

Form 990

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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

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



AF	or th	e 2020 calendar year, or tax year beginning and o	ending		
B c a	heck if pplicab	e: C Name of organization		D Employer identific	ation number
	Addre	SUSTAINABLE NORTHWEST			
	Name			93-115222	22
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			(503) 223	L-6911
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,889,455.
	Amen	PORILAND, OR 97205		H(a) Is this a group re	
	Applie tion pendi	F Name and address of principal officer: GREG BLOCK		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: $X = 501(c)(3)$ $501(c)()$ $94(a)(1) = 501(c)()$	or 527	1 '	list. See instructions
		te: WWW. SUSTAINABLENORTHWEST . ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1994 N	State of legal domicile: OR
Pa	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities:			
anc		PEOPLE, IDEAS, AND INNOVATION TOGETHER SO			
Governance	2	Check this box if the organization discontinued its operations or dispos		I . I	ets. 17
200	3				17
	4	Number of independent voting members of the governing body (Part VI, line 1b)			15
ties	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			13
Activities &	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		2,361,051.	4,310,932.
Revenue	9	Program service revenue (Part VIII, line 2g)		408,980.	393,976.
evel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		532.	177,466.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-25,706.	7,081.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,744,857.	4,889,455.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,238,275.	1,414,226.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
e de	b	Total fundraising expenses (Part IX, column (D), line 25) 172,44			
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,070,408.	782,087.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,308,683.	2,196,313.
	19	Revenue less expenses. Subtract line 18 from line 12		436,174.	2,693,142.
s or			Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		2,367,303.	4,963,618.
Net Assets (Fund Balanc	21	Total liabilities (Part X, line 26)		213,745.	116,918.
ER International	22	Net assets or fund balances. Subtract line 21 from line 20		2,153,558.	4,846,700.
I Pa	nrt II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		[Date				
Here	GREG BLOCK, PRESIDENT							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	GERARD DEBLOIS			self-employed P01287653				
Preparer	Firm's name MCDONALD JACOBS ,		F	Firm's EIN 🕨 93-0900579				
Use Only	Firm's address 🖕 520 SW YAMHILL S	T., STE 500						
	PORTLAND, OR 972	04	F	Phone no. (503) 227-0581				
May the IRS discuss this return with the preparer shown above? See instructions								
032001 12-2	D32001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2020)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	SUSTAINABLE NORTHWEST till Statement of Program Service Accomplishments	93-1152222 Page
. a.	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	SUSTAINABLE NORTHWEST BRINGS PEOPLE, IDEAS, AND	INNOVATION TOGETHER SO
	THAT NATURE, LOCAL ECONOMIES, AND RURAL COMMUNI	TIES CAN THRIVE.
2	Did the organization undertake any significant program services during the year which were n	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any	program services? Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest pro	gram 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 \$609,036. including grants of \$) (Revenue \$ 153,588.
	FORESTS: DECADES OF FIRE SUPRESSION AD LITIGATI	
	LEFT DEGRADED FORESTS AND DYING TOWNS. THERE IS	
	INCREASE THE PACE AND SCALE OF REFORESTATION PE THAT MAKE OUR FORESTS RESILIENT TO THE INCREASE	-
	WILDFIRE, INSECTS, AND DISEASE. SUSTAINABLE NOT	
	CONVERSATION TO "JOBS FOR THE ENVIORMENT" BY E	
	TO CREATE DURABLE SOLUTIONS THAT RESTORE OUR NO	
	RANGELANDS: DECADES OF FIRE SUPRESSION HAVE ALL OVERTAKE RANGLEANDS, USING PRECIOUS WATER, AND SAGE, GROUSE, AND OTHER WILDLIFE. BY SUSTAINABL	DESTROYING HABITAT FOR
	JUNIPER WE ARE RESTORING RANGELANDS TO THEIR NA	
	RETURNING MORE WATER AND A HEALTH WILDLIFE HABI	TAT TO THE HIGH DESERT.
4c	(Code:) (Expenses \$151,852. including grants of \$) (Revenue \$38,294.
	ENERGY: IMPLEMENTATION OF LOCAL ENERGY SYSTEMS	
	HAMPERED BY THE LACK OF COORDINATED PLANNING, T FINANCIAL AND SOCIAL BARRIERS. WITH OUR ON-THE-	· · · · ·
	COMMUNITY LEADERS, SUSTAINABLE NORTHWEST IS DEV	
	SOLUTIONS THROUGH A COLLABORATIVE COMMUNITY-BAS	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 555, 734. including grants of \$) (Revi	enue \$ 140,146.)
4e	Total program service expenses ► 1,590,348.	
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Form	990	(2020)

Form 990 (2020) SUSTAINABLE NORTHWEST
Part 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		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
_	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	_		v
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		<u></u>
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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		X
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		<u> </u>
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	17		<u> </u>
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		<u> </u>
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X (2020)
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Form	990	(2020)
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rd	t IV Checklist of Required Schedules (continued)			
			V-	
~			Yes	No
2	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
2	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
3	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	23		x
12	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
40	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	any tax-exempt bonds?	24c		
Ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
Ja		25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	258		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
6	Schedule L, Part I	250		- 23
6	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? <i>If</i> "Yes," <i>complete Schedule L. Part II</i>	26		x
-		20		
7	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	07		x
0	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		
8	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? <i>If</i>	000		x
Ŀ.	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		x
~	"Yes," complete Schedule L, Part IV	28c		л Х
9	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		X
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			- -
_	Schedule N, Part II	32		X
3	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
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77	
_	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
6	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		X
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
1	Note: All Form 990 filers are required to complete Schedule O	38	Х	
-ai	Note: All Form 990 filers are required to complete Schedule O 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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 55	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
~	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C		1 4 -	l I	
с 	(gambling) winnings to prize winners?	1c		
	(gambling) winnings to prize winners?		990	(2020

