<u>•</u>		Short Form		OMB No 1545 1150
Fo	rm 990-EZ	Return of Organization Exempt From Income 7 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co (except black lung benefit trust or private foundation) Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(t	de	2009
Dep	artment of the Treasury mal Revenue Service	 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at may use this form The organization may have to use a copy of this return to satisfy state reporting requirements 	the end of the yea	" Open to Public Inspection
Α	For the 2009 calen	dar year, or tax year beginning $4/01$, 2009, and ending $3/$	31	, 2010
В	Check if applicable			yer identification number
	Address change Use	irs Braided River	74-	3237319
=	Name change labe Initial return type	tor 11001 SW KIICKICAL WAY #201		one number
	Termination Spec		(20	6) 223-6303
	Amended return Institution		F Group Numb	
	• Section 501(must	attach a completed Schedule A (Form 990 or 990-EZ). Other (iting method specify) ►	Cash X Accrual
l J				organization is not chedule B (Form 990,
	\$25,000 A Form 990	organization is not a section 509(a)(3) supporting organization and its gross recei 0-EZ or Form 990 return is not required, but if the organization chooses to file a return, b	pts are norma e sure to file a	ally not more than complete return
L	Add lines 5b, 6b, a instead of Form 99	nd 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990	►	\$ 330,047.
Pa		e, Expenses, and Changes in Net Assets or Fund Balances (See	the instruct	tions for Part I.)
	1 Contributions	, gifts, grants, and similar amounts received		329,197.
		vice revenue including government fees and contracts		2
	3 Membership	dues and assessments		3
		t from sale of assets other than inventory 5a		
		other basis and sales expenses 5b		
R		m sale of assets other than inventory (Subtract in 5b from In 5a)		<u>5</u> c
E V E		nd activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	►∟∣	
E N U		e (not including \$of contributions 6a		
E	reported on li b Less, direct e	expenses other than fundraising expenses 6b	🆄	
		bss) from special events and activities (Subtract line 6b from line 6a)		6c
		of inventory, less returns and allowances 7a		¥.
÷	b Less cost of	· · · · · · · · · · · · · · · · · · ·		<u>'></u>
010		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c850.
2		escribe > See Statement 1		9 330,047.
₩ ГО		e Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 milar amounts paid (attach schedule)	1	
Ω _F		to or for members	1	
ШШ	12 Salaries othe	er compensation, and employee benefits 8	1	
	13 Professional	fees and other payments to independent contractors OV 1 8 2010	1	·
	14 Occupancy, r	ent, utilities, and maintenance	14	
Zs		describe ► See Statement 2) 1	
AN		es. Add lines 10 through 16		
SCANNED		eficit) for the year (Subtract line 17 from line 9)	1	
	19 Net assets or figure reporte	fund balances at beginning of year (from line 27, column (A)) (must agree with e d on prior year's return).	nd-of-year	9 79,697.
'Ť S		s in net assets or fund balances (attach explanation)	2	
		fund balances at end of year Combine lines 18 through 20 Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Ford	► <u>2</u>	
. r ₂a			n 990 Instead	(B) End of year
22	Cash, savings, ar			22 64,638.
23	•			23
24		cribe ► See Statement 3)		24 3, 422.
25				25 <u>68,060.</u>
26 27		d balances (line 27 of column (B) must agree with line 21)		26 <u>13,502.</u> 27 <u>54,558.</u>
		and Paperwork Reduction Act Notice, see separate instructions.		Form 990-EZ (2009)

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Form **990-EZ** (2009)

