFFILIATE ON CONS. F/S \$ 238,180. TOTAL \$ 238,180.

#### SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2009

2009

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

FRIENDS OF THE COLUMBIA GORGE 93-0782467 Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.) (F) Direct controlling (E) End-of-year assets (B) Primary activity (C) Legal domicile (state (D) Total income (A) Name, address, and EIN of disregarded entity or foreign country) entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) (F) Direct controlling (C) Legal domicile (state (E) Public charity status (if section 501(c)(3)) Name, address, and EIN of related organization (B) Primary activity Exempt Code section or foreign country) entity FRIENDS OF THE COLUMBIA GORGE LAND TRUST 522 SW FIFTH, SUITE 720 PORTLAND, OR 97204 LAND COMMON CONTROL 56-2563880 PRESERVATION OR 501 (C) (3) 509(A)(3)

Page 2 93-0782467

Schedule R (Form 990) 2009 FRIENDS OF THE COLUMBIA GORGE

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

nral or aging ner?	No		
General or managing partner?	Yes		
Code V-UBI amount in box 20 of Schedule K-1	(Form 1065)		
ppor- ate ions?	No.		
(H) Disproportionate allocations?	Yes		
(G) are of end-of-year assets			
Predominant Share of total income (related, income (related, unrelated, excluded from fax under			
(E) Predominant income (related, unrelated, excluded from tax under	sections 512-514)		
(C) Legal domicile (state or	country)		
(A) (B) (C) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D			
(A) Name, address, and EIN of related organization			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, Ine 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	axable as a Cor	poration or Tr treated as a c	<b>ust</b> (Complete or 1	if the organizerust in the interest in the int	zation answered 'Y e tax year.)	es' to Form 990, Pa	rt IV,
(A) Name, address, and ElN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp, or trust)	Share of total income	Legal domicile Direct Type of entity (C corp, S corp, country)  (C)	(H) Percentage ownership
ВАА		TEEA5002L 02/05/10	05/10			Schedule R (Form 990) (2009)	(2003)

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV:			
ē	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1 a		Х
t	Gift, grant, or capital contribution to other organization(s).	1 b		X
(	Gift, grant, or capital contribution from other organization(s)	1 c		X
ı,	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1 e		Х
f	Sale of assets to other organization(s)	1f		X
ç	Purchase of assets from other organization(s)	1 g		X
ŀ	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s).	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
- 1	Performance of services or membership or fundraising solicitations by other organization(s)	31		X
n	n Sharing of facilities, equipment, mailing lists, or other assets	1 m		X
r	Sharing of paid employees	1n	X	
C	Reimbursement paid to other organization for expenses	10		X
P	Reimbursement paid by other organization for expenses.	1 p	Х	
	Other transfer of cash or property to other organization(s)	1q		X
	Other transfer of cash or property from other organization(s)	1r		X
2	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction threshold	S.		
	(A) (B) Name of other organization Transaction A	mount	C)	
	Name of other organization Transaction A type (a-r)	mount	involv	/ed
	955 (6.37			
(1)	FRIENDS OF THE COLUMBIA GORGE LAND TRUST		89,	815.
(2)	FRIENDS OF THE COLUMBIA GORGE LAND TRUST		52,	049.
(3)				
(4)				
(5)				
(6)				
ΔΔ	TEEASON 02/05/10 Schadula D	/Earm	0001	rannay

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	al or ging er?
			Yes No		Yes No	× ×	Yes	No
ВАА		TEEA5004L 02/05/10				Schedule R (Form 990) (2009)	(066 u	(2009)

## SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

FRIENDS OF THE COLUMBIA GORGE 93-0782467
FORM 990, PART III, LINE 1 - ORGANIZATION MISSION
TO ENSURE STRICT IMPLEMENTATION OF THE NATIONAL SCENIC AREA ACT, WHICH PROTECTS AND
PROVIDES FOR MANAGEMENT OF THE NATIONAL SCENIC AREA; TO PROMOTE RESPONSIBLE
STEWARDSHIP OF GORGE LANDS; TO ENCOURAGE PUBLIC OWNERSHIP OF SENSITIVE AREAS; TO
EDUCATE THE PUBLIC ON THE UNIQUE VALUES OF THE GORGE; AND BY WORKING WITH GROUPS AND
INDIVIDUALS TO ACCOMPLISH MUTUAL PRESERVATION GOALS.
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION
CASINO: LIMITING LARGE-SCALE DEVELOPMENT. FRIENDS OF THE COLUMBIA GORGE HELPED
SECURE OVER 5,000 PUBLIC COMMENTS OPPOSING A MASSIVE CASINO IN THE HEART OF THE
GORGE. 6/30/10 EXPENSES TOTALED \$110,406
LOBBYING: PROTECT THE COLUMBIA GORGE THROUGH LEGISLATIVE EFFORTS. OUR LOBBYING
EFFORTS RESULTED IN A \$1 MILLION APPROPRIATION TO THE U.S. FOREST SERVICE TO
PURCHASE SENSITIVE LANDS FROM WILLING SELLERS IN THE COLUMBIA GORGE. 6/30/10
EXPENSES TOTALED \$50,471.
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS
A DRAFT OF THE FORM 990 WAS REVIEWED BY THE EXECUTIVE COMMITTEE PRIOR TO SUBMISSION.
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS
BOARD REVIEWS POTENTIAL CONFLICT OF INTEREST ISSUES ON AN ONGOING BASIS.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES
SALARY REVIEW WAS CONDUCTED BY THE BOARD. AFFECTED INDIVIDUALS RECUSED THEMSELVES
AND A MOTION FOR COMPENSATION WAS OFFERED.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
REASONABLE REQUESTS FOR FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE FURNISHED
UPON REQUEST AT THE OFFICES OF FRIENDS OF THE COLUMBIA GORGE.

Schedule <b>O</b> (Form 990) 2009	Page 2
	Employer identification number
FRIENDS OF THE COLUMBIA GORGE	93-0782467
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