Form	990 (2020) SUSTAINABLE NORTHWEST 93-1152 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 93-1152	222	P	age 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		103	
20	filed for the calendar year ending with or within the year covered by this return 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
, D	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to $e-file$ (see instructions)	2.5		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	0.0		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country	10		
	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
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
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		<u> </u>
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		L
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		L
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	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			
	Enter the amount of reserves on hand	14-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	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
	excess parachute payment(s) during the year?	15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		
			000	

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Form 990	(2020)
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SUSTAINABLE NORTHWEST

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

93-1152222 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

					Yes	4
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	17			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	17	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		-
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		-
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		-
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		-
6	Did the organization have members or stockholders?			6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap					
	more members of the governing body?			7a		-
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		•			
	persons other than the governing body?			7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		-			
	The governing body?			8a	X	-
b	Each committee with authority to act on behalf of the governing body?			8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		-
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code.)			-
					Yes	
	Did the organization have local chapters, branches, or affiliates?			10a		-
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before	filing the form?	<u>11a</u>	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	,			v	
	in Schedule O how this was done			12c	X	-
	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	Ī
15	Did the process for determining compensation of the following persons include a review and approva	i by ind	ependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4-	x	
	The organization's CEO, Executive Director, or top management official			15a		-
b	Other officers or key employees of the organization			15b	X	Ī
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		h			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent teacher a structure of the set is a str			40		
	taxable entity during the year?			<u>16a</u>		j
α	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	-	-			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			164		
Sect	exempt status with respect to such arrangements?			16b	1	•
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright OR					
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 000-	Γ (Section 501(c)(3)	s only)	availa	-
	for public inspection. Indicate how you made these available. Check all that apply.			s onny)	avanc	2
	X Own website Another's website X Upon request Other (explain	on Sci	adula ()			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	finan	cial	
19	statements available to the public during the tax year.		interest policy, and			
19						
		ks and	records			-
	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	State the name, address, and telephone number of the person who possesses the organization's boo THE ORGANIZATION - (503) 221-6911	ks and				_

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Form 990 (2020) SUSTAINABLE NORTHWEST	93-1152222 Page 7				
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated					
Employees, and Independent Contractors					
Check if Schedule O contains a response or note to any line in this Part VII					
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees					
1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.					
 List all of the organization's current officers, directors, trustees (whether individuals or organiz 	ons), 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.

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

(A)	(B)	(C)					(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than one				ane	Reportable	ortable Reportable		
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of	
	week		cer ar I	id a d	Irecto	r/trus I	tee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the	
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC)		organization and related	
	below	ual tr	tional		yolqr	t con	_			organizations	
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizationo	
(1) GREG BLOCK	40.00				-		-				
PRESIDENT		1		x				128,077.	0.	20,239.	
(2) ELAINE ALBRICH	1.00										
CHAIR		х		X				0.	Ο.	0.	
(3) JOHN ROSE	1.00										
VICE CHAIR		Х		Х				0.	0.	0.	
(4) KIMBERLY CHAMBERS	1.00										
SECRETARY		Х		Х				0.	0.	0.	
(5) ROBIN BOIES	1.00										
DIRECTOR		Х						0.	0.	0.	
(6) ALICIA DANIELS UHLIG	1.00										
DIRECTOR		Х						0.	0.	0.	
(7) JESSAMINE FITZPATRICK	1.00										
DIRECTOR		Х						0.	0.	0.	
(8) MARTIN GOEBEL	1.00									-	
DIRECTOR		Х						0.	0.	0.	
(9) DR. NORMAN K JOHNSON	1.00									-	
DIRECTOR		х						0.	0.	0.	
(10) JEFF NUSS	1.00									-	
DIRECTOR	1	Х						0.	0.	0.	
(11) DUDLEY SLATER	1.00									•	
DIRECTOR	1 00	X						0.	0.	0.	
(12) RUSS VAAGEN	1.00								0	0	
DIRECTOR	1 0 0	X						0.	0.	0.	
(13) NAT PARKER	1.00								0	0	
DIRECTOR	1 0 0	Х						0.	0.	0.	
(14) DON SAMPSON	1.00	x						0.	0.	0.	
DIRECTOR (15) ALANDO SIMPSON	1.00	^						0.	0.	0.	
DIRECTOR	1.00	x						0.	0.	0.	
(16) JOHN VON SCHLEGELL	1.00	^						0.	0.	0.	
DIRECTOR	1.00	x						0.	0.	0.	
(17) STEPHEN GOODMAN	1.00			-				```	0.	<u> </u>	
DIRECTOR		х						0.	0.	0.	
032007 12-23-20	1			1		1	1		. .	Form 990 (2020)	

7

032007 12-23-20

Form 990 (2020)

	990 (2020) SUSTAINAL	BLE NORI	'HW	IES	т					93-11	L52	222	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title		(B) Average hours per week (list any hours for related organizations below	box	not c , unle:	Pos heck i ss per id a di	more rson i irecto	Highest compensated Light of the stand stand standard sta	tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensatio from related organizations (W-2/1099-MIS	s	an com fr org and	(F) timate nount other pensa om the anizati d relate anizatio	of tion e ion ed
(10)		line)	Indiv	Insti	Officer	Key e	High emp	Former						
	JOHN WILSON CTOR	1.00	x						0.		0.			Ο.
	Subtotal								<u>128,077.</u> 0.		0.0.	2	0,23	
	-								128,077.		0.	2	0,23	
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable			-	
	compensation from the organization													1
3 4 5	Did the organization list any former officer, line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedule J</i> for s For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> " <i>Yes</i> ," <i>corr</i>	uch individual Im of reportabl 0,000? If "Yes, accrue comper	e co " co Isati	mpe mple on fr	ensa ete S rom	tion Sche any	and edule unre	oth oth Jf	ner compensation from t for such individual ed organization or indivio	ne organization		3 4 5	Yes	No X X X
Sec	tion B. Independent Contractors		501	51 31		5613	011 .				<u></u>	•	1	
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) Name and business address NONE										(C) Compensation			
2	Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lin	niteo	d to f	thos (se lis [.])	ted	above) who received mo	ore than		Form	990 (ź	2020)

