990

Return of Organization Exempt From Income Tax

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

2014

OMB No. 1545-0047

Department of the Treasury

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

IIICIIIC	al IXC VCII	ue Service	Illioillia	ion about 1 onii o	oo ana no monacho	113 13 at www.ii3.gt	3471011110		
<u>A</u> F	or the	2014 calend	lar year, or tax year begi	nning	07-	-01 , 2014, and €	ending	06	5-30 , 20 15
B (Check if	applicable:	C Name of organization NOR!	THWEST VEG					D Employer identification no.
	ddress	change	Doing business as						33-1074344
X	lame ch	ange	Number and street (or P.O. b	ox if mail is not delivered	to street address)		Room/s	uite	E Telephone number
	nitial retu	ırn	13376 SW CHELS	EA LOOP					(503) 746-8344
ΠF	inal retu	ırn/terminated	City or town, state or province		eign postal code		•		204,538
一	mended		TIGARD, OR 972						G Gross receipts\$
一		on pending	F Name and address of princip		SPENDELOW				
	фрисан	on ponumg	533 NW MILLER,				H(a)	Is this a group re subordinates?	eturn for Yes X No
	av ever	npt status:) (insert no.)	4947(a)(1) or	527	H(b)	Are all subordina	
	Vebsite:		NWVEG.ORG) 🖣 (IIIsert IIo.)	4547(a)(1) 01] 321	H(c)	If "No," atta	ach a list. (see instructions)
		7.7		🗆 🗀 🗀	•				
Pa	-	organization: X		sociation Other		L Year of formation: 2	2003	M State of leg	gal domicile: OR
Га			-	·					
	1	•	ibe the organization's miss	_			OURAG	E PEOPLE	TO MAKE VEGAN
Se		CHOICES	FOR A HEALTHY, S	USTAINABLE,	AND COMPASSION	NATE WORLD.			
Jan									
ērī									
Governance	2		ox 🟲 🔛 if the organization		•	of more than 25% of	of its net a	assets.	1
	3	Number of v	oting members of the gove	rning body (Part VI,	line 1a) · · · ·			3	9
es	4	Number of in	dependent voting member	s of the governing b	oody (Part VI, line 1b)			4	9
Activities &	5	Total numbe	r of individuals employed in	ı calendar year 2014	4 (Part V, line 2a)			5	2
Ćţį	6	Total numbe	r of volunteers (estimate if	necessary)				6	350
٩	7a	Total unrelate	ed business revenue from	Part VIII, column (C	c), line 12 • • • •			7a	0
	b	Net unrelate	d business taxable income	from Form 990-T, li	ine 34 • • • • •			7b	0
							Р	rior Year	Current Year
	8	Contributions	s and grants (Part VIII, line	1h) • • • • •					42,789
en	9	Program ser	vice revenue (Part VIII, line	e 2g)					150,051
Revenue	10	Investment in	ncome (Part VIII, column (/	A), lines 3, 4, and 7	d)				272
Re	11	Other revenu	ue (Part VIII, column (A), lii	nes 5, 6d, 8c, 9c, 10	Oc, and 11e) • • •				3,287
	12	Total revenu	e - add lines 8 through 11 (must equal Part VII	II, column (A), line 12)	,			196,399
-	13		similar amounts paid (Part	•	• • • • • • • • • • • • • • • • • • • •				0
	14		to or for members (Part I)	, ,	•				0
	15	-	er compensation, employe	, ,		n			39,959
ses	1	•	fundraising fees (Part IX,	0					
Expenses			sing expenses (Part IX, col	, ,		o			
Š.	17		ses (Part IX, column (A), li	, , ,		 . l			141,649
ш	18	-	es. Add lines 13-17 (must		•				
	19		s expenses. Subtract line						181,608
		Revenue les	s expenses. Subtract line	10 110111 111110 12 -			Dll.		14,791
Net Assets or	20	Total assets	(Part X, line 16)				Beginning	of Current Year	
SSe	20		, ,					133,77	
₹ 5	21		es (Part X, line 26)					1,23	
	rt II		r fund balances. Subtract	line 21 from line 20				132,54	0 147,331
				rn including accompany	ing aphadulas and statema	nto, and to the heat of my	knowlodgo	and haliaf it is	
			lare that I have examined this retu laration of preparer (other than off				knowledge	and belief, it is	
Sig	n	Oins at a	f -ff:						4-
_		Signatul	re of officer					Da	te
Her	е			EASURER					
		Type or	print name and title	T		T _D .			
. .		Print/Type pre	eparer's name	Preparer's signature		Date		Check if	PTIN
Paid			KJELDEN EA LTC	A		10-26-2015		self-employed	P00099539
	pare		Add Van	tage Acctg &	Tax Services		Firm's E	IN ►	
Use	Onl	y Firm's addres	9013 NE	Hwy 99 Suite	e O		Phone r	10.	
			Vancouve	er WA 98665-	8943			360-	576-8648
Mav	the IR	S discuss this	return with the preparer sh	own above? (see ir	nstructions)				· · · · X Yes No