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Form	990-EZ (2009) Braided River			74-	-323	37319 Page 2
Par		ervice Accomplishments	(See the instruction	ons.)		Expenses
What	is the organization's primary exempt purpose? Se	e Statement 5			(Reg 501 (d	ured for section c)(3) and (4) nizations and section
desc	tribe what was achieved in carrying out the rumber of the services provided, the number of ram title	of persons benefited, or other i	relevant information for	each	4947	(a)(1) trusts, optional thers)
	<u> </u>					· · · · · · · · · · · · · · · · · · ·
	(Grants \$) If t	his amount includes foreign gr	ants, check here	► []	28a	321,612.
29						
	(Grants \$) if t	his amount includes foreign gr	ants, check here	►	29a	
30						
31	(Grants \$) If t Other program services (attach schedu	his amount includes foreign gr le)	ants, check here		30a	
	(Grants \$) If t	his amount includes foreign gr	ants, check here	• []	<u>31 a</u>	201 (10
	Total program service expenses (add			P	32	321,612.
Par	t IV List of Officers, Directors					
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit plan deferred compensat	is and	(e) Expense account and other allowances
	en Cherullo	Executive Direc	0.		0.	0.
	1 <u>SW Klickitat Way, #201</u> httle, WA 98134	8.00				
	liam Borden	Chair	0.		0.	0.
	1 SW Klickitat Way, #201 ttle, WA 98134	6.00				
	Heck	Treasurer	0.		0.	0.
	1 SW Klickitat Way, #201 ttle, WA 98134	4.00				
Ann	Stolz	Secretary	0.		0.	0.
	1 <u>SW Klickitat Way, #201</u> ttle, WA 98134	4.00				
	d Gibson	Director	0.		0.	0.
	1 <u>SW Klickitat Way, #201</u> ttle, WA 98134	4.00		1		
	e Roosevelt	Director	0.		0.	0.
	1 SW Klickitat Way, #201 ttle, WA 98134	4.00				
	zabeth Lunney	Director	0.		0.	0.
	1 SW Klickitat Way, #201 ttle, WA 98134	4.00				
		-				
		-				
		- 	· · · · · · · · · · · · · · · · · · ·			
		-				
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Forn	n 990-EZ (2009) Braided River 74	-3237319		Pa	age 3
Pa	rt V Other Information (Note the statement requirements in the instrs for Part V.)	See Stat	eme	. 1	<u> </u>
		Г	_	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed desc each activity	ription of	33		Х
34	Were any changes made to the organizing or governing documents? if 'Yes,' attach a conformed copy of the		34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on F	1			
55	attach a statement explaining why the organization did not report the income on Form 990-T	-	<u>`</u>	3	·
1	a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 603	3(e) notice,	35a		х
	reporting, and proxy tax requirements? b if 'Yes,' has it filed a tax return on Form 990-T for this year?		35b		<u></u>
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets dur				
	year? if 'Yes,' complete applicable parts of Schedule N		36		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions	0.			<u>}</u>
	b Did the organization file Form 1120-POL for this year?		37b		<u>X</u>
38;	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wer any such loans made in a prior year and still outstanding at the end of the period covered by this return?	e –	 38a	 **	<u>X</u>
I	b If 'Yes,' complete Schedule L, Part Ii and enter the total 38b	N/A	A	Ĩ	
39	amount involved 38b		N. ZZ	<i></i>	
	a initiation fees and capital contributions included on line 9.	N/A	¥. 200	,	
	b Gross receipts, included on line 9, for public use of club facilities 39b	N/A	1977. V	· .	43
40	a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			040 (A	
	section 4911 ► 0., section 4912 ► 0., section 4955 ►	<u> </u>		<u>Å</u>	·
	 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified p prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 'Yes,' complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed 	Derson in a	<u>40b</u>		X
	by the organization			×(>	1
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	در _	40 e		X
41	List the states with which a copy of this return is filed <u>None</u>		-		
		► _(206) ► _98134_ y over a	 42b	- <u>630</u> Yes) <u>3</u> No X
	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 a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S ? if 'Yes,' enter the name of the foreign country		42 c	, , , , , , , , , , , , , , , , , , ,	
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	43		▶ []	N/A N/A
				Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	ſ	44		x
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	f 'Yes,'			
	Form 990 must be completed instead of Form 990-EZ		45		X

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74-3237319 Page 4

Form 990-EZ (2009) Braided River Region 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political comparing activities on behalf of or in opposition to candidates		Yes	No
40	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 L'	46		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49:	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
1	b If 'Yes,' was the related organization a section 527 organization?	49b		

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

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(c) Expense account and other allowances
None				
,,,,				

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
	· · · · · · · · · · · · · · · · · · ·	
	Marana na 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 199 - 1997	

d Total number of other independent contractors each receiving over \$100,000..... P

Sign	Under penalities of penury, I declare that Upave examined this return including accompanyin true, correct, and complete declaration of preparer (other than officer) is based on all infor	ng schedules and statement mation of which preparer ha	is, and to the best of my knowledge and belief, it is is any knowledge. 10.6 - 2010
Here	Signature of officer WILLIAM BORDEN, CHAIR, B Type or print name and title.	GARD OF D	Date RECTIES
Paid	Preparer's Judy C. Jones signature Judy C. Jones CPA	Date 9/21/10	Check if Preparer's Identifying Number (See instructions) self- employed N/A
Pre- parer's Use Only	Firm's name (or yours if self. employed), address, and ZIP + 4 Seattle, WA 98125-7646		EIN N/A Phone no F (206) 525-5170
	as discuss this return with the preparer shown above? See instructions	5	►[X] Yes No Form 990-EZ (2009)

