	g	90	Return of Organization Exempt From Income	Tav			OMB No. 1545-0047
Form			Neturn of Organization Exempt 1 for income				2019
(Rev.	lanuar	y 2020)	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except p	rivate four	ndations) [2013
Denartr	nent of	the Treasury	Do not enter social security numbers on this form as it may be made	e public.			Open to Public
•		ue Service	Go to www.irs.gov/Form990 for instructions and the latest informa	tion.			Inspection
A F	or the	2019 calendar	year, or tax year beginning , 2019, and end	ing		,	20
Вс	neck if a	applicable:	C Name of organizationNORTHWEST VEG		D Emplo	yer identi	fication number
	dress o	change	Doing business as			33-10	074344
	ame cha		Number and street (or P.O. box if mail is not delivered to street address) Room/su	ite	E Teleph		
	itial retu	-	13376 SW CHELSEA LOOP				746-8344
Ē		rn/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gross		
H	nended		FIGARD, OR 97223		\$	1000.010	244,433
Ē		on pending	F Name and address of principal officer: HEATHER WILLIAMS	H(a) Is this a		or subordinat	
	phoune	in ponding	Same as C above	H(b) Are all			
	v ovom	pt status: X 5	D1(c)(3)501(c) () ◀ (insert no.)4947(a)(1) or527		attach a lis		
	ebsite:		NWVEG.ORG				
			orporation Trust Association Other L Year of formation: 200	H(c) Group			: OR
Par		Summary		/3 Wi	State of leg		
1 41	1		the organization's mission or most significant activities: EDUCATE AND ENCOU				
	'			RAGE PE	OPLE	IO MAR	LE VEGAN
Ce		CHOICES FO	OR A HEALTHY, SUSTAINABLE, AND COMPASSIONATE WORLD.				
nar							
Governance							
ő	2		▶ if the organization discontinued its operations or disposed of more than 25% of its		1 1		
જ	3		ng members of the governing body (Part VI, line 1a)		. 3		6
Activities &	4		pendent voting members of the governing body (Part VI, line 1b)		• 4		6
ivit	5		f individuals employed in calendar year 2019 (Part V, line 2a)		- 5		4
Act	6		f volunteers (estimate if necessary)		• 6		400
	7a	Total unrelated	business revenue from Part VIII, column (C), line 12		• 7a		0
	b	Net unrelated b	usiness taxable income from Form 990-T, line 39		• 7b		0
				Prior Year		(Current Year
-	8	Contributions a	nd grants (Part VIII, line 1h) · · · · · · · · · · · · · · · · · · ·	40	0,163		43,976
Revenue	9	Program servic	e revenue (Part VIII, line 2g) · · · · · · · · · · · · · · · · · · ·	150),473		148,836
vel	10	Investment inco	ome (Part VIII, column (A), lines 3, 4, and 7d)		483		625
Re	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • • • • • • • • • • •	7	7,030		27,667
	12	Total revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	198	3,149		221,104
	13	Grants and sim	ilar amounts paid (Part IX, column (A), lines 1-3)				0
	14	Benefits paid to	o or for members (Part IX, column (A), line 4) · · · · · · · · · · · · · · · · · ·				0
6	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)	68	3,317		82,211
Expenses	16a	Professional fu	ndraising fees (Part IX, column (A), line 11e) • • • • • • • • • • • • • • • • • •				0
ben	b	Total fundraisin	g expenses (Part IX, column (D), line 25)				
Ĕ	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24e)	126	5,647		149,199
	18	Total expenses	Add lines 13-17 (must equal Part IX, column (A), line 25)		1,964		231,410
	19	Revenue less e	expenses. Subtract line 18 from line 12	3	3,185		(10,306)
Ses			Begi	nning of Curr	-	E	End of Year
Net Assets or Fund Balances	20	Total assets (P	art X, line 16) • • • • • • • • • • • • • • • • • • •	206	5,881		196,549
Ass Bas	21	Total liabilities (Part X, line 26) • • • • • • • • • • • • • • • • • • •		19		(7)
-Unit	22	Net assets or f	Ind balances. Subtract line 21 from line 20	206	5,862		196,556
Par	t II	Signature			,		
		-	e that I have examined this return, including accompanying schedules and statements, and to the best of my know	ledge and be	ief, it is		
true, c	orrect, a	and complete. Decla	ation of preparer (other than officer) is based on all information of which preparer has any knowledge.				
			SANTANGELO				
Sigr	1	Signature of			Dat	e	
Here	`	TTNDA	SANTANGELO, TREASURER				
			nt name and title				
		Print/Type prepa				PTIN	
Paid	1			Check	L "		000500
Prep			KJELDEN EA LTC AMARRY E KJELDEN EA LTC ATA	self-em	ployed	P00	099539
Use		-		irm's EIN 🕨			
0.26	Uni	Firm's address		hone no.			
			Vancouver WA 98665-8943			576-86	
			urn with the preparer shown above? (see instructions)			•••	
For P	aperv	vork Reduction	Act Notice, see the separate instructions.				Form 990 (2019)

Form	m 990 (2019) NORTHWEST VEG 33-10743	44	Page 2
Pa	art III Statement of Program Service Accomplishments		_
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	• <u>x</u>
1	Briefly describe the organization's mission:		
	EDUCATE AND ENCOURAGE PEOPLE TO MAKE VEGAN CHOICES FOR A HEALTHY, SUSTAINABLE, AND COM	IPASSIC	NATE
	WORLD.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	- 🗆 N.	_
	prior Form 990 or 990-E2?	s 🗌 No)
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
		s <u>x</u> No)
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by		
-	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,		
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$231,410 including grants of \$) (Revenue \$)
	EDUCATE AND ENCOURAGE PEOPLE TO MAKE VEGAN CHOICES THROUGH COOKING DEMOS AND EDUCATION		
	MATERIALS SUCH AS NEWSLETTERS, WEBSITE, AND PRINTED MATERIALS; DIRECT OUTREACH THROUGH		
	PROFESSIONAL HEALTH CONFERENCE, NATIONALLY PROMINENT SPEAKER EVENTS, VEGFEST (6000+ PR COMPASSIONATE THANKSGIVING, ANNUAL TOFURKY TROT, INFO TABLE AT COMMUNITY EVENTS; BUILD		
	THROUGH FAMILY-FOCUSED SOCIAL EVENTS, COMMUNITY VEGAN POTLUCKS, CULTURALLY-FOCUSED BAN		
	OTHER LOCAL EVENTS AND FIELD TRIPS.	202007	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		_)
4c	: (Code:) (Expenses \$ including grants of \$) (Revenue \$		_)
4d			
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 231,410		
EEA		Form 990	(2019)