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Form 990 (2014) **Part IV** C 4) NORTHWEST VEG
Checklist of Required Schedules

	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			21
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		21
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		Λ
6	·			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	·	•		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			Λ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			V
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			3.7
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			3.7
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а			3.7	
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			3.7
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	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	11d	5.7	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	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 (see instructions)	17		Х
18	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		Х
19	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	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2014) **Part IV** C 4) NORTHWEST VEG
Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
24a	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, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
b	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?			3.7
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or	00		v
07	disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		Х
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
28	Was the organization a party to a business transaction 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		Χ
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		Λ
b	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		21
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Χ
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 · · · · · · · · · · · · · · · · · ·	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		Χ
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		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Χ
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		X
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		Χ
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		Χ
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O · · · · · · · · · · · · · · · · · ·	38	Χ	

Form 990 (2014) NORTHWEST VEG
Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable • • • • • • • • • • • • • • • • • • •			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable · · · · · · · · · · · 1b 0			i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	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 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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			l
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			i
	(FBAR).			i
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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 as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		l
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			i
	and services provided to the payor?	7a	Χ	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Χ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Χ
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Χ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities · · · · · · · · 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders • • • • • • • • • • • • • • • • • • •			
b	Gross income from other sources (Do not net amounts due or paid to other sources			i
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans • • • • • • • • • • • • • • • • • • •			
С	Enter the amount of reserves on hand ••••••••••••••••••••••••••••••••••••			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		l

Form 990 (2014) NORTHWEST VEG 33-1074344 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes Enter the number of voting members of the governing body at the end of the tax year 9 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 1h Enter the number of voting members included in line 1a, above, who are independent b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following: 8a Χ Χ 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Did the organization have local chapters, branches, or affiliates? 10a 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Χ Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." С describe in Schedule O how this was done 12c 13 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a X 15b Χ Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed OR 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Upon request Other (explain in Schedule O) Another's website

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: Form 990 (2014) NORTHWEST VEG 33-1074344 Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- 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, if any. See instructions for definition of "key employee."
- 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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

					(C)					_
(A) Name and Title	(B) Average hours per week (list any hours for	Position (do not check more than one box, unless person is both an officer and a director/trustee)					n	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
•	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) PETER SPENDELOW PRESIDENT	_ 20.00_			Х				0	0	0
(2) LINDA SANTANGELO TREASURER	10.00			Х				0	0	0
(3) CINDY KOCZY DIRECTOR	_ 15.00_			Х				0	0	0
(4) ERIC DAY VICE PRES	20.00			Х				0	0	0
(5) DEANNA CINTAS SECRETARY	2.00_			Х				0	0	0
(6) WENDY GABBE DAY	6.00_			Х				0	0	0
(7) LARRY SIMPSON DIRECTOR	2.00_			Х				0	0	0
(8) RACHEL STEIN DIRECTOR	300_			Х				0	0	0
(9) AMANDA OTTO	40_0_			Х				0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

33-1074344

Part	VII Section A. Officers, Directors, Trustees	s, Key Emplo	yees, a	ınd	High	ıest	Comp	ens	ated Employees	(continued)			
	(A) Name and title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensation from the ganization nd related anization	n d
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(20)</u>													
<u>(21)</u> _													
(22)													
<u>(23)</u>													
(24)													
(25)													
1b c	Sub-total	tion A · ·						· • •					
d 2	Total (add lines 1b and 1c) · · · · · · · · · · · Total number of individuals (including but not limited)								0 nan \$100,000 of	0			0_
	reportable compensation from the organization	•								0		Yes	No
3	Did the organization list any former officer, directo employee on line 1a? If "Yes," complete Schedule		-	loye	e, or	high	nest co	mpe	nsated		3		Х
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than	portable comp	ensatio										
_	individual · · · · · · · · · · · · · · · · · · ·										4		Χ
5 Sooti	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"			-			-		or individual		5		Χ
1	Complete this table for your five highest compensa compensation from the organization. Report compeyear.	-											
	(A)								(B)			(C)	
	Name and business addres	SS							Description of	services	Comp	pensation	n
2	Total number of independent contractors (including			se li	sted	abo	ve) wh	10					

