

Short Form Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 07-01, 2010, and ending 06-30, 2011

B Check if applicable:

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: NORTHWEST VEGETARIAN EDUCATION GRP
Number and street (or P.O. box, if mail is not delivered to street address): 13376 SW CHELSEA LOOP
Room/suite:
City or town, state or country, and ZIP + 4: TIGARD, OR 97223

D Employer identification number: 33-1074344
E Telephone number: (503) 968-5838
F Group Exemption Number:

G Accounting Method: [X] Cash [] Accrual Other (specify):

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: WWW.NWVEG.ORG

J Tax-exempt status (check only one) - [X] 501(c)(3) [] 501(c)() (insert no.) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 98,719

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with columns for Revenue (lines 1-9), Expenses (lines 10-17), and Assets (lines 18-21). Includes sub-rows for gaming and fundraising events (6a-c) and inventory sales (7a-b). Total revenue is 53,022 and net assets at end of year is 65,596.

Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	43,628	64,601
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	995	995
25 Total assets	44,623	65,596
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,623	65,596

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **CHARITABLE AND EDUCATIONAL**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 EDUCATIONAL INFORMATION: NEWSLETTER, WEBSITE, PRINTED MATERIAL (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	4,276
29 OTHER DIRECT OUTREACH: LOCAL SPEAKERS AT POTLUCKS, NATIONALLY PROMINENT SPEAKER EVENTS, VEGFEST (1600+ PEOPLE), COMPASSIONATE THANKSGIVING EVENT, INFO TABLE AT COMMUNITY (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	67,301
30 MASTER VEGETARIAN PROGRAM - EXTENSIVE CURRICULUM ON HEALTH, FOOD SAFETY, FOOD PREPARATION, ENVIRONMENTAL CONCERNS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,443
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	73,020

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to empl. benefit plans & deferred compensation	(e) Expense account and other allowances
PETER SPENDELOW 533 NW MILLER, PORTLAND OR 97229	PRESIDENT 20	0	0	0
MARSHA RAKESTRAW	DIRECTOR 10	0	0	0
LINDA SANTANGELO	TREASURER 5	0	0	0
JILL SCHATZ	SECRETARY 5	0	0	0
CINDY KOCZY	DIRECTOR 15	0	0	0
EMILY PEPE	DIRECTOR 2	0	0	0
ERIC DAY	VICE PRES 5	0	0	0
KEITH IDING	DIRECTOR 2	0	0	0
DEANNA CINTAS	DIRECTOR 3	0	0	0
BONNIE HILDEBRAND	DIRECTOR 1	0	0	0
ERIN FLORESCA	DIRECTOR 1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ questions 33-44d with Yes/No columns and input fields. Includes questions about IRS reporting, significant changes, business income, political expenditures, loans, and charitable trusts.

45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	Yes	No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 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 47-49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
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 & deferred compensation	(e) Expense account and other allowances
NONE				

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

51 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."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ Yes No

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 (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: LINDA SANTANGELO Date: _____

Type or print name and title: LINDA SANTANGELO, TREASURER

Paid Preparer Use Only

Print/Type preparer's name: LARRY E KJELDEN EA LTC A Preparer's signature: LARRY E KJELDEN EA LTC A Date: 10-25-2011 Check if self-employed PTIN: _____

Firm's name: ADVANTAGE ACCTG and TAX SERVICES Firm's EIN: _____

Firm's address: 9013 NE HWY 99 SUITE O VANCOUVER WA 98665-8943 Phone no.: 360-576-8648

May the IRS discuss this return with the preparer shown above? See Instructions ▶ Yes No