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Pa	rt IV 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	x	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
~	complete Schedule D, Part III	8		x
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			
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in guasi endowments? If "Yes." complete Schedule D. Part V	10		
		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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	IIa	x	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		v
<u>،</u>	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			x
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
P	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	x	
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)? <i>If "Yes," complete Schedule D, Part X</i>	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		x
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		x
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		x
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	x	
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
20 a	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		L
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

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Pa	rt IV Checklist of Required Schedules (continued)				
		ı		Yes	No
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		<u>x</u>
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		<u>x</u>
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		04-		
L	through 24d and complete Schedule K. If "No," go to line 25a		24a		<u>x</u>
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?		240 24d		
u 25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		24u		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		v
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		250		_ <u>x</u>
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current		200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	-			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
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):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	[28b		x
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	[29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II · · · · · · · · · · · · · · · · · ·		32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33		x
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		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	•••••	35a		<u>x</u>
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		
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		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
••			37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and				
Der	19? Note: All Form 990 filers are required to complete Schedule O.		38	Х	
Par	t 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				
4.0	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ••••••••••••••••••••••••••••••••••••	ا ہ		Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable 1b	6			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	0			
U	reportable gaming (gambling) winnings to prize winners?		1c		
			10		

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
		1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	• 2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	-		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		х
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 account)?	- 4a		х
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 (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	. 5b		x
c	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			
vu	organization solicit any contributions that were not tax deductible as charitable contributions?	- 6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		
~	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	. 6b		
7	Organizations that may receive deductible contributions under section 170(c).	55		
'a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	. 7a	v	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	. 7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	/ 0	x	
L	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	. 7c		v
А	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·	. //		x
d		70		
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	• 7e		<u>x</u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	• 7f		X
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.	0.0		
a L	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: Initiation fees and capital contributions included on Part VIII. line 12 · · · · · · · · · · · · · · · · · ·			
a L		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11				
a L	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
10-	against amounts due or received from them.) • • • • • • • • • • • • • • • • • • •	120		
12a		• 12a		
b		-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	42-		
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 13b	-		
C	Enter the amount of reserves on hand	4.0		<i>n</i>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	· 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	• 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	- 15		X
4.6	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	· 16		X
	If "Yes," complete Form 4720, Schedule O.			

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "It	Vo″		
	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			• x
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6			
	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			
h	committee, explain on Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent 1b 6 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
2	any other officer, director, trustee, or key employee?	2	v	
3	Did the organization delegate control over management duties customarily performed by or under the direct	-	Х	
J	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	л	x
6	Did the organization have members or stockholders?	6	x	
7a	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	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	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 on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	r		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b 120	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	424		
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	x x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	~	
U	describe in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		x
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?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
	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			
	with a taxable entity during the year?	16a		х
b	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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.			
40	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
20	and 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			
	LINDA SANTANGELO (503)746-8344, 13376 SW CHELSEA LOOP, TIGARD, OR 97223	E	000 (*	2010

Form 990 (20)	9) NORTHWEST VEG	33-1074344	Page /
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Higher	st 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 t	his table for all persons required to be listed. Report compensation for the calendar year ending with c	r within the	

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.

See instructions for the order in which to list the persons above.

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

				((C)					
(A)	(B)				sition			(D)	(E)	(F)
Name and title	Average	`				nan one s both ar	,	Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization	from related organizations	compensation from the
	(list any hours for	or	Ins	Office	Ke	en Hij	Fo	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	ividu direc	tituti	icer	y em	ploy	Former			related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	ee				
	below	ustee	trust		ee	Ipen				
	dotted line)	U.	ee			Highest compensated employee				
						<u>а</u>				
(1) CINDY_KOCZY	<u>2.00</u>									
DIRECTOR		х						0	0	0
(2) CATHY BERLOT	<u>2.00</u>									
DIRECTOR		х						0	0	0
(3) LARALYN ELLSWORTH	<u>2.00</u>									
DIRECTOR		х						0	0	0
(4) KEITH_IDING	<u>2.00</u>									
DIRECTOR		х						0	0	0
(5) PETER SPENDELOW	26.00									
CO-PRESIDENT				х				0	0	0
(6) MARSHA RAKESTRAW	10.00									
CO-PRESIDENT				х				0	0	0
(7) LINDA SANTANGELO	12.00									
TREASURER				х				0	0	0
(8) JASON WILLIAMS	<u>2.00</u>									
SECRETARY				х				0	0	0
(9) HEATHER WILLIAMS	<u>3.00</u>									
SECRETARY/PRESIDENT				х				0	0	0
<u>(10)</u>										
<u>(11)</u>										
(12)										
<u>(13)</u>										
(4.4)										
<u>(14)</u>										

	00 (2019) NORTHWEST VEG									33	-10743	44	Page 8
Part	VII Section A. Officers, Directors, Trustees,	, Key Emplo	yees,	and	Hig	hest	Com	pen	sated Employees	(continued)			
	(A) Name and title	hours officer and a director/trustee) c							(D) Reportable compensation from the	(E) Reportable compensation from related		(F) Estimated amou of other compensation from the	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizati (W-2/1099-N		trom tr organizatio related orga	on and
(15)													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
<u>(24)</u>													
(25)													
1b c d	Subtotal Total from continuation sheets to Part VII, Section Section Total (add lines 1b and 1c)	ion A ·			• •		 		0		0		0
2	Total number of individuals (including but not limited reportable compensation from the organization						ived m	ore	than \$100,000 of				0
3	Did the organization list any former officer, director, employee on line 1a? <i>If "Yes," complete Schedule J</i>				or hię	ghes	t comp	oens	ated		1	Yes 3	
4	For any individual listed on line 1a, is the sum of rep organization and related organizations greater than \$	ortable com	pensat	ion a									x
5	individual			-			-	. izatio				4	x
Section	for services rendered to the organization? If "Yes," con B. Independent Contractors	omplete Sch	eaule .	JTOr	suci	n pe	rson				•••	5	X
1	Complete this table for your five highest compensate												
	compensation from the organization. Report compe (A)	risation for tr	ie cale	nuar	yea	reno		un o	(B)		ear.	(C)	
	Name and business address	6							Description of servic	es	C	(C) Compensation	
2	Total number of independent contractors (including received more than \$100,000 of compensation from			ose l		d ab	ove) w	ho					