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Form 990 (2014)
Part VIII

Statement of Revenue

		Check if Schedule O contains a response	or no	te to any line in this	Part VIII			
				·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts ıts	1a	Federated campaigns	1a					
ran	b	Membership dues	1b	23,524				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events	1c	6,822				
ifts ar A	d	Related organizations · · · · · ·	1d	0,022				
ວັ≣ຼ	e	Government grants (contributions)	1e					
Sir	f	All other contributions, gifts, grants,						
utic Per	•	and similar amounts not included above	1f	12 442				
₽ ₽	_	Noncash contributions included in lines 1a-		12,443				
ug ug	g				40.700			
_0	- "	Total. Add lines 1a-1f · · · · · · · ·	<u> </u>		42,789			
ine	-			Business Code	00 500	00 500		
3ver	_	VEG FEST		900099	83,733	83,733		
e Re		VEGAN MOVIE		900099	31,615	31,615		
Ş		HEALTH CONFERENCES		900099	31,488	31,488		
Se	d	OTHER PROGRAMS		900099	3,215	3,215		
Jran	е							
Program Service Revenue		All other program service revenue • • • •						
	g	Total. Add lines 2a-2f · · · · · · · · ·			150,051			
	3	Investment income (including dividends, inte						
		and other similar amounts)			272	272		
	4	Income from investment of tax-exempt bond	•					
	5	Royalties · · · · · · · · · · · · · · · · · · ·						
		(i) Real		(ii) Personal				
	6a	Gross rents · · · · · ·						
	b	Less: rental expenses						
	С	Rental income or (loss) · · ·						
	d	Net rental income or (loss) • • • • • • • • • • • • • • • • • •		▶				
	7a	Gross amount from sales of (i) Securities	es	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses · · · ·						
	С	Gain or (loss)						
	d	Net gain or (loss)						
enne		Gross income from fundraising						
		events (not including \$6,82	2					
Re		of contributions reported on line 1c).						
er		See Part IV, line 18 · · · · · · · ·	· а	6,597				
Other Rev	b	Less: direct expenses		3,498				
•		Net income or (loss) from fundraising events			3,099			3,099
		Gross income from gaming activities.			3,000			3,000
		See Part IV, line 19 · · · · · · · · ·	. а					
	h	Less: direct expenses						
		Net income or (loss) from gaming activities						
	10a	Gross sales of inventory, less returns and allowances		4 000				
	h	Less: cost of goods sold		4,829				
		· ·		4,641	100	100		
	С	Net income or (loss) from sales of inventory	••		188	188		
	44-	Miscellaneous Revenue		Business Code				
	11a							
	b							
	C							
		All other revenue						
		Total . Add lines 11a-11d · · · · · · ·						
	12	Total revenue. See instructions			196.399	150.511	0	3.099

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). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (C) (D) Program service Total expenses Management and Fundraising 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 35,453 35,453 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 4,506 4,506 11 Fees for services (non-employees): 220 b 220 С Accounting 723 723 Lobbying d Professional fundraising services. See Part IV, line 17 е f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 7,363 7,363 12 Advertising and promotion 22,173 22,173 13 Office expenses 450 450 14 Information technology 15 16 5,227 5,227 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 60 60 20 2,159 2,159 21 22 Depreciation, depletion, and amortization 23 2,133 2,133 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 14,271 EQUIPMENT RENTAL 14,271 PRESENTATION EXPENSES 12,471 12,471 С FOOD/FOOD SAMPLING 11,742 11,742 VENUE/BOOTH RETAL FEES 24,018 24,018 All other expenses 38,639 38,639 Total functional expenses. Add lines 1 through 24e 25 943 0 181,608 180,665 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