	990 (2 t VIII	2020) SUS		ABLE 1	NORTHWEST			93-1152	222 Pag
	- • •					o in this Dort VIII			Г
		Check if Schedule O c	contains	a response	e or note to any lin	<u>e in this Part VIII</u>	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue exclu
						Total revenue	function revenue	business revenue	from tax und
									sections 512 -
s	1 a	Federated campaigns		1a					
and Other Similar Amounts									
õ					1 1 5 0				
Αu		Fundraising events			4,458.	-			
ar	d	Related organizations		1d					
ni		Government grants (contri		1e	698,762.				
S		All other contributions, gifts,							
P			-		C07 710				
Ę		similar amounts not included	above		<u>,607,712.</u>	-			
	g	Noncash contributions included in I	lines 1a-1f	1g \$	24,341.				
an	h	Total. Add lines 1a-1f				4,310,932.			
					Business Code				
	-					211 256	214 256		
	2 a	CONTRACTS			900099	214,356.	214,356.		
٥	b	CERTIFICATION	FEE	5	900099	179,620.	179,620.		
Revenue	с								
ve	d								
Re	u								
	е								
	f	All other program service	revenue						
	g	Total. Add lines 2a-2f			►	393,976.			
	3	Investment income (includ							
	•		•			30,733.			30,73
		other similar amounts)							50,75
	4	Income from investment o	of tax-exe	mpt bond	proceeds				
	5	Royalties	. <u></u>		🕨				
				(i) Real	(ii) Personal				
	6 2	Gross rents	6a	6,680					
	b	Less: rental expenses	6b	0		-			
	С	Rental income or (loss)	6c	6,680	•				
	d	Net rental income or (loss))		►	6,680.	6,680.		
		Gross amount from sales of		Securities	(ii) Other				
	<i>i</i> a				146,733.				
		assets other than inventory	7a		<u>140,755</u> .	-			
	b	Less: cost or other basis							
2		and sales expenses	7b		0.				
222	c	Gain or (loss)			146,733.				
						146,733.			146,73
		Net gain or (loss)			····· 🕨	140,755.			140,75
	8 a	Gross income from fundraisin	ng events	(not					
5		including \$4	.,458	• of					
		contributions reported on							
		•	,		a 0.				
		Part IV, line 18			-	-			
		Less: direct expenses			ы 0.				
	с	Net income or (loss) from t	fundraisii	ng events	▶	0.			
		Gross income from gamin							
	- 4								
	~	Part IV, line 19				-			
	b	Less: direct expenses		9	b				
	С	Net income or (loss) from	gaming a	ctivities_	<u></u>				
	10 a	Gross sales of inventory, le	ess retur	ns					
	-)a				
	-	and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from	sales of i	nventory	<u> </u>				
Γ					Business Code				
	11 -	EXPENSE REIMB	URSEN	NENTS	900099	401.	401.		
пe					500055	<u> </u>	<u> </u>		
en	b								
ev	с								
	h	All other revenue							
Ċ						401.			
Revenue	-	Total Add lines 11s 11				. +			
	<u>e</u> 12	Total. Add lines 11a-11d Total revenue. See instruction				4,889,455.	401,057.	0.	177,46

9

	Check if Schedule O contains a respons	se or note to any line in	this Part IX	(0)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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	148,316.	102,073.	29,660.	16,583.
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	1,005,534.	692,024.	201,087.	112,423.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	160,829.	110,685.	32,163.	17,981,
10	Payroll taxes	99,547.	68,510.	19,907.	<u>17,981.</u> 11,130.
11	Fees for services (nonemployees):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
a	Management				
	Legal				
	Accounting	14,500.		14,500.	
	Lobbying			-	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	573,044.	535,370.	37,674.	
12	Advertising and promotion				
13	Office expenses	40,409.	390.	37,687.	2,332.
14	Information technology				
15	Royalties	CO 505	50 640	11 000	
16	Occupancy	68,785.	50,640.	11,880.	6,265.
17	Travel	18,349.	16,731.	497.	1,121.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	13,667.	8,913.	3,095.	1,659.
19 20	Conferences, conventions, and meetings	13,007.	0,913.	5,095.	1,059.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,201.		6,201.	
23	Insurance	8,109.		8,109.	
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 0.)				
а	LICENSES AND FEES	30,040.	2,932.	24,709.	2,399.
b					
с					
d					
	All other expenses	8,983.	2,080.	6,350.	553.
25	Total functional expenses. Add lines 1 through 24e	2,196,313.	1,590,348.	433,519.	172,446.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here Fight following SOP 98-2 (ASC 958-720)				
					E 000 (2000)

SUSTAINABLE NORTHWEST Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX

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Form 990 (2020)