					-	-	-	_	OMB No 1545 0047
SCHEDULE A (Form 990 or 990-EZ)	Public	Charity Status	and P	ublic	Supp	ort			2009
(,	Complete if the organ	nization is a section 501(nonexempt char	c)(3) org itable tri	ganizatio ust.	on or a s	ection	4947(a)([1)	Open to Public
Department of the Treasury Internal Revenue Service	► Attach to	Form 990 or Form 990-E			ate instri	uctions		ķ	Inspection,
Name of the organization									aon number
Braided River	- Dublic Charity Chat		must	omolo	to this	port)		237319	
	r Public Charity Statu a private foundation becau						<u>See 11</u>	<u>isiiuci</u>	
<u> </u>	ivention of churches or ass	•	•		-				
	cribed in section 170(b)(1)								
	cooperative hospital servic		-	on 170(b)(1)(A)(i	iii).			
4 🗌 A medical res	earch organization operate	ed in conjunction with a h	iospital d	describe	d in sec	tion 17	0(b)(1)(A	A)(iii) Er	ter the hospital's
name, city, a									
5 An organizati 170(b)(1)(A)(i	on operated for the benefit v). (Complete Part II)	of a college or university	/ owned	or oper	ated by	a gover	nmenta	i unit des	scribed in section
	te, or local government or								
7 X An organizati in section 17	on that normally receives a (b)(1)(A)(vi). (Complete P	a substantial part of its su Part II)	upport fr	om a go	overnmei	ntal unr	t or from	n the ger	neral public described
	trust described in section	•	te Part I	1)					
9 🗌 An organizatio	n that normally receives (1)	more than 33-1/3 % of its	support f	from con	tributions	, memb	ership fe	es, and g	gross receipts
investment in	related to its exempt function come and unrelated busine 5 See section 509(a)(2). (C	ess taxable income (less	sections, a	and (2) f 511 tax	io more t) from bi	nan 33- Jsinessi	es acqui	ired by th	he organization after
10 🗌 An organizati	on organized and operated	exclusively to test for pu	iblic safe	ety See	section	509(a)	(4).		<
11 An organizati more publicly	on organized and operated supported organizations of	exclusively for the bene described in section 509(fit of, to a)(1) or	perform section	1 the fun 509(a)(2	ctions o ?) See	of, or ca section	rry out tł 509(a)(3	ne purposes of one or). Check the box that
describes the	type of supporting organi	zation and complete line:	s 11e th	rough 1	lh			. 🗆	
a [] Type I	b Type II his box, I certify that the o			-	Integrat		or more	a [_] disquali	Type III- Other
than foundati 509(a)(2)	on managers and other tha	n one or more publicly s	upporteo	d organı	zations (describe	ed in see	ction 509	(a)(1) or section
f If the organiz check this bo	ation received a written de x	termination from the IRS	that is a	a Type i	, Type II	or Typ	e III sup	porting	organization,
g Since August	17, 2006, has the organization	ation accepted any gift o	r contrib	oution fr	om any (of the fo	bilowing	persons	
(i) a perso	n who directly or indirectly	controls either slope or	tonether	with ne	arsons de	escriber	tun (u):	and (m)	Yes No
below, 1	he governing body of the s	supported organization?	logeniei	with po	/ 30/13 00		, (ii) (ii) (11g(i)
., ,	member of a person desc	.,							11g (ii)
• •	controlled entity of a persor								11g (iii)
	bilowing information about	<u> </u>	T		(v) Did y		640.6	s the	(vii) Amount of Support
(i) Name of Support Organization	ed (ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	organizat	is the tion in col d in your	the organ	ization in	organizat		(and Amount of Support
		(see instructions))	gove docu	erning ment?	your su	ipport?	ີ ບ	S ?	
			Yes	No	Yes	No	Yes	No	
		(1	[]		ĺ	[[
			<u> </u>						
	- +								
							-		
			<u> </u>	<u> </u>	<u> </u>				
	· · · · · · · · · · · · · · · · · · ·			\$.»	2	, _{(Å} ,	<u>∛</u> ≈ ^	· 💥	
Total				2007		45 44 1 44 1 44		28 2	
		con the Instructions for Form			<u>، </u>		Choduly		m 990 or 990 E7) 2009