Part \	0 (20 ⁻	Statement of Rev	WEST VEG Venue					33-10743	3 44 Pa
	••••	Check if Schedule O co		or no	te to any line in this l	Part VIII			
				, 01 110		(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue exclude
							function revenue	business revenue	from tax under
	1								sections 512–5
	1a	Federated campaigns •		1a					
ts t	b	Membership dues • • •		1b	14,061				
nno	С	Fundraising events • •		1c					
contributions, ones, orents, and Other Similar Amounts	d	Related organizations •		1d					
ar /	е	Government grants (contr	ibutions) • •	1e	24,240				
s, mile	f	All other contributions, gift							
Ś	-	and similar amounts not in	-	1f	5,675				
thei		N N N N N N N N N N			5,075				
Ō	g	lines 1a-1f		4~	¢				
and				1g	\$				
-	h	Total. Add lines 1a-1f		• • •		43,976			
					Business Code				
2	2a	VEG FEST			900099	113,195	113,195		
0	b	HEALTH CONFERENCE	S		900099	30,271	30,271		
nu	С	OTHER PROGRAMS			900099	5,370	5,370		
šve	d								
ŗď	е								
Revenue	f	All other program service re	evenue ••••						
-		Total. Add lines 2a-2f				148,836			
					-	110,000			
	3	Investment income (includit other similar amounts)	•			COF	CO.5		
		,			F	625	625		
	4	Income from investment of	•	•	F				
	5	Royalties • • • • • • • •		• • •	•••••				
			(i) Real		(ii) Personal				
	6a	Gross rents · · · · ·	6a						
	b	Less: rental expenses · ·	6b						
	с	Rental income or (loss)	6c						
	d	Net rental income or (loss)			🕨				
	70	7a Gross amount from		es	(ii) Other				
	/a	sales of assets	()		()				
		other than inventory	7a						
an	b	Less: cost or other basis and sales expenses							
nue									
eve		Gain or (loss) • • • •							
r R		Net gain or (loss) • • • •		· · · ·	•••••				
Other Reven	8a	Gross income from fundrai	sing						
ō		events (not including \$_		.					
		of contributions reported or							
		1c). See Part IV, line 18		8a	49,111				
	b	Less: direct expenses •		8b					
		Net income or (loss) from f		•	· · · · · · •	26,756			26,7
		Gross income from gaming	•			,			
		activities, See Part IV, line		9a					
	h	Less: direct expenses •		9b					
		•							
		Net income or (loss) from g	-	· ·	•••••				
	10a	Gross sales of inventory, le							
		returns and allowances •		10a	/				
	b	Less: cost of goods sold		10b	974				
	c	Net income or (loss) from s	ales of inventory	• •	<u></u>	911	911		
					Business Code				
	11a								
anı	b								
ver	c								
Revenue		All other revenue							
-		Total. Add lines 11a-11d							
	-						4	-	
	12	Total revenue. See instruct				221,104	150,372	0	26,

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Page 1	0
--------	---

.	Check if Schedule O contains a response or note to a not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	•	Total expenses	Program service	Management and	Fundraising
	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	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 •••••••••••				
6	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	70,334	70,334		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) • •				
9	Other employee benefits				
0	Payroll taxes	11,877	11,877		
1	Fees for services (nonemployees):	,	ł		
а	Management				
b					
c		642	642		
d		012	012		
e	Professional fundraising services. See Part IV, line 17 •				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	10 261	10 261		
2		10,361	10,361		
	Advertising and promotion	12,438	12,438		
3		592	592		
4	Information technology	3,649	3,649		
5	Royalties · · · · · · · · · · · · · · · · · · ·				
6	Occupancy • • • • • • • • • • • • • • • • • • •	10,103	10,103		
7	Travel	3	3		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials • • • • •				
9	Conferences, conventions, and meetings	766	766		
0	Interest • • • • • • • • • • • • • • • • • • •	3,007	3,007		
1	Payments to affiliates • • • • • • • • • • • • • • • • • • •				
22	Depreciation, depletion, and amortization				
3	Insurance	3,542	3,542		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	EQUIPMENT RENTAL	25,859	25,859		
b	PRESENTATION EXPENSES	13,398	13,398		
с	FOOD/FOOD SAMPLING	17,072	17,072		
d	VENUE/BOOTH RENTAL FEES	29,920	29,920		
e	All other expenses	17,847	17,847		
5	Total functional expenses. Add lines 1 through 24e	231,410	231,410	0	
6	Joint costs. Complete this line only if the	231,410	231,410		
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here ► 📙 if following SOP 98-2 (ASC 958-720)				

Form 990	(/	NORTHWEST	VEG
Part X	Balance	Sheet	

33-1074344

Page 11

I al		Dalance Oneet			_
		Check if Schedule O contains a response or note to any line in this Part X		· · · ·	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	141,105	1	130,526
	2	Savings and temporary cash investments	61,701	2	61,948
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) · · · · ·		6	
Assets	7	Notes and loans receivable, net	2,800	7	2,800
	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D · · · · · · · 10a 1,275			
	b	Less: accumulated depreciation • • • • • • • • • • • • • • • • • • •	1,275	10c	1,275
	11	Investments - publicly traded securities		11	
	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 33)	206,881	16	196,549
	17	Accounts payable and accrued expenses · · · · · · · · · · · · · · · · · ·		17	
	18	Grants payable • • • • • • • • • • • • • • • • • • •		18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
billid		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		controlled entity or family member of any of these persons		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			
			19	25	(7)
	26	Total liabilities. Add lines 17 through 25	19	26	(7)
ŝ		Organizations that follow FASB ASC 958, check here			
ЭС		and complete lines 27, 28, 32, and 33.			
alaı	27	Net assets without donor restrictions		27	
ä	28	Net assets with donor restrictions		28	
nn		Organizations that do not follow FASB ASC 958, check here			
г		and complete lines 29 through 33.		00	
tsc	29	Capital stock or trust principal, or current funds		29	
Net Assets or Fund Balances	30			30	
ť∆ŝ	31	Retained earnings, endowment, accumulated income, or other funds	206,862	31	196,556
Net	32	Total net assets or fund balances	206,862	32	196,556
	33	Total liabilities and net assets/fund balances	206,881	33	196,549

EEA

Form 990 (2019)

Form	1 990 (2019) NORTHWEST VEG	3-107434	4	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				· 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1		221,	104
2	Total expenses (must equal Part IX, column (A), line 25)	2		231,	410
3	Revenue less expenses. Subtract line 2 from line 1	3		(10,	306)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		206,	862
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 on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B)) • • • • • • • • • • • • • • • • • •	10		196,	556
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				•
				Yes	No
1	Accounting method used to prepare the Form 990: 🕱 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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 Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		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 Consolidated 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?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				1
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 on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990 (2	2019)

SCHEDULE A	
(Form 990 or 990-EZ))

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public

Inspection

Complete if the organization is a section	501(c)(3) organization or a section	4947(a)(1) nonexempt charitable trust
---	-------------------------------------	---------------------------------------

Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name	Name of the organization Employer identification number							
		EST VEG					33-107434	4
Pa	tl	Reason for Public Charity	y Status (All or	ganizations must co	mplete t	this part.) See instructions.	
The c	rgar	nization is not a private foundation beca	use it is: (For lines 1	I through 12, check only c	one box.)			
1	Ц	A church, convention of churches, or a	ssociation of church	nes described in section	170(b)(1)(A)(i).		
2	Ц	A school described in section 170(b)(1)(A)(ii). (Attach Sc	hedule E (Form 990 or 99	90-EZ).)			
3	Ц	A hospital or a cooperative hospital ser	•	• •				
4		A medical research organization opera	ted in conjunction w	ith a hospital described in	section 1	70(b)(1)(A)	(iii). Enter the	
		hospital's name, city, and state:						
5		An organization operated for the benef		versity owned or operated	by a gove	rnmental u	nit described in	
		section 170(b)(1)(A)(iv). (Complete F	,					
6	Н	A federal, state, or local government or	•					
7		An organization that normally receives		of its support from a gover	nmental ur	nit or from t	he general public	
•		described in section 170(b)(1)(A)(vi).	,					
8	H	A community trust described in sectio		,	d in contun	ation with a	land grant college	
9		An agricultural research organization d					• •	
		or university or a non-land-grant colleg	e of agriculture (see	e instructions). Enter the r	name, city,	and state o	of the college of	
10	x	university:	(1) more than 22 1	1/20/ of its support from a	ontribution	mombor	hip food and groop	
10	Δ	An organization that normally receives receipts from activities related to its ex	()	••				
		support from gross investment income	•		. ,			
		acquired by the organization after June						
11	П	An organization organized and operate)(4).		
12	Н	An organization organized and operate	2		•		rry out the purposes	
		of one or more publicly supported orga		•				
		Check the box in lines 12a through 12						
	а	Type I. A supporting organization				•	•	
		the supported organization(s) the	power to regularly a	ppoint or elect a majority	of the direc	tors or trus	tees of the	
		supporting organization. You mus	t complete Part IV	, Sections A and B.				
	b	Type II. A supporting organization	supervised or contr	olled in connection with its	supported	d organizati	on(s), by having	
		control or management of the sup	porting organization	vested in the same perso	ons that co	ntrol or mar	nage the supported	
		organization(s). You must compl	ete Part IV, Sectior	ns A and C.				
	с	Type III functionally integrated.	A supporting organ	ization operated in connec	tion with, a	and function	nally integrated with,	
		its supported organization(s) (see	instructions). You n	nust complete Part IV, S	Sections A	, D, and E.		
	d	Type III non-functionally integra	ated. A supporting of	organization operated in co	onnection w	vith its supp	oorted organization(s)	
		that is not functionally integrated.	The organization ge	nerally must satisfy a dist	ribution red	quirement a	and an attentiveness	
		requirement (see instructions). Yo	-					
	е	Check this box if the organization				Туре I, Тур	pe II, Type III	
		functionally integrated, or Type III		egrated supporting organiz	zation.			[]
	f	Enter the number of supported organiz		· · · · · · · · · · · · · · · · · · ·				••••
	g	Provide the following information abou						
	(1	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the or listed in you	-	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docum	ient?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(C)								
יח)								
(D)								
(E)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. $_{\mathsf{EEA}}$

Total

_	dule A (Form 990 or 990-EZ) 2019 NORTHWEST					33-107434	
Pa	IT II Support Schedule for Organization						
	(Complete only if you checked the						lify under
	Part III. If the organization fails to	o qualify und	er the tests lis	sted below, p	lease comple	te Part III.)	
	ction A. Public Support				1	T T	
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support	(-) 2015	(b) 2016	(-) 2017	(-1) 2019	(e) 2019	(f) Total
	endar year (or fiscal year beginning in) Amounts from line 4	(a) 2015	(D) 2010	(c) 2017	(d) 2018	(e) 2019	(f) 10tai
8	Gross income from interest, dividends,						
0							
	payments received on securities loans,						
	rents, royalties and income from similar sources						
9	Net income from unrelated business						
9	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (s		s)			12	
	First five years. If the Form 990 is for the o		•)(3)
15	organization, check this box and stop here	•			•	•	,,,,
Se	ction C. Computation of Public Suppo						<u> </u>
14	Public support percentage for 2019 (line 6, o	column (f) divi	ded by line 11	column (f)).		14	%
	Public support percentage from 2018 Sched					15	%
	33 1/3% support test - 2019. If the organization						
	box and stop here. The organization qualified						
k	33 1/3% support test - 2018. If the organization	• •		•			
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2019.		• • • •	•			
	10% or more, and if the organization meets	-					
	Part VI how the organization meets the "fact					•	
	organization			-			
k	910%-facts-and-circumstances test - 2018.						
	15 is 10% or more, and if the organization m	-					
	Explain in Part VI how the organization mee					•	licly
	supported organization				•	-	-
18	Private foundation. If the organization did r	not check a bo	x on line 13, 16	6a, 16b, 17a, o	r 17b, check th	is box and see	
	instructions	<u></u>	<u></u>				· · · ► 🗌

NORTHWEST VEG

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

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	36,812	3,853	45,945	40,163	43,976	170,749
2	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 •••••	96,149	41,621	38,942	150,473	148,836	476,021
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 •						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
	Total. Add lines 1 through 5	132,961	45,474	84,887	190,636	192,812	646,770
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	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						
8							
_	line 6.)						646,770
	ction B. Total Support						
	endar year (or fiscal year beginning in)►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	132,961	45,474	84,887	190,636	192,812	646,770
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources	282	143	282	483	625	1,815
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	282	143	282	483	625	1,815
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	133,243	45,617				648,585
14	First five years. If the Form 990 is for the or	-			-		
<u> </u>	organization, check this box and stop here						· · · · ►
	ction C. Computation of Public Suppo					45	
	Public support percentage for 2019 (line 8, o	.,	-	. , ,		15	<u>99.72 %</u>
-	Public support percentage from 2018 Sched					16	99.68 %
	ction D. Computation of Investment In			no 12 column	(f))	47	
	Investment income percentage for 2019 (line	•	, .			17	0.00 %
	Investment income percentage from 2018 So					18 1/20/	0.00 %
198	33 1/3% support tests - 2019. If the organiz						
ь.	17 is not more than 33 1/3%, check this box	•					
Ø	33 1/3% support tests - 2018. If the organiz						
20	line 18 is not more than 33 1/3%, check this	-	-	-	-		
20	Private foundation. If the organization did r	IUL CHECK A DOX	on line 14, 19	a, or rap, chec	in this box and	see instruction	s 🕨 📋

		074344	Р	age 4
Part				
	(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, com			
	and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Pa		е	
	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and compl	ete Part V.)		
Sect	ion A. All Supporting Organizations			
	.		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
•	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
0-	organization was described in section $509(a)(1)$ or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answ			
_	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5), or (6)	and		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	24		
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
48	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
h		44		
u	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
~	Did the organization support any foreign supported organization that does not have an IRS determination	40		
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	,		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	·		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
vu	answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action	,.		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the actio			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities)	to		
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefi	ed		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contrib	utor		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled en	ity		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line	7?		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations descril	ed		
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b		_
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal bene			
	from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	90		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	4.01		
	determine whether the organization had excess business holdings.)	dule A (Form 990		

Sched	ule A (Form 990 or 990-EZ) 2019 NORTHWEST VEG 33-	-1074344	Р	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa	nt VI. 11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during	the		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, o			
	controlled the organization's activities. If the organization had more than one supported organization,	,		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the suppoi	ted		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	leu		
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in P	art		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the direct			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or manage	d		
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copie	s of the		

	organization's governing documents in effect on the date of notification, to the extent not previously provided?
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how
	the organization maintained a close and continuous working relationship with the supported organization(s).