X

SUSTAINABLE NORTHWEST Part X Balance Sheet

		Check if Schedule O contains a response or no	te to any li	ne in this Part X			
		Offect in Schedule O contains a response of ho	te to any n		(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			115,961.	1	93,468.
	2	Savings and temporary cash investments			662,317.	2	2,222,075.
	3	Pledges and grants receivable, net			561,500.	3	1,599,736.
	4				178,944.	4	195,169.
	5	Loans and other receivables from any current o				-	
	-	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the				5	
	6	Loans and other receivables from other disqual					
		under section 4958(f)(1)), and persons describe		6			
s	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			880.	8	880.
As	9	B			18,638.	9	21,097.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	66,190.			
	b	Less: accumulated depreciation		34,997.	29,063.	10c	31,193.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		800,000.	15	800,000.	
	16	Total assets. Add lines 1 through 15 (must equ			2,367,303.	16	4,963,618.
	17	Accounts payable and accrued expenses			213,745.	17	116,918.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
Se	22	Loans and other payables to any current or forr	ner officer,	, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial con	tributor, or 35%			
iabi		controlled entity or family member of any of the		F		22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate		F		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	s 17-24). C	Complete Part X			
		of Schedule D		······		25	110 010
	26	Total liabilities. Add lines 17 through 25		N 77	213,745.	26	116,918.
s		Organizations that follow FASB ASC 958, cho	eck here				
JCe		and complete lines 27, 28, 32, and 33.			1 240 000		1 612 475
alar	27	Net assets without donor restrictions	<u>1,248,009.</u> 905,549.	27	<u>1,613,475.</u> 3,233,225.		
dB	28	Net assets with donor restrictions	905,549.	28	5,255,225.		
ň		Organizations that do not follow FASB ASC 9	958, check	chere 🕨 🛄			
orF	00	and complete lines 29 through 33.				00	
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29 20	· · · · · · · · · · · · · · · · · · ·
SSE	30	Paid-in or capital surplus, or land, building, or e		F		30 31	· · · · · · · · · · · · · · · · · · ·
et⊿	31	Retained earnings, endowment, accumulated in			2,153,558.	31 32	4,846,700.
Ž	32	Total net assets or fund balances			2,367,303.	32 33	4,963,618.
	33	Total liabilities and net assets/fund balances			4,507,505.	აა	<u> </u>

93-1152222 Page 11

Form **990** (2020)

_	1990 (2020) SUSTAINABLE NORTHWEST	93-1	L52222	Pag	_{ge} 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	4,889		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,196	; , 3:	13.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,693		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,153	, 5	58.
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	4,846	,7	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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?		2 b	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:				
	X 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3 a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			200	L

SCH	IED	ULE	Α
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Department of the Treasury

Internal Revenue Service

(Form	990	or	990-	EZ)
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Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the organization	
	SUSTA

Nam	lame of the organization SUSTAINABLE NORTHWEST								identification number	
Par	41	Reason for Public (3-1152222	
							ee instructions	i.		
ſ	organ	ization is not a private found		•		,				
1		A church, convention of ch					1)(A)(i).			
2		A school described in sect								
3		A hospital or a cooperative								
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	iii). Enter	the hospital's name,	
_ [city, and state:								
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental un	It describe	ed in	
- 1		section 170(b)(1)(A)(iv). (0								
6	77	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X									
•		section 170(b)(1)(A)(vi). (C								
8		A community trust describe			-					
9		An agricultural research org	-			-		-	-	
		or university or a non-land-o	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of t	he college	or	
40		university:		Here 00 4/00/ - 6 Here						
10		An organization that norma								
		activities related to its exen		-					-	
		income and unrelated busin		(less section 511 tax) ind	in busine:	sses acqui	red by the orga	anization a	inter Julie 30, 1975.	
		See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).								
11 12		An organization organized a		•	•			a out tha	nurnesses of one or	
12		more publicly supported or	•	•	•			•	• •	
		lines 12a through 12d that	-							
а		Type I. A supporting orga				-		-	aivina	
a		the supported organization	-	-	•	-				
		organization. You must o		• • • •	majority t			3 01 116 30	ipporting	
b		Type II. A supporting org	-		ion with it	s sunnorte	d organization	(s) by hav	vina	
		control or management o	-				-		•	
		organization(s). You mus								
с		Type III functionally inte	-		in connec	tion with. a	and functionall	/ integrate	d with.	
-		its supported organization	• • • •					,		
d		Type III non-functionally						ed organiz	zation(s)	
		that is not functionally int						-		
		requirement (see instruct			•		-			
е		Check this box if the orga	,	•				, Type III		
		functionally integrated, or					51 7 51	, ,,		
f	Ente	er the number of supported o		, , , , , , , , , , , , , , , , , , , ,	0 0					
g	Pro	vide the following information	n about the supporte	ed organization(s).						
		 Name of supported 	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of	monetary	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)	
			1	1	1	1	1		1	

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 13

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93-1152222 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1204605.	2276301.	1736671.	2361051.	4310932.	11889560.
2	Tax revenues levied for the organ-						
	ization'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	1204605.	2276301.	1736671.	2361051.	4310932.	11889560.
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)						2580178.
	Public support. Subtract line 5 from line 4.						9309382.
Sec	ction B. Total Support			I	1	1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	1204605.	2276301.	1736671.	2361051.	4310932.	11889560.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	664.	300.	20,391.	7,059.	37,413.	65,827.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	- 1-0	~~ ~~-				
	assets (Explain in Part VI.)	7,172.	80,305.	74,385.	2,894.		165,157.
	Total support. Add lines 7 through 10						12120544.
	Gross receipts from related activities,	`	,			· · · · ·	,036,857.
13	First 5 years. If the Form 990 is for the		rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)	. —
<u> </u>	organization, check this box and stor						>
	tion C. Computation of Publi						76.81 %
	Public support percentage for 2020 (I		•	.,,		14	A 4 = 4
	Public support percentage from 2019					15	
108	33 1/3% support test - 2020. If the c						
Ь	stop here. The organization qualifies		-		line 15 is 22 1/20/		
0	33 1/3% support test - 2019. If the or and stop here. The organization qual						
170	· · ·				12 160 or 16b o		
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	-	
Ŀ	meets the facts-and-circumstances te	-			-	7a, and line 15 is	
0	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
10	organization meets the facts-and-circu Private foundation. If the organization				••••		
10	i mate roundation. In the organizatio	T GIG HOL CHECK & I		a, 100, 17a, 01 170		edule A (Form 990	
					JUIL		