NORTHWEST VEG 33-1074344

Form 990 (2014) **Part X** B **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	75,578	1	91,552
	2	Savings and temporary cash investments	55,689	2	55,912
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	715	8	485
Ass	9	Prepaid expenses and deferred charges	. = -	9	
1	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 1,933			
	b	Less: accumulated depreciation 10b	1,791	10c	1,933
	11	Investments - publicly traded securities	•	11	<u>, </u>
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets . Add lines 1 through 15 (must equal line 34)	133,773	16	149,882
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,233	25	2,551
	26	Total liabilities. Add lines 17 through 25	1,233	26	2,551
s,		Organizations that follow SFAS 117 (ASC 958), check here ► □ and			
ou l		complete lines 27 through 29, and lines 33 and 34.			
alaı	27	Unrestricted net assets		27	
Ö	28	Temporarily restricted net assets		28	
ŭ	29	Permanently restricted net assets · · · · · · · · · · · · · · · · · · ·		29	
ř		, , ,			
Net Assets or Fund Balances	20	complete lines 30 through 34.		20	
sse	30 31	Capital stock or trust principal, or current funds		30 31	
ţ.	32	Retained earnings, endowment, accumulated income, or other funds	132,540	32	147,331
Š	33	Total net assets or fund balances	132,540	33	147,331
	34	Total liabilities and net assets/fund balances	132,340	34	149,882

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Form	n 990 (2014) NORTHWEST VEG 33	3-1074344		Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	196	,399
2	Total expenses (must equal Part IX, column (A), line 25)	2	181	,608
3	Revenue less expenses. Subtract line 2 from line 1	3	14	,791
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	132	,540
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	10	147	,331
Pa	rt XII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u> L L </u>
			Yes	No No
1	Accounting method used to prepare the Form 990: X Cash Cash Other	_		
	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?	_2	2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Donsolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	_2	2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	Separate basis Donsolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	[2	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
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	
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		3h	- 1

EEA

Form **990** (2014)

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

2014

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

NORTHWEST VEG 33-1074344 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section instructions) document? instructions) (see instructions)) Yes No (A) (B) (C) (D) (E) Total

33-1074344 Schedule A (Form 990 or 990-EZ) 2014 NORTHWEST VEG Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · ·						
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)						
<u>6</u> Sac	Public support. Subtract line 5 from line 4 · · · tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	(u) 2010	(2) 2011	(6) 25 12	(a) 2010	(6) 2511	(i) rotal
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10 -						
12	Gross receipts from related activities, etc. (se	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here	<u> </u>					▶□
	tion C. Computation of Public Su	• •		0)			0/
14	Public support percentage for 2014 (line 6, c	, ,	•			15	%
15	Public support percentage from 2013 Sched						%
16a	33 1/3% support test - 2014. If the organization and stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the organization			-			
b	check this box and stop here . The organization						▶ □
17a	10%-facts-and-circumstances test - 2014.		,	· ·			
	10% or more, and if the organization meets the	•					
	Part VI how the organization meets the "facts						
	organization · · · · · · · · · · · · · · · · · · ·		•	•			▶ □
b	10%-facts-and-circumstances test - 2013.						
~	15 is 10% or more, and if the organization me	•					
	Explain in Part VI how the organization meet				-	/	
							▶ □
18	Private foundation. If the organization did r						
	instructions					<u></u> .	▶ □

