Form **990**

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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 **Open to Public**

Inspection

A	For the 2	2005 ca	ılendar yea	r, or tax year beginning (07-01-2005 and ending	06-30-20	006			
В	Check if a	pplicable	Please	C Name of organization Sustainable Northwest					oloyeri 11522	dentification number
Γ	Address ch	ange	use IRS label or	Sustainable Hortiwest						
Γ r	Name chai	nge	print or	Number and street (or P O 620 SW Main	box if mail is not delivered to	o street ado	dress) Room	suite		
abla 1	nıtıal retui	rn	type. See Specific					F Tele	phone	number
Г	- Inal returi	n	Instruc- tions.	City or town, state or coun Portland, OR 97205	try, and ZIP + 4				-	-6911
_	Amended i									
_	Application								ther (sp	nethod
				501(c)(3) organizations a			e 1			section 527 organizations or affiliates?
			เกนรเร ก	nust attach a completed Sc	nedule A (Form 990 or 99	U-EZ).		If "Yes" enter r		
G	Web site	e: 🕨 ww	w sustainab	olenorthwest org			' '	Are all affiliates		
<u>J</u>	Organiza	tion typ	e (check only	one) ▶ 🔽 🐯 501(c) (3) ◀	(Insert no)) or	27	(If "No," attach	n a list	See instructions)
				tion's gross receipts are norman n with the IRS, but if the orga				covered by a g		· -
				thout financial data Some st				Group Exem	ption N	Number 🟲
_										ganization is not required to
				5b, 8b, 9b, and 10b to lin	· · · · · · · · · · · · · · · · · · ·	Formal D				90, 990-EZ, or 990-PF)
ناكر	art I			penses, and Change s, grants, and similar am		Funa B	alances	(See the in	struc	tions.)
	a			ort		_{1a}		633,409		
	b			pport		1b		033,103		
	c			ibutions (grants)		1c		97,476		
				a through 1c) (cash \$ 73		L L		```	1d	730,885
	d 2			evenue including governi			rt VII line)	2	129,847
	3			and assessments					3	123,047
	4		-	is and temporary cash in					4	
	5		_	erest from securities .					5	7,670
	6a		rents			6a				7,070
	b			ises		6b				
	c		•	or (loss) (subtract line 6					6с	
	7			income (describe 🕨)	•				7	
Revenue	8a	Gross	amount fror	n sales of assets	(A) Securities		(B) () ther		
Ą		other t	han invento	ry		8a				
_	b	Less co	st or other bas	sis and sales expenses		8b				
	c	Gain or	(loss) (att	ach schedule)		8c				
	d	Net ga	n or (loss)	(combine line 8c, columi	ns (A) and (B))				8d	
	9	Specia	l events an	d activities (attach sche	dule) If any amount is fr	om gami	ng , check h	ere ► 🦳		
	а	Gross	revenue (no	ot including \$	of					
				rted on line 1a)	 .	9a				
	b	Less o	lırect exper	nses other than fundraisi	ng expenses	9b				
	C		•	ss) from special events (9a) .			9с	
	10a			entory, less returns and		10a				
	b		•	Is sold		10b	2 \			
	C .	•	, ,	rom sales of inventory (attach	, ,				10c	
	11 12		•	om Part VII, line 103)					11	868,402
_	13			d lines 1d, 2, 3, 4, 5, 6c, (from line 44, column (B					13	1,087,088
£	14			general (from line 44, col					14	208,684
20.EP	15			line 44, column (D))					15	112,820
Expens	16			ates (attach schedule)					16	112,020
	17	•		dd lines 16 and 44, colur					17	1,408,592
	18) for the year (subtract li					18	-540,190
Assets	19			balances at beginning o					19	1,040,769
ě.	20			net assets or fund baland					20	2,695
골	21		-	l balances at end of year					21	503,274
	_									

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$) If this amount includes foreign grants, check here	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	109,324	76,527	24,051	8,746
26	Other salaries and wages	26	467,888	324,914	105,197	37,777
27	Pension plan contributions	27	22,100	17,017	3,094	1,989
28	Other employee benefits	28	64,394	49,962	8,898	5,534
29	Payroll taxes	29	52,714	36,661	11,804	4,249
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	150	150		
33	Supplies	33	5,981	3,355	1,412	1,214
34	Telephone	34	7,400	6,582	807	11
35	Postage and shipping	35	4,403	2,729	764	910
36	Occupancy	36	1,218	550		668
37	Equipment rental and maintenance	37				
38	Printing and publications	38	15,703	10,229	3,922	1,552
39	Travel	39	62,656	55,226	970	6,460
40	Conferences, conventions, and meetings	40				
41	Interest	41	391		391	
42	Depreciation, depletion, etc (attach schedule)	42	8,571		8,571	
43	Other expenses not covered above (itemize)					
а	See Additional Data Table	43a				
b		43b				
С		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13–15) Costs. Check ► ☐ If you are following SOP 98-2	44	1,408,592	1,087,088	208,684	112,820