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

93-1152222 Page 3

(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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons	L					
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020) (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)						
14 First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) orgai	nization,
check this box and stop here	-			-		
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2020 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)20 (line 10c, colu	mn (f), divided by	ine 13, column (f))		17	%
18 Investment income percentage from	2019 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and	line 17 is not
more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	tion	►
b 33 1/3% support tests - 2019. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/	'3%, and
line 18 is not more than 33 1/3%, che	ck this box and s t	t op here. The orga	anization qualifies	as a publicly suppo	orted organiza	ation
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
032023 01-25-21			_	Sch	edule A (For	m 990 or 990-EZ) 2020
		15)			

2020.05000 SUSTAINABLE NORTHWEST

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93-1152222 Page 4

1

2

Yes No

Part IV Supporting Organizations

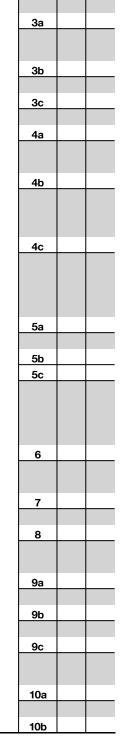
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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.
- 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 organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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 organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** 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.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination 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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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 action was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 benefited 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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).*
- **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 described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **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 line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

16

032024 01-25-21



Schedule A (Form 990 or 990-EZ) 2020

Pa	art IV Supporti	ng Organizations (continued)			
				Yes	No
11	Has the organization	on accepted a gift or contribution from any of the following persons?			
а	A person who direct	tly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the gov	erning body of a supported organization?	11a		
b	A family member o	f a person described in line 11a above?	11b		
С	A 35% controlled e	ntity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.		11c		
Sec	ction B. Type I S	upporting Organizations			
				Yes	No
1	more supported or directors, or truste effectively operated	body, members of the governing body, officers acting in their official capacity, or membership of one or ganizations have the power to regularly appoint or elect at least a majority of the organization's officers, as at all times during the tax year? If "No," describe in Part VI how the supported organization(s) d, supervised, or controlled the organization's activities. If the organization had more than one supported ibe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organiza	tions and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organizatio	n 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			
	Part VI how provid	ing such benefit carried out the purposes of the supported organization(s) that operated,			
		rolled the supporting organization.	2		
Sec	ction C. Type II S	Supporting Organizations			

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	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 managed			
	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 prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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).	2		
3	By reason of the relationship described in line 2, above, 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	3		1

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method	d that the organization used	to satisfy the Integral Part	Test during the vear	(see instructions)
		י נוומנ נוופ טוקמוווצמנוטוו עצפנ	i lu salisiy liie iiileyiai Fail	iest during the year	1000 1100 00

- 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	a governmental entity (see instruction <u>s).</u>
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17

- 2 Activities Test. Answer lines 2a and 2b 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 line 2a, above, 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 lines 3a and 3b 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? *If* "Yes" or "No" 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.* 032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

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Yes No

Schedule A (Form 990 or 990-EZ) 2020 SUSTAINABLE NORTHWEST Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in* **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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 0.015 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 0.035.	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 0.85 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-function	ally integrated	Type III supporting orga	nization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

032026 01-25-21

Par	t V Type III Non-Functionally integrated 509	a)(3) Supporting Orga	nizations (continue	<u>ed)</u>	
Secti	on D - Distributions		г. Т		Current Year
1	Amounts paid to supported organizations to accomplish exer	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	-		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	5	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Schedule A	(Form 990 or 990-EZ) 2020 St	JSTAINABLE NORT	HWEST	93-1152222 Page
Part VI	Supplemental Informat Part IV, Section A, lines 1, 2, 3 line 1; Part IV, Section D, lines	ion. Provide the explanations b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9 2 and 3; Part IV, Section E,	ns required by Part II, line 10; Part 9c, 11a, 11b, and 11c; Part IV, Sec	t II, line 17a or 17b; Part III, line 12; ction B, lines 1 and 2; Part IV, Section C, /, line 1; Part V, Section B, line 1e; Part V,
	(See Instructions.)			
32028 01-25-2	1			Schedule A (Form 990 or 990-EZ) 202

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue <u>Service</u>

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

93-1152222

	SUSTAINABI	LE NORTHWEST		
Organization type (check one):				
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization		

4947(a)(1) nonexempt charitable trust not treated as a private foundation	ation

	527	political	organization
--	-----	-----------	--------------

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

Form 990-PF

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Name of organization

93-1152222

SUSTAINABLE NORTHWEST

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>150,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>230,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>263,130.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ <u>2,625,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$258,761.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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22 2020.05000 SUSTAINABLE NORTHWEST Name of organization

Page 3

Employer identification number

93-1152222

SUSTAINABLE NORTHWEST

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

artii	Noncash i Toperty (see instructions). Ose duplicate copies of Part	in in additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	

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23 2020.05000 SUSTAINABLE NORTHWEST

Page **4**

ame of organiz	zation			Employer identification numbe		
USTAINA	BLE NORTHWEST			93-1152222		
Part III Exe fro	clusively religious, charitable, etc., contribut m any one contributor. Complete columns (a npleting Part III, enter the total of exclusively religious, e duplicate copies of Part III if additional) through (e) and the following line entr charitable, etc., contributions of \$1,000 or le	v. For organizations	nat total more than \$1,000 for the ye		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of trai	nsferor to transferee		
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
-						
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee		
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held		
Part I		(c) coc or give				
		(e) Transfer of gift				
	Transferee's name, address, a	nd ZIP + 4	Relationship of trai	nsferor to transferee		
454 11-25-20		24	Schedule	B (Form 990, 990-EZ, or 990-PF) (20		

16331112 781409 8936

2020.05000 SUSTAINABLE NORTHWEST 8936___1

SCHEDULE C	Political Campaign and Lobbying Activities
(Form 990 or 990-EZ)	

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

• Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.

• Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nan	ne of organization				Employer identif		
_		IABLE NORTHWEST				15222	2
Pa	art I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 52	7 organizatio	<u>n.</u>	
1	Provide a description of the organi	zation's direct and indirect politica	I campaign activities i	n Part IV			
2	Political campaign activity expendi				▶\$		
3	Volunteer hours for political campa						
Ŭ							
Pa	art I-B Complete if the org	ganization is exempt unde	er section 501(c)(3).			
	Enter the amount of any excise tax		er section 4955		►\$		
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955		▶\$		
	If the organization incurred a section					Yes 🗌	No
4a	a Was a correction made?				י 🗌 א	Yes 🗌	No
k	If "Yes," describe in Part IV.						
Pa	art I-C Complete if the org	ganization is exempt unde	er section 501(c),	except section 5	01(c)(3).		
1	Enter the amount directly expende	d by the filing organization for sec	tion 527 exempt funct	tion activities	▶\$		
2	Enter the amount of the filing organ	nization's funds contributed to oth	er organizations for se	ection 527			
	exempt function activities				▶\$		
3	Total exempt function expenditure	s. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL,	,			
	line 17b				▶\$		
4	Did the filing organization file Form	1120-POL for this year?			י 🗌	Yes 🗌	No
5	Enter the names, addresses and er	nployer identification number (EIN) of all section 527 po	litical organizations to	which the filing o	rganizatio	'n
	made payments. For each organiza						
	contributions received that were pr				parate segregate	d fund or	а
	political action committee (PAC). If	additional space is needed, provi	de information in Part	IV.			
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fi filing organization funds. If none, ente	n's contributio pr -0 prompt delivered politica	ount of po ons receiv ly and dir d to a sep l organiza ne, enter -	ved and ectly parate ation.

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

Schedule C (Form 990 or 990-EZ) 2020

032041 12-02-20

Schedule C (Form 990 or 990-EZ) 2020	SUSTA	INABLE	NORTHWEST		93-1	152222 Page 2
Part II-A Complete if the org	anizatio	n is exer	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).						
				Part IV each affiliated	group member's name	, address, EIN,
expenses, and shar		, 0	, ,	visione engly		
B Check ▶ if the filing organiza	tion check	ed box A an	d "limited control" pro	visions apply.		(b) Affiliated group
		oying Expen leans amou	iditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	lence pub	lic opinion (g	rassroots lobbying)			
b Total lobbying expenditures to influ	ience a leg	gislative bod	y (direct lobbying)		8,396.	
c Total lobbying expenditures (add li	nes 1a and	d 1b)			8,396.	
d Other exempt purpose expenditure	es				2,015,471.	
e Total exempt purpose expenditure	s (add line	s 1c and 1d)			2,023,867.	
f Lobbying nontaxable amount. Ente	er the amo	unt from the	following table in both	n columns.	251,193.	
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			62,798.	
h Subtract line 1g from line 1a. If zero	o or less, e	enter -0			0.	
i Subtract line 1f from line 1c. If zero	o or less, e	nter -0			0.	
j If there is an amount other than ze	ro on eithe	er line 1h or li	ine 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for this	year?					Yes No
(Some organizations th		a section 50	raging Period Under)1(h) election do not h ate instructions for lin	nave to complete all o	of the five columns be	low.
	Lobl	oying Expen	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	23	7,591.	246,508.	255,231.	251,193.	990,523.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 						1,485,785.
c Total lobbying expenditures		3,711.	3,855.	1,921.	8,396.	17,883.
d Grassroots nontaxable amount	5	9,398.	61,627.	63,808.	62,798.	247,631.
e Grassroots ceiling amount		,				
(150% of line 2d, column (e))						371,447.
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

93-1152222 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

If the lobbying activity. Yes No Amount 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Image: Comparison of the public opinion on a legislative matter or referendum, through the use of: Image: Comparison of the public opinion on a legislative matter or referendum, through the use of: Image: Comparison of the public opinion on a legislative matter or referendum, through the use of: Image: Comparison of the public opinion on a legislative matter or referendum, through the use of: Image: Comparison of the public opinion on a legislative matter or referendum, through the use of: Image: Comparison of the public opinion on a legislative matter or referendum, through the use of: Image: Comparison of the public opinion on a legislative matter or referendum, through the use of: Image: Comparison of the public opinion on a legislative matter or referendum, through the use of: Image: Comparison opinion on a legislative matter or referendum, through the use of: Image: Comparison opinion on a legislative bill opinion opini	or each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Image: Constraint of the consthe constraint of the constraint of the con	of the lobbying activity.		No	Amo	ount
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No	local legislation, including any attempt to influence public opinion on a legislative m or referendum, through the use of:	atter			
d Mailings to members, legislators, or the public?	b Paid staff or management (include compensation in expenses reported on lines 1 c t	through 1i)?			
f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).					
g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Yes No	e Publications, or published or broadcast statements?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	f Grants to other organizations for lobbying purposes?				
i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No	g Direct contact with legislators, their staffs, government officials, or a legislative body	y?			
j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Image: Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).					
Yes No	Part III-A Complete if the organization is exempt under section 50	1(c)(4), section 501(c)(5)	, or sea	ction	
	501(c)(6).				
1 Were substantially all (90% or more) dues received nondeductible by members?				Yes	No
	1 Were substantially all (90% or more) dues received nondeductible by members?		. 1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3					
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is		ire answered "No" OR (b) Part	III-A, line	3, is
answered "Yes."					
1 Dues, assessments and similar amounts from members	1 Dues, assessments and similar amounts from members		. 1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political		amounts of political			
expenses for which the section 527(f) tax was paid).					
a Current year 2a					
b Carryover from last year 2b					
c Total 2c					
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues			. 3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		•			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political					
expenditure next year?	expenditure next year?				
5 Taxable amount of lobbying and political expenditures (See instructions) 5	5 Taxable amount of lobbying and political expenditures (See instructions)		. 5		
Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See					