NORTHWEST VEG 33-1074344 Page 3

Schedule A (Form 990 or 990-EZ) 2014 Part III Support Scl Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
						(1)
Gifts, grants, contributions, and membership fees	00.665	05 000	00 407	44 106	41 654	160.00
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	23,665	25,380	28,437	44,136	41,654	163,272
sold or services performed, or facilities						
furnished in any activity that is related to the	12 105	00 775	00 160	20 025	66 210	150 606
	13,125	20,775	29,169	30,235	66,318	159,622
Gross receipts from activities that are not an unrelated trade or bus. under sec 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total. Add lines 1 through 5	36,790	46,155	57,606	74,371	107,972	322,894
Amounts included on lines 1, 2, and 3 received from disqualified persons						
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
Add lines 7a and 7b						
Public support (Subtract line 7c from line 6.)						322,894
ction B. Total Support	•					,
endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
Amounts from line 6 · · · · · · · · · ·	36,790	46,155	57,606	74,371	107,972	322,894
Gross income from interest, dividends.						
payments received on securities loans, rents,						
royalties and income from similar sources • •	107	246	312	312	272	1,249
Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
Add lines 10a and 10b	107	246	312	312	272	1,249
Net income from unrelated business activities not included in line 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 VI.)						
Total support. (Add lines 9, 10c, 11, and 12.) • • • • • • • • • • • • • • • • • • •	36,897	46,401	57,918	74,683	108,244	324,143
			or fifth tax year as a	a section 501(c)(3)		
						• 📋
<u> </u>	• •				45	
11 1 0 , ,	()	, (//				99.61 %
					16	99.57 %
•			mp (f))		17	0.00 0
		-				0.00 % 0.43 %
33 1/3% support tests - 2014. If the organiza	tion did not check t	ne box on line 14, a		·	line	
33 1/3% support tests - 2013. If the organiza	tion did not check a	box on line 14 or li	ne 19a, and line 16	is more than 33 1	/3%, and	
	-				ration • • • •	
	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus. under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Ition B. Total Support Indar year (or fiscal year beginning in) Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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 in line 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 VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here Investment income percentage for 2014 (line 8, col Public support percentage from 2013 Schedul titon D. Computation of Investme Investment income percentage for 2014 (line 1 lines 1 is not more than 33 1/3%, check this box and 31/3%, check this	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandises furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus. under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses activities not included in line 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 VI.) Total support. (Add lines 9, 10c, 11, and 12.) Total support percentage for 2014 (line 8, column (f) divided by Public support percentage for 2014 (line 10c, column (f) divided by Public support percentage for 2014 (line 8, column (f) divided by Public support percentage from 2013 Schedule A, Part III, line 15 tion D. Computation of Investment Income Per Investment income percentage from 2013 Schedule A, Part III, line 15 tion D. Computation of Investment Income Per Investment income percentage from 2013 Schedule A, Part III, line 15 tion D. Computation of Investment Income Per Investment income percentage from 2013 Schedule A, Part III, line 15 tion D. Computation of Investment Income Per Investment income percentage from 2013 Schedule A, Part III, line 15 tion D. Computation of Investment Income Per Investment income percentage from 2013 Sched	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus. under sec 513 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from other than disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6) **Little of Subtract line 7c from line 6) Unrelated business taxable income (less section 511 taxes) from businesses activities not included in line 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 VI.) Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) Public support percentage from 2013 Schedule A, Part III, line 15 **Cition D. Computation of Investment Income Percentage** Investment income percentage from 2013 Schedule A, Part III, line 17 33 1/3% support teets - 2014. If the organization did not check the box on line 14, a line 18 is not more than 33 1/3%, check this box and stop here. The organization qualified is not more than 33 1/3%, check this box and stop here. The organization coll line 18 is not more than 33 1/3%, check this box and stop here. The organization qualified is the store of the organization of the programization qualified and the check a box on line 14 or line 18 is not	received. (Do not include any 'unusual grants.') Cross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Cross receipts from admissions, activities that are not an unrelated trade or bus. under sec 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf to or expended on sexual to the organization without charge to the expension that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year. Add lines 7a and 7b Public support (Subtract line 7c from line 8) Interest or or fiscal year beginning in) Amounts from interest, dividends, suppression that exceed the greater of \$5.000 or 1% of the amount on line 13 for the year and year or fiscal year beginning in 1 Amounts from lines 60 to expended on securities (pans, rents, royalties and income from interest, dividends, suppression that expended on securities (pans, rents, royalties and income from interest, dividends, securities (pans, rents, royalties and income from interest, dividends, pans lines 10 Total support percentage for 2014 (line 10), whether or not the business activities not included pin line 10), whether or not the business is regula	received. (Do not include any "unusual grants.") Cross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 13,125 20,775 29,169 30,235 Cross receipts from activities that are not an unrelated trade or bus. under sec 513 Tax revenues levied for the organizations tax exempt purpose 7 are versues levied for the organizations where the paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from lines 8) The Public support (Subtract line 7c from lines 8) Unrelated business taxable income (less section \$11 taxes) from businesses acquired after June 30, 1975 And lines 10 and 10 b 107 246 312 312 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly curried on Other income. Do not include gain or loss from the safe of capital assets (explain in Part VI.) 7otal support. (Add lines 9, 10c, 11, 36,897 46,401 57,918 74,683 First five years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) reganization, check this box and stop here 100 C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage for 2014 (line 10c, column for here the box on line 14, and line 15 is more than 33 1/3%, support tests - 2014.	23,665 25,380 28,437 44,136 41,654 (Construction of tracillities furnished in any activity that is related to the organization's fave-usempt purpose 13,125 20,775 29,169 30,235 66,318 (Construction of tracillities furnished in any activity that is related to the organization's fave-usempt purpose 13,125 20,775 29,169 30,235 66,318 (Construction of tracillities furnished of the organization's fave-usempt purpose 13,125 20,775 29,169 30,235 66,318 (Construction of tracillities furnished of the organization's therefit and either paid to or expended on its behalf 17,125

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

NORTHWEST VEG

Name of the organization

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Employer identification number