Part III	Statement of Progra	m Service Accom	plishments (S	See the instructions.
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Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

ent All c pub	erprises to achieve ENVIRONMENTAL, econ	omic ar vements i measural	n a clear and concise manner State the number of clients served, ble (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
а	See Additional Data Table			
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
b			_	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
С			-	
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
d				
	(Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
e	Other program services (attach schedule) (Grants and allocations \$)	If this amount includes foreign grants, check here 🕨 🦵	
f	Total of Program Service Expenses (should e	qual lın	e 44, column (B), Program services)	1,087,088
				E 000 (300 E

Part IV Balance Sheets (S	See the instructions.)
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Not	e:	Where required, attached schedules and amou column should be for end-of-year amounts on		thin the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			66,581	45	41,871
	46	Savings and temporary cash investments			208,673	46	280,512
			ı	1			
	47a	Accounts receivable	47a	25,984			
466 477 488 499 500 511 525 53 544 555 566 577 588 599 601 622 633 646 656 667 668 699 010 675 675 675 675 675 675 675 675 675 675	ь	Less allowance for doubtful accounts	47b		24,768	47c	25,984
		21.1					
	48a	Pledges receivable	48a 48b			48c	
	b ⊿o	Grants receivable	460		653,986	480	226,703
		Receivables from officers, directors, trustee	· ·	key employees	000,000	49	220,700
		(attach schedule)				50	
	51a	Other notes and loans receivable (attach					
		schedule)	51a				
2	ь	Less allowance for doubtful accounts	51b			51c	
n n a	52	Inventories for sale or use				52	
_	53	Prepaid expenses and deferred charges .			4,074	53	2,977
	54	Investments—securities (attach schedule)		► Cost FMV	197,617	54	50,313
	55a	Investments—land, buildings, and equipment basis	55a				
	ь	Less accumulated depreciation (attach	55b			55c	
	56	schedule)				56	100,000
	57a	Land, buildings, and equipment basis	 _{57a}	70,075		30	,
		Less accumulated depreciation (attach	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		schedule)	57b	54,404	22,980	57c	15,671
	58	Other assets (describe 🕨				58	
		,		-		56	
	59	Total assets (must equal line 74) Add lines	: 45 th	rough 58	1,178,679	59	744,031
	60	Accounts payable and accrued expenses			130,646	60	236,449
	61	Grants payable		F	*	61	,
	62	Deferred revenue				62	
n.	63	Loans from officers, directors, trustees, and		F			
ı		schedule)				63	
:	64a	Tax-exempt bond liabilities (attach schedu	le) .			64a	
	ь	Mortgages and other notes payable (attach	sched	ule)		64b	
	65	Other liablilities (describe ►)	7,264	65	4,308
	66	Total liabilities Add lines 60 through 65 .			137,910	66	240,757
	Orga	nizations that follow SFAS 117, check here	►	nd complete lines			
۸		67 through 69 and lines 73 and 74			50.000		400.004
<u>)</u>		Unrestricted			59,296	67	-103,201
<u> </u>	68	Temporarily restricted		F	981,473	68	606,475
ő -		Permanently restricted		-		69	
Ĭ	Orga	Inizations that do not follow SFAS 117, chec complete lines 70 through 74	к пеге	F and			
L 5	70	Capital stock, trust principal, or current fun	ds .			70	
7	71	Paid-in or capital surplus, or land, building,		71			
) / (72	Retained earnings, endowment, accumulate	d incor	me, or other funds .		72	
ī ī	73	Total net assets or fund balances (add lines					
2		70 through 72,					
		column (A) must equal line 19, column (B)		·	1,040,769	73	503,274
	74	Total liabilities and net assets / fund balances	Add line	es 66 and 73	1,178,679	74	744,031