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2020

032043 12-02-20

SCHEDULE D)
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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Name of the organization

En

nployer	identifi	cation	number
01	2_11	5221))

	SUSTAINABLE NORTHWEST	93-1152222
Pa	t I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
		b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fund	ls
Ū	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 or	
Ŭ	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferri	•
	impermissible private benefit?	
Pa		
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		rically important land area
	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 cor	asonyation assemant on the last
2	day of the tax year.	Held at the End of the Tax Year
		2a
a h		2a 2b
0	I otal acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a)	20 2c
ט ה		
u	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	2d
2	listed in the National Register	
3	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
Ū	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservatio	
-		3 ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	sements during the year
	►\$	<u> </u>
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?	Yes 📃 No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	ent and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	at describes the
	organization's accounting for conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar 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 bala	
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	ce 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, p	provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

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28		
2020.05000	SUSTAINABLE	NORTHWEST

Sche		ABLE NORTH						93-11			age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	easures, o	r Othe	r Similaı	r Assets	contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the	following that	make s	ignificant ι	use of its		,	
	collection items (check all that apply):										
а	Public exhibition	c	I 🗌 L	oan or exc	hange progra	am					
b	Scholarly research	e	• 🗌 c	Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	ne organizatio	on's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, hist	orical trea	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered '	'Yes" on	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi								_		-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	ble:							
									Amount	:	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance								7		1
	Did the organization include an amount on Fo						ity?	∟	Yes		No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						10		<u></u>		<u> </u>
1 41								aara baak	(-) [haali
4.0	Designing of year balance	(a) Current year	(D) Pr	ior year	(c) Two year	IS DACK	(d) Three y	YEARS DACK	(e) Four	years	DACK
1a ⊾	Beginning of year balance										
u o	Contributions										
ט ה	Net investment earnings, gains, and losses										
	Grants or scholarships										
e	Other expenditures for facilities										
f	Administrative expenses										
g 2	Provide the estimated percentage of the curr	ent year end balance	l a (line 1a	column (a)) held as:						
a	Board designated or quasi-endowment		%	column (a	<i>//</i> 11010 23.						
	Permanent endowment		_/0								
		/°									
Ū	The percentages on lines 2a, 2b, and 2c sho	· -									
3a	Are there endowment funds not in the posse		ation that	are held a	nd administer	ed for th	ne organiza	ation			
	by:								ſ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Sc	hedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	ient.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV,	line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		.,	t or other (other)	• •	ccumulate preciation	ed	(d) Bool	k value	3
1a	Land										
b	Buildings										
с	Leasehold improvements				9,913.		3,50			5,35	
	Equipment			5	6,277.		31,43	37.	24	1,84	10.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c.)				31	L,19	93.

Schedule D (Form 990) 2020

032052 12-01-20

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (2) Closely held equity interests

(2) Closely held equity interests	
(3) Other	
(A)	
(B)	
(C)	
(D)	
(E)	
(F)	
(G)	
(H)	
Total (Col (b) must equal Form 990 Part X col (B) line 12)	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)	INVESTMENT IN SUBSIDIARY	800,000.
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. ((Colymn (b) must equal Form 990. Part X. col. (B) line 15.)	800,000.
Part	X Other Liabilities.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Schedule D (Form 990) 2020

X

032053 12-01-20

Sche	chedule D (Form 990) 2020 SUSTAINABLE NORTHWEST				1152222 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With R	evenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,894,455.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a			
b	Donated services and use of facilities	2b	5,000.		
с	Recoveries of prior year grants				
d					
е	Add lines 2a through 2d			2e	5,000.
3	Subtract line 2e from line 1			3	4,889,455.
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.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,889,455.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With E	Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total expenses and losses per audited financial statements			1	2,201,313.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	5,000.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	5,000.
3	Subtract line 2e from line 1			3	2,196,313.
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.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	2,196,313.
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.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC 740 ACCOUNTING

FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE

ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX

POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY

WITH PROVISIONS OF THIS TOPIC.

032054 12-01-20

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



93-1152222

SUSTAINABLE NORTHWEST

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ECONOMIES, AND RURAL COMMUNITIES CAN THRIVE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

MARKETS: SUSTAINABLE NORHTWEST BELIEVES THAT MARKET BASED APPROACHES

ARE ONE OF THE MOST EFFECTIVE AND LONG LASTING STRATEGIES FO RESTORING

OUR ENVIRONMENT AND RURAL ECONOMIES. FOR 10 YEARS WE HAVE HELPED WOOD

PRODUCTS BUSINESSES BY PROVIDING THEM WITH ACCESS TO FOREST STEWARDSHIP

COUNCIL (FSC) GROUP CHAIN OF CUSTODY CERTIFICATION PROGRAM. THE GROUP

CERTIFICATION PROGRAM MAKES OBTAINING FSC CERTIFICATION EASIER FOR

MEMBERS BY REDUCING THEIR CERTIFICATION COST AND STAFF TIME, AND

PROVIDING TECHNICAL SUPPORT.

AS BUSINESS SEE THE VALUIE OF REACHING CONSUMERS ASKING FOR FSC

CERTIFIED WOOD, THEY ARE GETTING INVOLVED AND GETTING CERTIFIED.