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A ((Form 990	or 990-EZ	2009 (1	Braided	River

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74-3237319

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5. 7, or 8 of Part I)
Section A. Public Support

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200	LION A. FUDIC Support						
	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')			284,460.	682,585.	329,197.	1,296,242.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	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.
4	Total. Add lines 1-through 3	0.	0.	284,460.	682,585.	329,197.	1,296,242.
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).						537,139.
6	Public support. Subtract line 5 from line 4						759,103.
Sec	tion B. Total Support			<u></u>			
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Totai
7	Amounts from line 4	0.	0.	284,460.	682,585.	329,197.	1,296,242.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part IV					850.	850.
11	Total support. Add lines 7 through 10						1,297,092.
12	Gross receipts from related activ	vities, etc (see ins	structions)			12	0.
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, d	or fifth tax year as	a section 501(c)	(3) • X
	tion C. Computation of Pul					<u> </u>	
	Public support percentage for 20			ne 11, column (f).		14	%_
15	Public support percentage from 2	,				15	%_
16a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo plicly supported of	x on line 13, and rganization	the line 14 is 33	1/3 % or more, c	heck this box
b	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box blicly supported or	on line 13, or 16a rganization	i, and line 15 is 3	3-1/3% or more, c	theck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	s' test, check this	box and stop her	e. Éxplain in Part	IV how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances'	test The organiz	s' test, check this zation qualifies as	box and stop her a publicly suppo	e. Explain in Part rted organization	IV how the ►
	Private foundation. If the organiz	zation did not che	ck a box on line,	<u>13, 16a, 16b, 17a</u>			
BAA					Sc	nedule 🗛 (Form 99	90 or 990-EZ) 2009

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Page 3

Schedule A (Form 990 or 990-EZ) 2009 Braided River Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support	-					
Cale	ndar year (or fiscal yr beginning in)>	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants ')						
•	Gross receipts from						
2	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						
6	Total. Add lines 1 through 5	1	[[[
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons						
Ь	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						
c	Add lines 7a and 7b						
8	Public support (Subtract line	黎 , 以下說 (r e e e e e e e e e e e e e e e e e e e		· & ~ ~ ~		
-	7c from line 6)	and the second s	<u>*</u> *****		1. K	14. W. W.	
		4843m 1 1 1000 1	· · · · · · · · · · · · · · · · · · ·				
Sec	IOD B. LOTAL SUDDOR						
	tion B. Total Support	(2) 2005	(b) 2006	(c) 2007	(d) 2008	(a) 2009	(f) Total
Cale	ndar year (or fiscal yr beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale 9		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler 9 10a b	ndar year (or fiscal yr beginning in) ► 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	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler 9 10a b	ndar year (or fiscal yr beginning in) ► 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 Add lines 10a and 10b	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler 9 10a b	ndar year (or fiscal yr beginning in) ► 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	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler 9 10a b c 11	ndar year (or fiscal yr beginning in) ► 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 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Caler 9 10a b 11 12 12	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 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of Gapital assets (Explain in Part IV). Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990	× y x	- Stee				
Calen 9 10a b c 11 12 13 14	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 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV). Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	is for the organization here	stion's first, second				
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 Schedule A (Form 990 or 990 EZ) 2009
 Braided River
 74-3237319
 Page 4

 Part IV
 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

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2009	Federal State	ements	Page
	Braided Ri	/er	74-32373
Statement 1 Form 990-EZ, Part I, Line Other Revenue	8		
Other		s Total <u>s</u>	850. 850.
Statement 2 Form 990-EZ, Part I, Line Other Expenses	16		
Book production and Depreciation Essay fees Exhibits Fieldwork Honorarium	overhead	\$	78,000 856 2,500 2,625 164,363 8,000
Marketing Office Expenses Other Outreach Travel		Total ş	5,091 4,818 4,372 30,004 49,712
Statement 3 Form 990-EZ, Part II, Line Other Assets	24		
Accounts Receivable Machinery and Equipm Pledges and Grants F	ent Receivable	Beginning \$ 60,419. 4,278. 15,000. Total \$ 79,697.	\$ 3,42
Statement 4 Form 990-EZ, Part II, Line Total Liabilities	26		
Accounts Payable and	Accrued Expenses	<u>Beginning</u> 5 <u>0.</u> Total <u>\$ 0.</u>	-
Statement 5 Form 990-EZ, Part III Organization's Primary E	xempt Purpose		
possibility of creat	ing a sustainable future. ondition and current need	wilderness and wildness - a We connect people to the r s - through photography, li	atural

2009

Federal Statements

Braided River

Statement 6 Form 990-EZ, Part III, Line 28 Statement of Program Service Accomplishments

Braided River focused on five projects during the year:

The Last Polar Bear. Programming continues in support of the traveling museum exhibit.