Part	t IV-A Reconciliation of Revo	enue per Audited Fina	ncial Sta	tements \	With Reven	ue per	Return (See
<u>а</u>	Total revenue, gains, and other sup	port per audited financial sta	tements			а	871,097
b	A mounts included on line a but not						· · · · · · · · · · · · · · · · · · ·
1	Net unrealized gains on investment	:s	b1		2,695		
2	Donated services and use of faciliti		b2		<u></u>		
3	Recoveries of prior year grants .		b3			1	
4	Other (specify)						
			b4				
	Add lines b1 through b4					ь	2,695
c	Subtract line b from line a					с	868,402
d	A mounts included on line 12, but n	ot on line a		ī			
1	Investment expenses not included	on line 6b	d1				
2	Other (specify)						
			_ d2				
	Add lines d1 and d2					d	2,695
e	Total revenue (line 12) Add lines of TV-B Reconciliation of Expo					e	868,402
a	Total expenses and losses per aud					a a	1,408,592
b	Amounts included on line a but not				• •	-	1,400,392
1	Donated services and use of faciliti		Ь1	I			
2	Prior year adjustments reported on		b2				
3	Losses reported on line 20		b3				
4	Other (specify)						
-			b4				
	Add lines b1 through b4					ь	
c	Subtract line b from line a .					С	1,408,592
d	A mounts included on line 17, but n	ot on line a:					
1	Investment expenses not included	on line 6b	d1				
2	Other (specify)						
			d2				
	Add lines d1 and d2					d	
е	Total expenses (line 17) Add lines				<u> ►</u>	e	1,408,592
Pari	tV-A Current Officers, Director, trustee, or key of instructions.)						
	•	(D) Table and assemble house	(6) 6		(D) Contribi		(E) Expense
	(A) Name and address	(B) Title and average hours per week devoted to position	(If not pai	mpensation id, enter -0)	deferred com	pensation	account and other allowances
<u> </u>	Address of Both Tolds				plans	;	dilowances
See A	dditional Data Table						
			1				

rar	Current Officers, Director	s, irustees, and key	y Employees (con	tinuea)		Yes	No
75a	Enter the total number of officers, director	rs, and trustees permitted	l to vote on organization	on business at board			
	meetings		▶ <u>12</u>				
b	Are any officers, directors, trustees, or ke	ey employees listed in For	m 990, Part V - A , or h	ighest compensated			
	employees listed in Schedule A, Part I, or	r highest compensated pro	ofessional and other in	ndependent			
	contractors listed in Schedule A , Part II-	A or II-B, related to each	other through family o	or business			
	relationships? If "Yes," attach a statemer	e relationship(s) .	75b		Νο		
c	c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated						
	employees listed in Schedule A, Part I, or	r highest compensated pro	ofessional and other in	ndependent			
	contractors listed in Schedule A, Part II-	A or II-B, receive compe	nsation from any other	organizations, whether			
	tax exempt or taxable, that are related to	this organization through	common supervision	or common control?	75c		Νo
	Note. Related organizations include sections	on 509(a)(3) supporting o	organizations				
	If "Yes," attach a statement that identifies	s the individuals, explains	the relationship betw	een this			
	organization and the other organization(s)), and describes the comp	ensation arrangement	s,			
	including amounts paid to each individual	by each related organizat	ion				
d	Does the organization have a written conf	lict of interest policy? .			75d	Yes	
Par	t V-B Former Officers, Director						
	Benefits (If any former offi (described below) during the						
	benefits in the appropriate c	olumn. See the instruc	ctions.)				
	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans		oense acc ner allowa	
				pans			
	_						
	t VI Other Information (See the	<u> </u>				Yes	No
76	Did the organization engage in any activity not pre	viously reported to the IRS? If "	'Yes," attach a detailed des	scription of each activity	76		No
77	Were any changes made in the organizing	or governing documents	but not reported to the	eIRS?	77		Νο
	If "Yes," attach a conformed copy of the c	changes					
78a	Did the organization have unrelated business gross	income of \$1,000 or more duri	ng the year covered by the	s return?	78a		Νο
b	If "Yes," has it filed a tax return on Form	990-T for this year?			78b		No
79	Was there a liquidation, dissolution, termination, or	r substantial contraction during t	the year? If "Yes," attach a	statement	79		Νο
80a	Is the organization related (other than by association			ommon membership,			
	governing bodies, trustees, officers, etc , to any ot	her exempt or nonexempt orga	nızatıon?		80a		No
b	If "Yes," enter the name of the organization	on 🕨					
		and check whether it	ıs	nonexempt			
81a	Enter direct or indirect political expenditu	ıres (See lıne 81 ınstruct	ions) 81a				
b	81b		Νο				