3	By reason of the relationship described in (2), did the organization's supported organizations have a
	significant voice in the organization's investment policies and in directing the use of the organization's
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's
	supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete line 3 below*.
- c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).
- 2 Activities Test. Answer (a) and (b) below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

ard. 3b Schedule A (Form 990 or 990-EZ) 2019

2a

2b

3a

1

2

3

Yes

No

Schedule A (Form 990 or 990-EZ) 2019 NORTHWEST VEG		33-107	4344 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
instructions. All other Type III non-functionally integrated supporting organized	zation	s must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		(A) FIIOI Teal	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally instructions).	y integ	rated Type III supportin	g organization (see

EEA

Schedule A (Form 990 or 990-EZ) 2019

ction D - Distributions Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exempt organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets			Current Year
Amounts paid to perform activity that directly furthers exempt organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose			
organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpose			
Administrative expenses paid to accomplish exempt purpose	t purposes of supported		
Amounte naid to acquire exempt-use assets	s of supported organiza	tions	
<u> </u>			
Qualified set-aside amounts (prior IRS approval required)			
Other distributions (describe in Part VI). See instructions.			
Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to which the	e organization is respon	sive	
(provide details in Part VI). See instructions.			
Distributable amount for 2019 from Section C, line 6			
Line 8 amount divided by line 9 amount		(11)	
	(i)	(ii)	(iii) Distributshis
Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
		Pre-2019	Amount for 201
Distributable amount for 2019 from Section C, line 6			
Underdistributions, if any, for years prior to 2019			
(reasonable cause required - explain in Part VI). See			
instructions.			
Excess distributions carryover, if any, to 2019			
From 2014			
From 2015			
From 2016			
From 2017			
From 2018			
Total of lines 3a through e			
Applied to underdistributions of prior years			
Applied to 2019 distributable amount			
Carryover from 2014 not applied (see instructions)			
Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
Distributions for 2019 from			
Section D, line 7: \$			
Applied to underdistributions of prior years			
Applied to 2019 distributable amount			
Remainder. Subtract lines 4a and 4b from 4.			
Remaining underdistributions for years prior to 2019, if			
any. Subtract lines 3g and 4a from line 2. For result			
greater than zero, explain in Part VI . See instructions.			
Remaining underdistributions for 2019. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
Excess distributions carryover to 2020. Add lines 3j and 4c.			
Breakdown of line 7:			
Excess from 2015			
E			
E (0017			
F (0040			
Excess from 2018 Excess from 2019			

Schedule A (Form	^{m 990 or 990-EZ) 2019} Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
Fait VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEI	DULE D
(Form	990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

- 🕨	Go to www.irs.gov/Form990 for instructions and the latest information.	

NORTHINEST VEG 33-1074344 Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other advised funds 1 Total number at end of year (a) Donor advised funds (b) Funds and other advised funds (c) Funds and other advised funds 3 Aggregate value of contributions to (during year) (c) Donor advised funds (c) Funds and other advisor advisor in writing that the assets held in donor advisor of grants from (during year) 4 Aggregate value of grants from (during vear) (c) Donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all granteles, 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 conferring impermissible private benefit? Part II Conservation Easements. (C) Preservation of a historically important land Propose(s) of conservation easements held by the organization (check all that apply). (c) Preservation of a certified historic structure included in (a) (c) Preservation of open space (c) Complete if the organization held a qualified conservation contribution in the form of a conservation easements 2 Complete if the organizatio	accounts
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 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 of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? PartIII Conservation Easements. Complete if the organization indom any granization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure instructure instructure instructure instructure instructure instructure instructure instructure included in (a) 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements 2 Complete lines 2a through 2d if the organization held a fundier 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, exting	
1 Total number at end of year (a) Donor advised funds (b) Funds and othe 2 Aggregate value of contributions to (during year) (b) Funds and othe 3 Aggregate value of contributions to (during year) (c) 4 Aggregate value at end of year (c) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised (c) 6 Did the organization inform all donors and donor advisors in writing that grant funds can be used (c) 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used (c) 9 Dronservation Easements. (c) (c) Conservation Easements. Conservation easements held by the organization (check all that apply). Preservation of a historically important lanc 1 Portpose(s) of conservation easements held by the organization (check all that apply). Preservation of a conservation 1 Preservation of public use (e.g., recreation or education) Preservation of a conservation 1 Preservation of point public use (e.g., recreation or education) Preservation of a conservation 2 Complete lines 2.2 through 2.4 if the organization held a qualified conservation contribution in the form of a conservation <	
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	Yes 🗌 No
 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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 conferring impermissible private benefit? Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a natural habitat Preservation of a natural habitat Preservation of a one space Complete lines 2a through 2d if the organization held a qualified conservation constribution in the form of a conservation easements total acreage restricted by conservation easements total acreage restricted by conservation easements total acreage restricted by conservation easements total number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Aumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enf	Yes 🗌 No
 Aggregate value of grants from (during year) Aggregate value at end of year 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? 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 conferring impermissible private benefit? Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a natural habitat Preservation of a natural habitat Preservation of a one space Complete lines 2a through 2d if the organization held a qualified conservation constribution in the form of a conservation easements total acreage restricted by conservation easements total acreage restricted by conservation easements total acreage restricted by conservation easements total number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Aumber of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the year Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enf	Yes 🗌 No
4 Aggregate value at end of year	Yes 🗌 No
 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? 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 conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of and for public use (e.g., recreation or education) Preservation of a conservation easements Preservation of a conservation easements Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements c Number of conservation easements c Number of conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic conservation deasements modified, transferred, released, extinguished, or terminated by the organization during the tax year 3 Number of states where property subject to conservation easement is located Case where more not the conservation easement is located Case where no servation easements withing the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements witholds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year § Coese each con	Yes 🗌 No
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 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 conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2d 2d 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of conservation easements included in (a) conservation easements induced in the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 5 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	
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 violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 	
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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) 	Yes 🗌 No
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	
 \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 	
 \$ B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)	
	Yes 🗌 No
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 describes the	
organization's accounting for conservation easements.	
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works	
of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 FASB ASC 958, to report in its revenue statement and balance sheet works of 	
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	
provide the following amounts relating to these items:	
(i) Revenue included on 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, provide the following amounts required to be reported under EASE ASC 058 relating to those items:	
following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	
a Revenue included on Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	