33-1074344

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is cover	red by the General Rule or a Special Rule .						
Note. Only a section 501(c)(7), (8) instructions.), or (10) organization can check boxes for both the General Rule and a Special Rule. See						
General Rule							
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a utions.						
Special Rules							
regulations under sections 13, 16a, or 16b, and that r \$5,000 or (2) 2% of the ar	ribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line received from any one contributor, during the year, total contributions of the greater of (1) mount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
contributor, during the yea	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ar, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, rooses, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
990-EZ, or 990-PF), but it must an	ot covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, nswer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its ify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Name of organization Employer identification number NORTHWEST VEG 33-1074344

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 1 ERIC AND WENDY DAY **Payroll** Noncash 12540 SE EDGEWOOD STREET 25,620 (Complete Part II for Portland, OR 97225 noncash contributions.) (b) (c) (d) (a) Νo. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person CRAIGSLIST CHARITABLE FUND 2 **Payroll** Noncash 10,000 222 SUTTER ST 9TH FLOOR (Complete Part II for noncash contributions.) San Francisco, CA 94108 (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Total contributions Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public

Inspection

Name of the organization Employer identification number

NOF	RTHWEST VEG	33-10/4344
Pa		nts.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
•	funds are the organization's property, subject to the organization's exclusive legal control?	· · · · · · · · · · · · · · · · Yes · · · No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	□ v □ v.
Pa	conferring impermissible private benefit?	· · · · · · · · · · · · · · · Yes · · No
га	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
4		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	unartest land area
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically in Protection of natural habitat Preservation of a certified hist	•
		one structure
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	votion
2	easement on the last day of the tax year.	Held at the End of the Tax Year
а	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 (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	20
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	
•	tax year	on daming the
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the ye	ar
	•	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that de	scribes the
	organization's accounting for conservation easements.	
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and backets.	alance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balan	ce sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in further	erance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue 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 similar assets for financial gain, pro-	vide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	▶ \$

Sched	ule D (Form 990) 2014 NORTHWEST VEG				33-10743	344	Page 2
	rt III Organizations Maintaining C	Collections of	Art, Historical 1	Freasures, or O			
3	Using the organization's acquisition, accession, a			-		,	
	collection items (check all that apply):	·	•				
а	Public exhibition	d 🗌 Lo	oan or exchange progr	rams			
b	Scholarly research		ther				
С	Preservation for future generations						
4	Provide a description of the organization's collect	ions and explain ho	ow they further the org	anization's exempt p	urpose in Part		
	XIII.						
5	During the year, did the organization solicit or rec	eive donations of a	ırt, historical treasures	, or other similar			
	assets to be sold to raise funds rather than to be		of the organization's	collection? -		· Yes	No No
Pa	rt IV Escrow and Custodial Arrang						
	Complete if the organization ar	nswered "Yes"	to Form 990, Pa	rt IV, line 9, or re	eported an amour	nt on Form	1
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custodian o			other assets not			
	included on Form 990, Part X?					· Yes	No
b	If "Yes," explain the arrangement in Part XIII and	complete the follow	ving table:	_			
				_	Amo	unt	
С	Beginning balance			_	1c		
d	Additions during the year			_	1d		
e	Distributions during the year				1e		
f	Ending balance	000 Deat V Fee 04			1f		
2a	Did the organization include an amount on Form			•		· · Yes	∐ No
Pa	If "Yes," explain the arrangement in Part XIII. Che rt V Endowment Funds.	eck nere ii the expia	anation has been prov	idea in Part XIII			<u>·</u>
ı u	Complete if the organization ar	swered "Yes"	to Form 990 Pa	rt IV line 10			
	osinproto ii tiro organii zationi di	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four year	rs hack
1a	Beginning of year balance	(=) canoncyca	(2) 1 101 year	(c) The years back	(a) Thiod your buok	(=) 1 001 1001	- Duoit
b	Contributions						
С	Net investment earnings, gains, and						
	losses						
d	Grants or scholarships						
е	Other expenditures for facilities and						
	programs						
£	A 1 · · · · · ·						
f	Administrative expenses						
g	End of year balance						
	•	year end balance (I	ine 1g, column (a)) he	eld as:		•	
g	End of year balance	year end balance (I	ine 1g, column (a)) he	eld as:	-1		
g 2	End of year balance Provide the estimated percentage of the current years designated or quasi-endowment Permanent endowment	year end balance (I	ine 1g, column (a)) he	eld as:			
g 2 a	End of year balance Provide the estimated percentage of the current y Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment	% %	ine 1g, column (a)) he	ld as:			
g 2 a b	End of year balance Provide the estimated percentage of the current y Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages in lines 2a, 2b, and 2c should endowned the percentages and 2b.	% equal 100%.	•				
g 2 a b	End of year balance Provide the estimated percentage of the current yes a considerable and designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should endowment are there endowment funds not in the possession	% equal 100%.	•				
g 2 a b c	End of year balance Provide the estimated percentage of the current years designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should early there endowment funds not in the possession organization by:	% % which was a second of the organization	n that are held and ad	Iministered for the		Ye	s No
g 2 a b c	End of year balance Provide the estimated percentage of the current years designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should early there endowment funds not in the possession organization by: (i) unrelated organizations	equal 100%.	n that are held and ad	Iministered for the		3a(i)	s No
g 2 a b c	End of year balance Provide the estimated percentage of the current years designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should eare there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations	equal 100%. In of the organizatio	n that are held and ad	Iministered for the		3a(i) 3a(ii)	s No
g 2 a b c	End of year balance Provide the estimated percentage of the current years and designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should eare there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations If "Yes" to 3a(ii), are the related organizations list.	equal 100%. In of the organization.	n that are held and ad	Iministered for the		3a(i)	s No
g 2 a b c 3a	End of year balance Provide the estimated percentage of the current years designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should eare there endowment funds not in the possession organization by: (i) unrelated organizations (ii) related organizations	equal 100%. In of the organization. ed as required on Stanization's endowr	n that are held and ad	Iministered for the		3a(i) 3a(ii)	s No