	1990 (2005)			Page A
Par	t VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	· 82a		No
Ь	If "Yes," you may indicate the value of these items here Do not include this amount as revenue			
	ın Part I or as an expense ın Part II(See ınstructions ın Part III)......			
33a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Yes	
ь	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Yes	
34a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	84b		No
5	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	. 85a		No
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		No
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year			
c	Dues assessments, and similar amounts from members			
	Section 162(e) lobbying and political expenditures			
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	. 85g		No
_	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	ıts		No
6	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a			
	Gross receipts, included on line 12, for public use of club facilities 86b			
7	501(c)(12) orgs. Enter a Gross income from members or shareholders 87a			
	Gross income from other sources (Do not net amounts due or paid to other			
	sources against amounts due or received from them)			
8	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-and 301 7701-3? If "Yes," complete Part IX	2 88		No
9a	501(c)(3) organizations Enter A mount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction durin the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statemen explaining each transaction	t		No
c	Enter A mount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			
0a	List the states with which a copy of this return is filed 🕨 OR			
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions) 90b			1
1a	The books are in care of ▶ The Organization Telephone no ▶ (50	3) 221-6	5911	
	620 SW Main Suite 112 Located at ▶ PORTLAND, OR ZIP + 4 ▶ 97205			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	Yes	No No
	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			
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		No
	If "Yes," enter the name of the foreign country 🕨			
2	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here			-
	and enter the amount of tax-exempt interest received or accrued during the tax year • 92			

		me-Producing Act				-h E42 E44	<u></u>
Note: Enter g	iross amounts unless	otherwise indicated.	(A)	1 (B)	(C)		Related or
			Busine code	SS Amount	Exclusion code	Amount	exempt function income
93 Progra	am service revenue						
a WINT	ER GALA & AWARDS	PRO G	_				68,167
b Pub s	ales & service fees		_				61,680
c			_				
d			_				
e			_				
	are/Medicaid paymen						
_	and contracts from go	_					
	ership dues and asse on savings and temporar						
	ends and interest from				14	7.670	
	ntal income or (loss)					•	
	inanced property .						
b non de	ebt-financed property						
98 Net ren	tal income or (loss) from p	personal property					
99 Other	investment income						
	(loss) from sales of asset	•					
	come or (loss) from s	•					
	profit or (loss) from s						_
103 Other b	revenue a						
c			-				
d			-				
e			-				
	tal (add columns (B),	(D), and (E))	-			7,670	129,847
		(B), (D), and (E))					137,517
Note: Line 10.	5 plus line 1d, Part I, s	hould equal the amount	on line 12, i	Part I.			
Part VIII	Relationship o	f Activities to the	Accompl	ishment of Exe	mpt Purpose	s (See the instri	uctions.)
'			•	, ,		portantly to the ac	complishment
		mpt purposes (other the ECOGNIZING LEADER					
						ısıness and agrıcul	ture techniques
				•			
Part IX	Information Reg	parding Taxable Si (B)	<u>ubsidiari</u>	es and Disrega	rded Entities	(See the instru	
	dress, and EIN of corporat	ion, Percentage of		(C) Nature of activiti	les	(D) Total income	End-of-year
partner	rship, or disregarded entity	ownership intere	est %				assets
			%				
			%				
Dowl V	Information Doc	auding Tunnafaug	%	ad with Dayson	al Banafit Ca	minacia (Cooth	o instructions \
		<u>-</u>				Amount exempt function income	
		ar, receive any funds, direct					1
					sonal benefit co	ntract?	Yes No
		370 and Form 4720 (see		•	a schodulos and sta	atomonts and to the h	oct of my knowledge
Please	*****				2007-0	2-05	
Sign Here	Signature of officer				Date		
11010	Pam Wiley VP Prog Ope						
	Type or print name and	title			1	<u> </u>	
	Preparer's L			Date	Check If	Preparer's SSN or P	TIN (See Gen Inst W)
Paid	signature Cheryl	L Morgan CPA			self- empolyed 🕨 🦳		
Preparer'	Firm's name (or yours	L					
Use	ıf self-employed),	•				EIN Þ	
Only	address, and ZIP + 4	Kern & Thompson LLC					
		1618 SW First Avenue Suite	e 316			Phone no	
		Portland, OR 97201				Thone no F	