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

	lle D (Form 990) 2019 NORTHWEST VEG							33-107			-	ge 2
Pa	t III Organizations Maintainin	g Col	lections of	Art, His	torical T	reasures	, or O	ther Similar /	Assets	(cor	ntinu	ed)
3	Using the organization's acquisition, accession	n, and o	other records, c	heck any o	of the follow	ing that mak	e signific	ant use of its				
	collection items (check all that apply):											
а	Public exhibition			d	Loan d	or exchange	programs	5				
b	Scholarly research			е	Other							
с	Preservation for future generations											
4	Provide a description of the organization's col	lections	and explain ho	w thev furt	her the ora	anization's ex	kempt pu	irpose in Part				
-	XIII.			·····, ····								
5	During the year, did the organization solicit or	receive	donations of a	rt historica	l treasures	or other sim	ilar					
Ū	assets to be sold to raise funds rather than to								Г	Yes		No
Pa	t IV Escrow and Custodial Arra			or the erge								
	Complete if the organization			on Form	990. Pa	rt IV. line	9. or re	eported an am	nount d	n Fo	rm	
	990, Part X, line 21.						0, 01 1					
1a	Is the organization an agent, trustee, custodia	n or oth	er intermedian	/ for contrib	utions or o	ther assets n	ot					
Ia									Г	Voc		No
h	If "Yes," explain the arrangement in Part XIII a									163		NU
b				ing table.				Δ	mount			
•	Beginning balance						. 10		mount			
с С	Doginining balance											
d	, laaniono aannig ino joan											
e	Distributione darmig the year							-				
f												
2a	Did the organization include an amount on Fo						-			Yes	H	No
b	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds.	Спеск г	here if the expla	ination has	been prov	ded on Part	XIII					
Fai	Complete if the organization	onew	orod "Voc"	on Earm	000 Do	rt IV line	10					
		(a)	Current year	(b) Pri	or year	(c) Two year	s back	(d) Three years bac	k (e)	Four ye	ears ba	ck
1a	Beginning of year balance • • • • •											
b	Contributions											
С	Net investment earnings, gains, and											
	losses											
d	Grants or scholarships											
е	Other expenditures for facilities and											
	programs · · · · · · · · · · · · · · · · · · ·											
f	Administrative expenses • • • • • •											
g	End of year balance											
2	Provide the estimated percentage of the curre	-		-	ımn (a)) he	ld as:						
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
С	Term endowment											
	The percentages on lines 2a, 2b, and 2c show	uld equa	al 100%.									
3a	Are there endowment funds not in the posses	sion of	the organization	n that are h	eld and ad	ministered fo	or the			_		
	organization by:								_	<u> </u>	'es	No
	(i) Unrelated organizations								•• 3	a(i)		
	(ii) Related organizations	• • • •							3	a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions lis	ted as required	on Schedu	ıle R? •				•• L	3b		
4	Describe in Part XIII the intended uses of the	<u> </u>		nent funds.								
Pa		-		_								
	Complete if the organization	answ	vered "Yes"	on Form	<u>990, Pa</u>	rt IV, line	<u>11a. S</u>	ee Form 990,	Part >	(, line	e 10.	
	Description of property		(a) Cost or othe (investme			r other basis other)		Accumulated epreciation	(d)	Book v	alue	
1a	Land											
b	Buildings											
с	Leasehold improvements											
d	Equipment					1,275					1,2	75
e	Other					, = : =					,=	
Tota	Add lines 1a through 1e. (Column (d) must e	qual Fo	orm 990, Part X	, column (E	3), line 10c.)					1,2	75
EEA	· · · · · ·			· · ·					Schedu			

Part VII	Complete if the organization answered "	'Yes" on Fori	m 990, Part I	V, line 11b. See	e Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book valu		(c) Method of valuation: Cost or end-of-year market value
(1) Financial de	erivatives · · · · · · · · · · · · · · · · · · ·				
2) Closely-hel	d equity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	(b) must equal Form 990, Part X, col. (B) line 12.)	••••			
Part VIII	Investments - Program Related. Complete if the organization answered "	'Yes" on Fori	m 990, Part I	V, line 11c. See	e Form 990, Part X, line 13.
	(a) Description of investment		(b) Book valu	e	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column Part IX	(b) must equal Form 990, Part X, col. (B) line 13.) • Other Assets.				
	Complete if the organization answered		n 990, Part I	v, line 11a. See	
(4)	(a) Desc	ription			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
<u>(8)</u> (9)					
	(b) must equal Form 990, Part X, col. (B) line 15.)				
Part X	Other Liabilities.				· •
	Complete if the organization answered " line 25.	'Yes" on Fori	m 990, Part I	V, line 11e or 1	1f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book v	alue		
(1) Federal in					
(2PAYROLL			(7)		
(3)	-				
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
) must equal Form 990, Part X, col. (B) line 25.) • 🕨		(7)		
	ncertain tax positions. In Part XIII, provide the text of t	he footnote to th		financial statements	s that reports the
-	ability for uncertain tax positions under FASB ASC 74		-		
<u></u>	,			pro	

Page 3

33-1074344

Schedule D (Form 990) 2019

NORTHWEST VEG

	ule D (Form 990) 2019 NORTHWEST VEG	33-1074344	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments · · · · · · · · · · · · · · · · · · ·		
b	Donated services and use of facilities ••••••••••••••••••••••••••••••••••••		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities ••••••••••••••••••••••••••••••••••••		
b	Prior year adjustments • • • • • • • • • • • • • • • • • • •		
С	Other losses		
d	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
b	Other (Describe in Part XIII.) ••••••••••••••••••••••••••••••••••		
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Pa	rt 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.