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Complete if the organization answered Tes to Form 500, Fart 17, line Ta. 500 Form 500, Fart 27, line Te.					
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a	Land					
b	Buildings					
С	Leasehold improvements					
d	Equipment		1,933		1,933	
е	Other					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)						
EEA	EEA Schedule D (Form 990) 2014					

Schedule D (Form 990) 2014	NORTHWEST VEG	33-1074344	Page
Part VII Investmen	ts - Other Securities.		

	Complete if the organization answ	ered "Yes" to Form 990, F	Part IV, line 11b. See Form 990), Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1) Financial de	erivatives · · · · · · · · · · · · · · · · · · ·			
(2) Closely-held	d equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
_(E)				
(F)				
_(G)				
(H)				
Total. (Column (b)	must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII	Investments - Program Related. Complete if the organization answ		Part IV, line 11c. See Form 990), Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX	Other Assets.	•	•	
	Complete if the organization answ	ered "Yes" to Form 990, F	Part IV, line 11d. See Form 990), Part X, line 15.
		(a) Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line	15.)	 	
Part X	Other Liabilities. Complete if the organization answ line 25.		Part IV, line 11e or 11f. See Fo	rm 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal ir		1-1 Dook value		
	LL TAXES PAYABLE	2,55	1	
(3)		2,33		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 25.)	▶ 2,55	1	
· Juni (Ooidiiiii (D)			-	

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

33-1074344 Schedule D (Form 990) 2014 NORTHWEST VEG Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments Donated services and use of facilities 2b b 2c Other (Describe in Part XIII.) 2d d Add lines 2a through 2d 2e 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.) 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b 2c C Other (Describe in Part XIII.) 2d d Add lines 2a through 2d 2e 3 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

EEA Schedule D (Form 990) 2014

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NORTHWEST VEG					33-1	074344
Part I Fundraising Activities Form 990-EZ filers are no				swered "Yes" to	Form 990, Part I\	/, line 17.
1 Indicate whether the organization raise	ed funds through	any of the fol	lowing activit	ies. Check all that app	ly.	
a Mail solicitations		е 🗌	Solicitation of	of non-government gra	ints	
b Internet and email solicitations		f 🗌	Solicitation of	of government grants		
c Phone solicitations		g 🗌	Special fund	Iraising events		
d In-person solicitations						
2a Did the organization have a written or	oral agreement w	rith any indivi	dual (includin	g officers, directors, tr	ustees	<u></u>
or key employees listed in Form 990, I	Part VII) or entity	in connection	with profess	sional fundraising servi	ices?	Yes No
b If "Yes," list the ten highest paid indivi-	,	fundraisers) p	oursuant to a	greements under whic	th the fundraiser is to b	oe e
compensated at least \$5,000 by the o	rganization.					
	T			1		<u> </u>
(i) Name and address of individual			ndraiser have	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to
or entity (fundraiser)	(ii) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by) organization
		Yes	No		col. (i)	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			▶			
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from						
registration or licensing.	-				•	