DLN: 93490037009007

Employer identification number

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2005

Sustainable Northwest			93-1152222	
			cers, Directors, a	nd Trustees
(See page 1 of the instruction	ons. List each one. If there ar	<u>re none, enter "Nor</u>		1
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	· ·	(e) Expense account and other allowances
PAM WILEY C/O ORGANIZATION PORTLAND, OR 97205	VP PROG OPER 30	57,669	0	C
RYAN TEMPLE C/O ORGANIZATION PORTLAND, OR 97205	PROGRAM DIRECT	57,200	0	C
PHIL DUBINA C/O ORGANIZATION PORTLAND, OR 97205	FINANCE DIRECT	54,427	0	С
Maia Enzer C/O ORGANIZATION PORTLAND, OR 97205	Program manager 35	59,918	0	C
Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustee (See page 1 of the instructions. List each one. If there are none, enter "None.") (a) Name and address of each employee paid more than \$50,000 PAM WILEY C/O ORGANIZATION PORTLAND, OR 97205 RYAN TEMPLE PROGRAM DIRECT 35 PORTLAND, OR 97205 PHIL DUBINA FINANCE DIRECT 35 Total number of other employees paid over \$50,000 PORTLAND, OR 97205 Total number of other employees paid over \$50,000 PORTLAND, OR 97205 Total number of others receiving over \$50,000 for Professional Services (List each contractor who performed services other than professional services, whether individual or firms.) If there are none, enter "None.") Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individual or firms.) If there are individual or firms.) If there are none, enter "None.")				
·····				
"None.") (a) Name and address of each independent			•	(c) Compensation
	00 for			
(List each contractor wh	o performed services other t	han professional se		
			e of service	(c) Compensation
None				
(See page 1 of the instructions. List each one. If there are none, enter "N (a) Name and address of each employee paid more than \$50,000 PAM WILEY (c) Compensation VP PROG OPER 57,66 C/O ORGANIZATION PORTLAND, OR 97205 RYAN TEMPLE C/O ORGANIZATION PORTLAND, OR 97205 PHIL DUBINA C/O ORGANIZATION PORTLAND, OR 97205 PHIL DUBINA C/O ORGANIZATION PORTLAND, OR 97205 PATHIL-A Compensation of the Five Highest Paid Independent Contract (See page 2 of the instructions. List each one (whether individual or famone.") (a) Name and address of each independent contractor paid more than \$50,000 Part II-B Compensation of the Five Highest Paid Independent Contract (See page 2 of the instructions. List each one (whether individual or famone.") (a) Name and address of each independent contractor paid more than \$50,000 (b) T Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contract (List each contractor who performed services other than professional firms. If there are none, enter "None". See page X for instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) T None				
Total number of other contractors receiving	over	1		

\$50,000 for other services

Part	***	Statements About Activities (See page 2 of the instructions.)		Yes	No			
1	Durin	g the year, has the organization attempted to influence national, state, or local legislation, include any attempt						
	to ınf	luence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in						
to record to record to record		ection with the lobbying activities ► \$(Must equal amounts on line 38, Part VI-A, or line						
		art VI-B)	1		N			
	0 rga	nizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other						
	orgar	izations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the						
	lobby	ing activities						
2	Durin	g the year, has the organization, either directly or indirectly, engaged in any of the following acts with any						
	subst	antial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with						
	any t	axable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or						
		pal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)						
		exchange, or leasing property?	2a		No			
		ng of money or other extension of credit?	2b		No			
_		shing of goods, services, or facilities?	2c		No			
d	Paym	ent of compensation (or payment or reimbursement of expenses if more than \$1,000)? 🎜	2d	Yes				
e	Trans	fer of any part of its income or assets?	2e		No			
3a	Doy	ou make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you						
	deter	mine that recipients qualify to receive payments)	3a		No			
b	Doy	ou have a section 403(b) annuity plan for your employees?	3b	Yes				
		g the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3с		No			
4a	Did y	ou maintain any separate account for participating donors where donors have the right to provide advice						
		e use or distribution of funds?	4a		N			
b	Do yo	ou provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		No			
9 10 11a 11b	Г -	A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v) A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(III) Enter the hose and state An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(IV) (Also complete the Support Schedule in Part IV-A) An organization that normally receives a substantial part of its support from a governmental unit or from the gen Section 170(b)(1)(A)(VI) (Also complete the Support Schedule in Part IV-A) A community trust Section 170(b)(1)(A)(VI) (Also complete the Support Schedule in Part IV-A) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fee receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more	eral pu es, and	blic	5			
13	Γ	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesse acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part III. An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organized described in (1) lines 5 through 12 above, or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a). Check the box that describes the type of supporting organization. Type 1. Type 2. Type 3. Provide the following information about the supported organizations (see page 5 of the instructions.) (a) Name(s) of supported organization(s)						
			from a	pove				