SCHEDULE G	Supplemer	ntal Information	on Regard	ding Fund	draising or Gan	ning Act	tivities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete				990, Part IV, line 17, 18		f the	2019
Department of the Treasury		► At	ttach to Form	990 or Form				Open to Public
Internal Revenue Service	►G	o to www.irs.gov/F	orm990 for ins	structions and	the latest informatio	n.	Employor ida	Inspection ntification number
Ũ								
NORTHWEST VEG	na Activitios	Complete if t	he organiz	ration ane	wered "Yes" on	Form 00		74344 line 17
	-	t required to co	-		weled les off	1 0111 99	o, Faitiv,	
1 Indicate whether the		•	•	•	s. Chock all that ann	h.,		
a Mail solicitations	organization raise	a funds through a	· _	U	non-government gra	,		
b Internet and email	solicitations				government grants	1113		
c Phone solicitations			=		aising events			
d In-person solicitation			g ∐ S	special futiul	aising events			
2a Did the organization h		oral agreement wit	h anv individu	al (including	officers directors tri	istees		
or key employees list		0	2	. 0				es 🗌 No
b If "Yes," list the 10 high	-	, ,			•			
compensated at least			laraisers) pui	Suarre to agre				
compensated at least		gamzation.						
			(11) Did fun			(v) Am	ount paid to	
(i) Name and address of		(ii) Activity	(iii) Did fund	raiser nave	(iv) Gross receipts	(or re	tained by)	(vi) Amount paid to (or retained by)
or entity (fundra	iser)	(ii) / County		outions?	from activity		ser listed in ol. (i)	organization
			Yes	No			oi. (i)	
1			163					
•								
2								
-								
3								
4								
5								
6								
7								
8								
9								
10								
					ļ			
Total · · · · · · · · · · · ·		<u></u>		🕨				
3 List all states in which	the organization i	is registered or lice	ensed to solici	it contributior	ns or has been notifie	ed it is exer	npt from	

registration or licensing.

NORTHWEST VEG

33-1074344 Page 2

Schedule G (Form 990 or 990-EZ) 2019
Part II
Fundraising E Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more 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

		gross receipts greater than	+-,			
			(a) Event #1 RACE/TOFURKY	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		-	(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	44,157		4,954	49,111
-	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2) • • • • • • • • • • • • • • • • • •	44,157		4,954	49,111
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs • • • • • • •	7,513			7,513
ct Exp	7	Food and beverages • • • • •				
Dired	8	Entertainment · · · · · · · ·				
	9	Other direct expenses	12,393		2,449	14,842
	10	Direct expense summary. Add lines	l through 9 in column (d)			22,355
		Net income summary. Subtract line 1	Officers line Ocean lines (a)			26,756
	11					20,750
Pa	11 rt II	Gaming. Complete if the c	organization answered '			more than
Pa			organization answered '	'Yes" on Form 990, Part		more than
		Gaming. Complete if the c	organization answered '			(d) Total gaming (add col. (a) through col. (c))
Revenue B	rt II	Gaming . Complete if the c \$15,000 on Form 990-EZ,	organization answered ' line 6a.	"Yes" on Form 990, Part	t IV, line 19, or reported i	more than (d) Total gaming (add
		Gaming. Complete if the c	organization answered ' line 6a.	"Yes" on Form 990, Part	t IV, line 19, or reported i	more than (d) Total gaming (add
Revenue	rt II	Gaming . Complete if the c \$15,000 on Form 990-EZ,	organization answered ' line 6a.	"Yes" on Form 990, Part	t IV, line 19, or reported i	more than (d) Total gaming (add
Revenue	<u>rt II</u>	Gaming. Complete if the c \$15,000 on Form 990-EZ, Gross revenue	organization answered ' line 6a.	"Yes" on Form 990, Part	t IV, line 19, or reported i	more than (d) Total gaming (add
	<u>1</u>	Gaming. Complete if the c \$15,000 on Form 990-EZ, Gross revenue	organization answered ' line 6a.	"Yes" on Form 990, Part	t IV, line 19, or reported i	more than (d) Total gaming (add
Revenue	<u>rt II</u> 1 2 3	Gaming. Complete if the c \$15,000 on Form 990-EZ, Gross revenue Cash prizes Noncash prizes	organization answered ' line 6a.	"Yes" on Form 990, Part	t IV, line 19, or reported i	more than (d) Total gaming (add
Revenue	rt II 1 2 3 4	Gaming. Complete if the c \$15,000 on Form 990-EZ, Gross revenue Cash prizes Noncash prizes Rent/facility costs	organization answered ' line 6a.	"Yes" on Form 990, Part	t IV, line 19, or reported i	more than (d) Total gaming (add
Revenue	rt II 1 2 3 4 5	Gaming. Complete if the c \$15,000 on Form 990-EZ, Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	riganization answered ' line 6a. (a) Bingo	"Yes" on Form 990, Part	t IV, line 19, or reported i (c) Other gaming	more than (d) Total gaming (add
Revenue	rt II 1 2 3 4 5 6	Gaming. Complete if the organization (\$15,000 on Form 990-EZ, \$15,000 on Form 990,000 o	rganization answered ' line 6a. (a) Bingo	"Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo	t IV, line 19, or reported i (c) Other gaming	more than (d) Total gaming (add
Revenue	rt II 2 3 4 5 6 7 8 En Ist	Gaming. Complete if the or \$15,000 on Form 990-EZ, Gross revenue Cash prizes Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2	rganization answered ' line 6a. (a) Bingo (a) Bingo Ves% No through 5 in column (d) act line 7 from line 1, column on conducts gaming activition	"Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo Yes% No 	t IV, line 19, or reported i (c) Other gaming	more than (d) Total gaming (add col. (a) through col. (c))
but contract Expenses Revenue	rt II 2 3 4 5 6 7 8 En Ist	Gaming. Complete if the organization licensed to conduct gamma	rganization answered ' line 6a. (a) Bingo (a) Bingo Ves% No through 5 in column (d) act line 7 from line 1, column on conducts gaming activition	"Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo Yes% No 	t IV, line 19, or reported i (c) Other gaming (c) Other gaming	more than (d) Total gaming (add col. (a) through col. (c))
eot Expenses Revenue	rt II 1 2 3 4 5 6 7 8 8 8 8 8 5 6 7 8 8 5 6 7 8 8 1 1 1 1 2 3 4 5 6 7 8 8 1 1 1 1 2 3 4 5 7 8 111111111111111111111111111111111	Gaming. Complete if the organization licensed to conduct gamma	rganization answered ' line 6a. (a) Bingo (a) Bingo Yes% No through 5 in column (d) act line 7 from line 1, colum on conducts gaming activitie aming activities in each of th	"Yes" on Form 990, Part (b) Pull tabs/instant bingo/progressive bingo Pres% Pres% No	t IV, line 19, or reported i (c) Other gaming (c) Other gaming Yes% No	more than (d) Total gaming (add col. (a) through col. (c))

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. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047
2019
Open to Public
Inspection
Employer identification number

33-1074344

Name of the organization NORTHWEST VEG

Department of the Treasury

Internal Revenue Service

01. Officer, directors, etc. family relationship (Part VI, line 2)

THERE ARE TWO INDIVIDUALS ON THE BOARD THAT ARE RELATED. HEATHER WILLIAMS CURRENTLY

SERVES AS PRESIDENT AND JASON WILLIAMS IS THE SECRETARY ON THE BOARD.