Part II

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (b) Event #2 (c) Other events (a) Event #1 (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue Gross receipts Less: Contributions Gross income (line 1 minus Cash prizes Noncash prizes Direct Expenses Rent/facility costs · · Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain:

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

Name(s) as shown on return	990	Overflow Statement	2014 Page 1
	Name(s) as shown on return		FEIN
NORTHWEST VEG 33-107434	NORTHWEST VEG		33-1074344

PART VIII, LINE 1C - FUNDRAISING EVENTS

Description		A	mount
BUSINESS MEMBERSHIPS		\$	2,140
POTLUCK CONTRIBUTIONS			3,547
BANQUET FUNDRAISERS			564
BUSINESS SPONSORS			571
	Total:	\$	6,822

PART VIII - STATEMENT OF REVENUE, LINE 1F

Description	Amount
CONTRIBUTIONS	\$ 12,443
Total:	 12,443

GROSS INCOME FROM FUNDRAISING EVENTS

Description	Amount
RACE/TOFURKY TROT	\$ 6,597
Total:	6,597

DIRECT EXPENSES

Description	Amount
RACE/TOFURKY TROT	\$ 3,498
Total:	\$ 3,498

990	Overflow Statement	2014 Page 2
Name(s) as shown on return		FEIN
NORTHWEST VEG		33-1074344

ALL OTHER EXPENSES - PROGRAM SERVICES

Description		Amount	
COOKING DEMOS		\$	3,020
DUES AND SUBSCRIPTIONS			125
EDUCATION MATERIALS			1,699
LICENSES AND PERMITS			688
MEMBERSHIP INCENTIVES			2,628
MISCELLANEOUS			59
PARKING			32
POSTAGE			333
PRINTING AND REPRODUCTION			2,926
PROGRAM FILM PRODUCTION EXPENSES			23,638
PROGRAM FILM TRAVEL EXPENSES			2,834
PROGRAM SUPPLIES			510
TELEPHONE			147
	Total:	\$	38,639

TOFURKY TROT

Description	Amount	
SQUARE SERVICE CHARGES	\$	21
WAGES		106
Total:	\$	127

OTHER EVENT EXPENSES

Description	Amount	
CONTR TO GREEN ACRES FARM SANTUARY	\$	654
ADVERTISING		84
POSTAGE		6
PRINTING		192
SUPPLIES		156
PAYROLL TAXES		277
WAGES		2,002
Total:	\$	3,371

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

NORTHWEST VEG 33-1074344
01. Officer, directors, etc. family relationship (Part VI, line 2)
THERE ARE TWO OFFICERS ON THE BOARD THAT ARE RELATED. ERIC DAY SERVES AS VICE PRESIDENT
AND WENDY GABBE DAY IS A DIRECTOR ON THE BOARD.
02. Organizational document changes (Part VI, line 4)
ARTICLES OF AMENDMENT WAS FILED TO CHANGE THE ENTITY NAME FROM NORTHWEST VEGETARIAN
EDUCATION AND EMPOWERMENT GROUP TO NORTHWEST VEG.
03. Form 990 governing body review (Part VI, line 11)
NORTHWEST VEG BOARD WILL REVIEW THE FORM 990 BEFORE IT IS FILED.
04. Governing documents, etc, available to public (Part VI, line 19)
DOCUMENTS ARE AVAILABLE FOR REVIEW ON THE ORGANIZATION WEB SITE.
05. Significant program services not listed on prior year return (Part III)
NORTHWEST VEG HAS UNDERTAKEN A PROJECT TO PRODUCE A FEATURE LENGTH DOCUMENTARY EXPLORING
THE WIDESPREAD RISE OF VEGANISM IN MAINSTREAM CULTURE. THE MOVIE WILL BE RELEASED SUMMER
2016.
06. List of other expenses (Part IX, line 24e)
COOKING DEMOS
DUES AND SUBSCRIPTIONS
EDUCATION MATERIALS
LICENSES AND PERMITS
MEMBERSHIP INCENTIVES

Page 2 Schedule O (Form 990 or 990-EZ) (2014) Name of the organization Employer identification number NORTHWEST VEG 33-1074344 MISCELLANEOUS PARKING POSTAGE PRINTING AND REPRODUCTION PROGRAM FILM PRODUCTION EXPENSES PROGRAM FILM TRAVEL EXPENSES PROGRAM SUPPLIES TELEPHONE