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2	001	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,329,016	1,489,522	857,644	1	1,089,103	4,765,285
16	Membership fees received						0
17	Gross receipts from admissions, merchandise						
	sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	29,653	89,616	299,855		1,192	420,316
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,172	1,880	5,425		18,307	29,784
19	Net income from unrelated business activities not included in line 18						0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0
21	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
22	Other income Attach a schedule Do not include gain or (loss) from sale of capital assets			1,889			1,889
23	Total of lines 15 through 22	1,362,841	1,581,018	1,161,035	1	,108,602	5,213,496
24	Line 23 minus line 17	1,333,188	1,491,402	861,180		,107,410	4,793,180
25	Enter 1% of line 23	13,628	15,810	11,610		11,086	, ,
26	Organizations described on lines 10 or 11: a Er	•			•	26a	95,864
c	amounts Total support for section 509(a)(1) test Enter line	-	Enter the total of	all these excess	•	26b 26c	4,793,180
	Add Amounts from column (e) for lines 18	29,784	19	0	Ī		
			 26b		►İ	26d	27,895
	Public support (line 26c minus line 26d total)				▶	26e	4,765,285
	Public support percentage (line 26e (numerator) d	livided by line 26c	(denominator))		►Ì	26f	9942 00 %
27	Organizations described on line 12: a For amou			7 that were receiv	ed from a		
	prepare a list for your records to show the name of Do not file this list with your return. Enter the sun	, and total amount n of such amounts	s received in eac for each year	h year from, each	"dısqualı	ified pers	son "
Ŀ	(2004) (2003) (2003) For any amount included in line 17 that was received.	ed from each pers	on (other than "d	ısqualıfıed persor	ıs"), prepa	are a lıst	for your
	records to show the name of, and amount received or (2) \$5,000 (Include in the list organizations de return. After computing the difference between the these differences (the excess amounts) for each y	for each year, tha escribed in lines 5 amount received ear	t was more than t through 11, as w and the larger am	he larger of (1) the larger of the last individuals nount described in	ne amoun) Do not to n (1) or (2	t on line file this	25 for the year list with your
	(2004)(2003)		(2002)		(2001)_		
c	Add Amounts from column (e) for lines 15		16		<u>.</u> 1	55. I	_
	17 20		<u> </u>			27c	0
_	Add Line 27a total	and line 27b tota				27d	
	Public support (line 27c total minus line 27d total				•	27e	
	Total support for section 509(a)(2) test Enter am			27f		ļ	
	Public support percentage (line 27e (numerator) d				▶	27g	
H	Investment income percentage (line 18, column (e				<u> </u>	27h	
28	Unusual Grants: For an organization described in li			_	-	_	

Pa	rt V Private School Questionnaire (See page 7 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,			
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during			
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
	The Test, please describe, in No, please explain (Tryou need more space, attach a separate statement)			
		1		
		1		
		1		
32	Does the organization maintain the following	7		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
E	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory			
	basis?	32b		
,	· Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
c	Copies of an infaterial used by the organization of on its behalf to solicit continuations?	32u		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
	If you allowered two to any of the above, please explain (If you need more space, attach a separate statement)			
		-		
33	Does the organization discriminate by race in any way with respect to	-		
J J	boes the organization discriminate by race in any way with respect to			
_	Students' rights or privileges?	33a		
a	Totalents rights of privileges	334		
	Admissions policies?	33b		
	Authorities.	330		
	Employment of faculty or administrative etaff?	220		
•	Employment of faculty or administrative staff?	33c		
C	Scholarships or other financial assistance?	33d		
€	Educational policies?	33e		
f	Use of facilities?	33f		
ç	Athletic programs?	33g		
ŀ	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
]		
		1		
		1		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
Ŀ	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05			
-	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	Schedule A (Form 9	90 or 99	90-EZ1	2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)

Check a fithe organization belongs to an affiliated group Check b fityou checked "a" and "limited control" provisions apply

Che	ck 🟲 a if the organization belong	s to an affiliated group Check 📂 🕨 📗	if you che	ecked	l "a" and "limited cont	rol" provisions apply
		bbying Expenditures " means amounts paid or incurred)			(a) Affiliated group totals	(b) To be completed for A LL electing organizations
36	Total lobbying expenditures to influe	nce public opinion (grassroots lobbying)		36	0	
37	Total lobbying expenditures to influe	nce a legislative body (direct lobbying)		37		
38	Total lobbying expenditures (add line	es 36 and 37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures	(add lines 38 and 39)		40		
41	Lobbying nontaxable amount Enter t	he amount from the following table—				
	If the amount on line 40 is—	The lobbying nontaxable amount is—				
	Not over \$500,000	20% of the amount on line 40) l			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	}	41		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000	, , ,			
42	Grassroots nontaxable amount (ente	r 25% of line 41)		42		
43	Subtract line 42 from line 36 Enter	0- If line 42 is more than line 36		43		
44	Subtract line 41 from line 38 Enter	0- if line 41 is more than line 38		44		
		er line 43 or line 44, you must file Form 4720.				
				-04/		