Tongass "Salmon in the Trees". The book was published in March 2010, with advance publicity and event planning in place to support outreach efforts through 2010 and 2011.

Planet Ice. Book production and outreach program ended this fiscal year.

Wild Edge Baja to Beaufort. Fieldwork and book development continued this fiscal year.

Western Artic (NPRA). Fieldwork and book development continued this fiscal year.

Statement 7 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
 No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
 No

2009	Schedule	e A, Part	IV - Sup	opleme	ental Inf	ormation	l	Page 5
			Braided	River			<u> </u>	74-3237319
Part II, Line 10 - Oth	ier Income							
<u>Nature and Sour</u>	<u>ce</u>	2009	2008	3	2007	2006		_2005
Other	Total 🛐	<u>850.</u> 850.	\$	0.\$	0	<u>.</u> <u>\$</u>	0.\$	0.
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Form 8868 (Rev April 2009) Application for Extension of Time To File an Exempt Organization Return					OMB No 1545 1709
Department of th Internal Revenue					
 If you are 	e filing for an <i>i</i>	Automatic 3-Month	Extension, complete only Part I and check this box.		
• If you are	e filing for an a	Additional (Not Auto	matic) 3-Month Extension, complete only Part II (on p	-	s form)
			ly been granted an automatic 3-month extension on a		led Form 8868
Part I	Automatic	3-Month Extensi	on of Time. Only submit original (no copies	needed).	
			equesting an automatic 6-month extension check th		
All other corp income tax r	porations (incl eturns	udıng 1120-C filers),	partnerships, REMICS, and trusts must use Form 700	04 to request	an extension of time to file
returns noted the additiona Form 990-T	l below (6 mo i (not automai instead, you r	nths for a corporatio lic) 3-month extension must submit the fully	ectronically file Form 8868 if you want a 3-month autoin required to file Form 990-T) However, you cannot filon or (2) you file Forms 990-BL, 6069, or 8870, group completed and signed page 2 (Part II) of Form 8868 file for Charities & Nonprofits	le Form 8868 returns or a	3 electronically if (1) you want
Type or	Name of Exempt	Organization			Employer identification number
print	Braided				74-3237319
File by the due date for	Number, street, a	and room or suite number I	f a P O box, see instructions		
filing your return See		Klickitat Way			
instructions			For a foreign address, see instructions		
<u></u>		WA 98134		<u> </u>	
Form 990		Tiled (file a separate	e application for each return)	Form 472	0
Form 990		-	Form 990-T (corporation) Form 990-T (section 401(a) or 408(a) trust)	Form 522	
X Form 990		-	Form 990-T (trust other than above)	Form 606	
	Form 990-PF				
The books	are in the car	e of ▶ <u>Helen</u> Cl	nerullo, Exec. Director		
	- - -	5)_223-6303_	FAX No ► (206) 223-6306		_
Ű			or place of business in the United States, check this b		►
	· · · ·		nization's four digit Group Exemption Number (GEN)		
	s box 🕨 📋	•	e group, check this box 🕨 📘 and attach a list with	the names a	nd EINs of all members
	sion will cover		s for a corporation required to file Form 990-T) extens		
until $11/15$, 20 10 , to file the exempt organization return for the organization named above The extension is for the organization's return for					
 Calendar year 20 or 					
► X	tax year begi	ning 4/01	, 20 _09 _, and ending _ 3/31, 20 _1	0.	
2 If this ta		less than 12 months		_	hange in accounting period
					<u> </u>
		See Instructions	PPF, 990-T, 4720, or 6069, enter the tentative tax, les		3a \$ <u>0.</u>
			90-T, enter any refundable credits and estimated tax at allowed as a credit	payments	зь\$ О.
deposit	e Due. Subtrac with FTD cou tructions	ct line 3b from line 3 pon or, if required, b	a Include your payment with this form, or, if required y using EFTPS (Electronic Federal Tax Payment Syst	iem)	3c.\$0.
Caution. If yo payment inst		o make an electronic	c fund withdrawal with this Form 8868, see Form 8453	-EO and For	m 8879-EO for

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

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Form 8868 (Rev 4-2009)

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