WATER: THE COMPETING NEEDS OF OUR CITIES, AGRICULTURE, FISH, AND ENERGY

PRODUCTION HAVE LED TO WATER SCARCITY AND POLLUTION IN THE PACIFIC

NORTHWEST. EFFORTS TO ADDRESS WATER CHALLENGES IN RURAL AREAS ARE OFTEN

HAMPERED BY PLANNING, FINANCIAL AND SOCIAL BARRIERS. HISTORICALLY, THE

RESPONSE HAS BEEN CONFLICT, LITIGATION, AND EMERGENCY ASSISTANCE. THIS

HAS LEFT OUR WATER-DEPENDENT ECOSYSTEMS AND COMMUNITIES IMPERILED.

SPECIAL PROJECTS: AS AN ADAPTIVE AND INNOVATION NON-PROFIT

ORGANIZATION, SUSTAINABLE NORTHWEST IS ALWAYS PUTTING FORTH NEW IDEA

THAT ADDRESS NEW CHALLENGES OR TAKE ADVANTAGE OF NEW OPPORTUNITIES.

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) 202003221111-20-20

32

8936___1

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page
SUSTAINABLE NORTHWEST	Employer identification numbe 93-1152222
SAME OF THESE EFFORTS CURRENTLY INCLUDE FINANCIA	L AND TECHNICAL
ASSISTANCE SERVICES FOR OUR RURUAL COMMUNITY-BAS	ED PARTHER
ORGANIZATIONS; NETWORKING INTERESTED PARTIES TO	EXPLORE AND LEARN ABOUT
COMMUNTY OWNED FOREST OPPORTUNITIES AND CHALLEN	IGES; AND PROVIDING A
FORUM FOR POLICY AND RURAL LEADERS TO DISCUSS RE	STORATION OF THE
PACIFIC NORTHWEST'S LANDSCAPRE AND RURAL ECONOMI	ES.
EXPENSES \$ 555,734. INCLUDING GRANTS OF \$ 0.	REVENUE \$ 140,146.
FORM 990, PART VI, SECTION B, LINE 11B:	
A DRAFT OF THE FORM 990 WAS REVIEWED BY THE BOAR	D OF DIRECTORS PRIOR TO
SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD REVIEWS POTENTIAL CONFLICT OF INTEREST ISS	UES ON AN ONGOING BASIS
FORM 990, PART VI, SECTION B, LINE 15:	
SALARY REVIEW WAS CONDUCTED BY THE BOARD. AFFECT	ED INDIVIDUALS RECUSED
THEMSELVES AND A MOTION FOR COMPENSATION WAS OFF	'ERED.
FORM 990, PART VI, SECTION C, LINE 19:	
REASONABLE REQUESTS FOR FINANCIAL STATEMENTS AND	GOVERNING DOCUMENTS ARE
FURINISHED UPON REQUEST AT THE OFFICE OF SUSTAIN	IABLE NORTHWEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
RANGELAND CONTRACT SERVICES:	
	217,692.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	
032212 11-20-20 33	Schedule O (Form 990 or 990-EZ) 202
331112 781409 8936 2020.05000 SUS	STAINABLE NORTHWEST 8936

Name of the organization SUSTAINABLE NORTHWEST	Employer identification number 93-1152222
TOTAL EXPENSES	217,692.
FORESTRY CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	71,894.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	71,894.
WATER CONTRACT SERVICES:	
PROGRAM SERVICE EXPENSES	159,457.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	159,457.
OTHER PROFESSIONAL SERVICES:	
PROGRAM SERVICE EXPENSES	86,327.
MANAGEMENT AND GENERAL EXPENSES	37,674.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	124,001.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	573,044.
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

032212 11-20-20

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

SUSTAINABLE NORTHWEST

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

				-		-	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	icile (state or Exempt Code		ection (f) Direct controlling entity		g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
	1						
	1						

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

Schedule R (Form 990) 2020

2020 Open to Public Inspection

Employer identification number

93-1152222

Schedule R (Form 990) 2020 SUSTAINABLE NORTHWEST

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)									
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under	Predominant income S (related, unrelated, excluded from tax under	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of total income e			ortionate itions?			^{Il or} Percentage ^{ing} ownership				
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10								
										+									
	•																		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) tion o)(13) olled ity?
		country)				433013		Yes	No
SUSTAINABLE NORTHWEST WOOD DISTRIBUTION -									
26-3649031, 2701 SE 14TH AVE, PORTLAND, OR			SUSTAINABLE						
97202	LUMBER SALES	OR	NORTHWEST	C CORP	91,133.	1,367,381.	100%	х	
	-								
	-								

Schedule R (Form 990) 2020 SUSTAINABLE NORTHWEST

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b		Х
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f	X	
	Sale of assets to related organization(s)	1g		X
h	Purchase of assets from related organization(s)	1h		X
	Exchange of assets with related organization(s)	1i		X
	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
	Sharing of paid employees with related organization(s)	10		X
р	Reimbursement paid to related organization(s) for expenses	1p		X
q	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		Х
S	Other transfer of cash or property from related organization(s)	1s		X

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
<u>(2)</u>				
(3)				
<u>(4)</u>				
(5)				
(6)				

Schedule R (Form 990) 2020 SUSTAINABLE NORTHWEST

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(0)		(f)	(g)	(h)		(i)	(j)	(k)
(a) Name, address, and EIN	Primary activity	Legal domicile (state or foreign		(e) Are all partners sec. 501(c)(3) orgs.?		1 1		Dispropor- tionate allocations?		Code V-LIBI	(J) Genera	
of entity	Frindry activity						end-of-year			amount in box 20	manag	
,		country)	excluded from tax under sections 512-514)	Yes				Yes	No		Yes N	
				165	NU			165	NU	(1011111000)	Test	

Schedule R (Form 990) 2020