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 45 through 50 on page 11 of the instructions)

		Lobbying Expenditures During 4-Year Averaging Period				
	Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount					
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence 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 **c** through **h.**)
- 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
- $\boldsymbol{h} \quad \text{Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means}$
- i Total lobbying expenditures (Add lines **c** through **h.**)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

=							
	Yes	No	A mount				
		Νo					
		No					
		No					
		Νo					
		Νo					
		Νo					
	·	No					
		Νo					

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 11 of the instructions.)

			ly engage in any of the following v			sectio	n
			ncharitable exempt organization o			Yes	No
	Cash	-			51a(i)		Νο
(ii)	O ther assets				a(ii)		Νο
b Other	transactions						
(i)	Sales or exchanges of	of assets with a nonch	narıtable exempt organızatıon		b(i)	j i	Νo
(ii)	Purchases of assets	from a noncharitable	exempt organization		b(ii)		Νο
(iii)	Rental of facilities, ed	quipment, or other as	sets		b(iii)		Νο
(iv)	Reimbursement arrar	ngements			b(iv)		Νο
(v)	Loans or loan guaran	tees			b(v)		Νο
(vi)	Performance of servi	ces or membership o	r fundraising solicitations		b(vi)		Νo
c Sharın	ng of facilities, equipm	ent, mailing lists, oth	ier assets, or paid employees		С		Νο
			lete the following schedule Colum porting organization If the organiz				
			ımn (d) the value of the goods, oth	ner assets, or services received			•
(a) Line no	(b) A mount involved	Name of noncha	(c) arıtable exempt organızatıon	(d) Description of transfers, trans		s, and	sharıng
				gg			
descri	bed in section 501(c) s," complete the follow) of the Code (other th	d with, or related to, one or more to man section 501(c)(3)) or in secti	on 527?	Г	Yes	▽ 1
	(a) Name of organiza	ation	(b) Type of organization	(c) Description of rela	tionship)	

TY 2005 Investments - Other Schedule

Name: Sustainable Northwest

EIN: 93-1152222

Software ID: 05000133

Description	Book Value	Cost/FMV
MUNICIPAL BONDS	100,000	F

Additional Data

Software ID: 05000133

Software Version: 2005v3.0

EIN: 93-1152222

Name: Sustainable Northwest

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a Small equipment	43a	2,127	1,923		204
b SHARED OVERHEAD COSTS	43b	60,268	41,936	14,724	3,608
c Resource library	43c	689	411		278
d Miscellaneous	43d	33	21		12
e Meals and Networking	43e	3,979	1,626	838	1,515
f Insurance	43f	1,521		1,521	
g Grants/partnerships	43g	52,250	52,250		
h Consultants and contractors	43h	342,884	309,954	7,001	25,929
i Conferences and forum	43i	118,929	95,065	11,700	12,164
j BANK CHARGES	43j	3,019		3,019	

Form 990, Part III - Program Service Accomplishments:

num (3) a	organizations must describe their exempt purpose ach ober of clients served, publications issued, etc. Discuss and (4) organizations and 4947(a)(1) nonexempt char cations to others.)	Program Service Expenses (Required for 501(c) (3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)	
а	SUSTAINABLE FINANCE -THE GOAL OF THE SUSINNOVATIVE REINVESTMENT TOOLS AND MECH COMMERCIAL SOURCES OF CAPITAL IN URBAN COMMUNITIES AN ENTERPRISES WORKING ON S	HANISMS TO TAP PHILANTHROPIC AND AREAS AND CONNECT THEM TO RURAL	120,638
	(Grants and allocations \$) Ift	his amount includes foreign grants, check here 🕨 🦵	
b	KLAMATH BASIN -SUSTAINABLE NORTHWEST IS REGION TO CATALYZE AND BUILD NECESSARY BETWEEN TRIBES, LANDOWNERS, AGENCIES AN LEAD TO SHARED SOLUTIONS TO COMPLEX LOC DEGRADATION OF NATURAL RESOURCES	RELATIONSHIPS, TRUST AND PARTNERSHIP D ENVIRONMENTAL ORGANIZATIONS THAT CAN	121,546
	(Grants and allocations \$) Ift	his amount includes foreign grants, check here 🟲 🦵	
С	TO SUSTAINABILITY THIS IS ACCOMPLISHED T	VEST HELPS INTERESTED RANCHERS TRANSITION THROUGH HELPING TO FIND ACCESS TO CAPITAL, INSTRATION PROJECTS AND POLICY EDUCATION	166,956
	(Grants and allocations \$) Ift	his amount includes foreign grants, check here 🕨 🦵	
d	POLICY - SUSTAINABLE NORTHWEST TRANSLAT REFORM AT THE REGIONAL AND NATIONAL LEV STRENGTHEN THE RURAL VOICE TO PROMOTE A COMMUNITY-BASED RESTORATION AND STEWA ASSISTANCE, FIELD TOURS, CONGRESSIONAL E OUTREACH AND TRAININGS	AND IMPLEMENT POLICIES THAT FURTHER ARDSHIP TOOLS INCLUDE TECHNICAL	302,409
	(Grants and allocations \$) If t	his amount includes foreign grants, check here 🕨 🦵	
e	SUSTAINABLE SOLUTIONS EDUCATION - THIS IS ABOUT SUSTAINABLE EFFORTS AND ENTERPRISE NORTHWEST PUBLISHES THESE STORIES AND HE WORKSHOPS THAT PROMOTE INNOVATION, LEAP PROJECTS INCLUDE "FOUNDERS OF A NEW NOR" RENEWING THE COUNTRYSIDE WASHINGTON"	OSTS CONFERENCES, MEETINGS AND ADERSHIP, AND REGIONAL CONNECTIVITY THWEST" "THE SUSTAINABILITY FORUM" AND	55,933
	(Grants and allocations \$) Ift	his amount includes foreign grants, check here 🕨 🦵	
f	PRODUCTS BUSINESSES DEDICATED TO ENVIR SUSTAINABLE NORTHWEST PROVIDES MARKETI	ARTNERSHIP - A NETWORK OF RURAL-BASED WOOD ONMENTAL AND SOCIAL RESPONSIBILITY ING, BUSINESS DEVELOPMENT, MANUFACTURING THE OVERALL GOAL OF FOREST AND COMMUNITY	296,810
	(Grants and allocations \$) Ift	his amount includes foreign grants, check here 🕨 🦵	
g	BUILD CAPACITY, SHARE KNOWLEDGE AND BUI THEIR COMMUNITY WORK FOCUSES ON CONVE ASSISTANCE IN ORGANIZATIONAL DEVELOPME		22,796
	(Grants and allocations \$) Ift	his amount includes foreign grants, check here 🕨 🦵	

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JIM KRAMER C/O ORGANIZATION PORTLAND,OR 97205	Director 0	0		
CHRIS JOHNS C/O ORGANIZATION PORTLAND,OR 97205	Director 0	0		
Wade Mosby c/o Organization Portland, OR 97205	Director 0	0		
KIRA FINKLER C/O Organization Portland, OR 97205	Director 0	0		
Steve Abel C/O Organization Portland, OR 97205	Chairman 0	0		
Sara Vickerman C/O Organization Portland, OR 97205	Director 0	0		
Yvonne Ferrell C/O Organization Portland, OR 97205	Director 0	0		
Jim Quinn C/O Organization Portland, OR 97205	Director O	0		
Sonny O'Neal C/O Organization Portland, OR 97205	Director O	0		
Jane O'Keeffe C/O Organization Portland, OR 97205	Director 0	0		

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Bill Blosser C/O Organization Portland, OR 97205	Director 0	0		
Martin Goebel C/O Organization Portland, OR 97205	Executive Direc 35	109,324		

TY 2005 Investments - Securities Schedule

Name: Sustainable Northwest

EIN: 93-1152222

Software ID: 05000133

Description	Book Value	Cost/FMV
COMMON STOCKS	50,313	F

TY 2005 Land etc. Schedule

Name: Sustainable Northwest

EIN: 93-1152222

Software ID: 05000133

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Machinery and Equipment	70,075	54,404	15,671

TY 2005 Other Changes in Net Assets Schedule

Name: Sustainable Northwest

EIN: 93-1152222

Software ID: 05000133

Description	Amount
UNREALIZED GAIN ON INVESTMENTS	2,695

TY 2005 Other Liabilities Schedule

Name: Sustainable Northwest

EIN: 93-1152222

Software ID: 05000133

Description	Beginning of Year Amount	End of Year Amount	
Capital lease	7,264	4,308	

TY 2005 Other Income Schedule

Name: Sustainable Northwest

EIN: 93-1152222

Software ID: 05000133

Description	2003	2002	2001	2000	Total
Gaın/loss from sale of assets			2,839		2,839
Other revenue			950		950