02. Organizational document changes (Part VI, line 4)

NORTHWEST VEG REVISED ITS BYLAWS ON JUNE 16, 2019. SIGNIFICANT CHANGES TO THE BYLAWS

INCLUDED SPECIFICATION OF THE NUMBER OF BOARD OF DIRECTOR MEMBERS. THE BOARD SHALL CONSIST

OF AT LEAST THREE BOARD MEMBERS: PRESIDENT, SECRETARY AND TREASURER AND THESE MEMBERS

SHALL BE REFERRED TO AS DIRECTORS.

03. Members or stockholder classes and rights (Part VI, line 6)

NORTHWEST VEG IS ORGANIZED AS A NONPROFIT CORPORATION WITH ONE CLASS OF MEMBER.

04. Member election for additional members (Part VI, line 7a)

NW VEG ALLOWS ALL MEMBERS IN GOOD STANDING TO PARTICIPATE IN THE ANNUAL ELECTION OF BOARD

MEMBERS.

05. Committee meeting documentation (Part VI, line 8b)

NORTHWEST VEG REVISED ITS BYLAWS ON JUNE 16, 2019. SIGNIFICANT CHANGES TO THE BYLAWS

INCLUDE SPECIFICATION OF THE NUMBER OF BOARD OF DIRECTOR MEMBERS. THE BOARD SHALL CONSIST

OF AT LEAST THREE BOARD MEMBERS: PRESIDENT, SECRETARY AND TREASURER AND THESE MEMBERS

SHALL BE REFERRED TO AS DIRECTORS.

06. Form 990 governing body review (Part VI, line 11)

NORTHWEST VEG BOARD WILL REVIEW THE FORM 990 BEFORE IT IS FILED.

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization	Employer identification number	
NORTHWEST VEG	33-1074344	

07. Conflict of interest policy compliance (Part VI, line 12c)

NW VEG INPLEMENTED A CONFLICT OF INTEREST POLICY IN JUNE 2017. PERSONS COVERED UNDER THE

POLICY INCLUDE ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST. LEVEL AT WHICH

THE DETERMINATION OF WHETHER A CONFLICT EXISTS IS THE BOARD OF DIRECTORS. LEVEL AT WHICH

THE DETERMINATION OF CONFLICTS ARE REVIEWED IS THE BOARD OF DIRECTORS. RESTRICTIONS

IMPOSED ON PERSONS WITH A CONFLICT INCLUDE MAKING A PRESENTATION TO THE BOARD AND THEN

REMOVING THEMSELVES TO ALLOW BOARD DISCUSSION OR VOTE. BOARD WILL DETERMINE IF A MORE

ADVANTAGEOUS TRANSACTION IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A

CONFLICT OF INTEREST. DECISION WILL BE MADE AS TO WHETHER THE TRANSACTION IS

FAIR/REASONABLE.

08. Governing documents, etc, available to public (Part VI, line 19)

DOCUMENTS ARE AVAILABLE FOR REVIEW ON THE ORGANIZATION WEB SITE.

09. Significant program services not listed on prior year return (Part III, line 2)

NORTHWEST VEG ADDED A FAMILY AND CHILDREN PROGRAM AND RECEIVED \$24,240 IN GRANT MONEY TO

ASSIST IN LAUNCHING THE PROGRAM. THE FAMILY & KIDS PROGRAM PROVIDES PLANT-BASED EDUCATION

AND BUILDS COMMUNITY FOR YOUTH AND PARENTS INTERESTED IN MAKING VEGAN CHOICES.

10. List of other expenses (Part IX, line 24e)

BANK CHARGES

COOKING DEMOS

DUES AND SUBSCRIPTIONS

<u>GIFTS</u>

MEALS/DINEOUTS

Schedule O (Form 990 or 990-EZ) (2019)	Page 2	
Name of the organization	Employer identification number	
NORTHWEST VEG	33-1074344	
MEMBERSHIP INCENTIVES		
POSTAGE		
PRINTING AND REPRODUCTION		
PROGRAM FILM PRODUCTION EXPENSES		
PROGRAM SUPPLIES		
SMALL EQUIPMENT		
TELEPHONE		
VEGFEST MERCHANDISE		
EDUCATIONAL MATERIALS		
11. General explanation attachment		

THE ORGANIZATION CHANGED IT'S NAME FROM NORTHWEST VEGETARIAN EDUCATION GROUP TO NORTHWEST

VEG IN 2014 BY PROPER FILING WITH THE IRS. HOWEVER, THE INTERNAL REVENUE SERVICE TAX

EXEMPT ORGANIZATION SEARCH LOOKUP DOES NOT REFLECT THIS NAME CHANGE.

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990 **2019** Page 1 **Overflow Statement** FEIN Name(s) as shown on return NORTHWEST VEG 33-1074344 PART VIII - STATEMENT OF REVENUE, LINE 1F Description Amount CONTRIBUTIONS \$ POTLUCK CONTRIBUTIONS VEGAN MOVIE PROJECT Total: \$ GROSS INCOME FROM FUNDRAISING EVENTS Description Amount RACE/TOFURKY TROT \$ 44,157 BANQUET BUSINESS SPONSOR MISC SMALL EVENTS BINGO Total: \$ 49,111 LINE 7, OTHER WAGES Description Amount \$ 62,677 OREGON WASHINGTON 70,334 Total: \$ INFORMATION TECHNOLOGY Description Amount SOFTWARE INCL ADOBE, QBO, SOCIAL MEDIA \$ ONLINE SERVICES Total: \$ INTEREST Description Amount MERCHANT SERVICES \$ \$ Total:

4,820

1,746

7,657

2,131

1,518 3,649

3,007

3,007

250

253 2,705

810

45 <u>5,6</u>75

Overflow Statement

Name(s) as shown on return

NORTHWEST VEG

ALL OTHER EXPENSES - PROGRAM SERVICES

Description		Amount
BANK CHARGES		\$ 30
COOKING DEMOS		2,277
DUES AND SUBSCRIPTIONS		478
GIFTS		221
MEALS/DINEOUTS		13
MEMBERSHIP INCENTIVES		1,464
POSTAGE		136
PRINTING AND REPRODUCTION		1,430
PROGRAM FILM PRODUCTION EXPENSES		4,000
PROGRAM SUPPLIES		3,328
SMALL EQUIPMENT		424
TELEPHONE		152
VEGFEST MERCHANDISE		3,885
EDUCATIONAL MATERIALS		9
	Total:	\$ 17,847

OTHER DIRECT EXPENSES

Description		Amount	
ADVERTISING		\$	828
CONTRIBUTIONS TO OTHER ORGANIZATIONS			2,907
MERCHANDISE, T SHIRTS			5,963
MERCHANT FEES			715
WAGES			1,980
	Total:	\$	12,393

ALL OTHER EXPENSES

990

2019 Page 2

FEIN

33-1074344