Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

2000 and ending

OMB No. 1545-1150

2009

Open to Public Inspection

Α	For t	he 2009 calend	ar year,	or tax year beginning	01/01	, 2009, a	nd ending	_	12/31	,	20 <mark>09</mark>		
В	Check	if applicable:	Please	C Name of organization				D Emplo	yer id	entification nu	mber		
	Addre	ss change	use IRS label or	TRYON LIFE COMMUNITY FAR	M				2	0-1887272			
Ц		change	print or	Number and street (or P.O. box, if ma	ail is not delivered to street a	ddress)	Room/suite	E Telep	none ni	umber			
H	Initial Termir		type. See	11640 SW Boones Ferry Road					50	3-245-3847			
H			Specific	City or town, state or country, and ZI	P + 4			F Group Exemption					
H		ded return ation pending	Instruc- tions.	Portland, OR 97219					ber ▶	-			
_				·	at abaritable troubs reces	4 -446	C Asses			☐ Cash 🗹			
	• 30	ection 501(c)(3)		zations and 4947(a)(1) nonexemp npleted Schedule A (Form 990 o		l allacn	<b>I</b>	(specify)		□ Casii E	Acciual		
_			a con	inpleted defledate A (Form 550 o	1 330-LZ).								
							1			rganization is			
-			.tryonfa				_			chedule B (Fo	rm 990,		
				nly one) — ✓ 501(c) ( 3 ) ◀ (in				Z, or 990					
	Chec			zation is not a section 509(a)(3) sur							)00. A		
				turn is not required, but if the orga					ete ret	urn.			
				e 9 to determine gross receipts; if \$5					\$		147,013		
Ŀ	art	Revenu	e, Exp	enses, and Changes in N	et Assets or Fund E	Balance	es (See the	instruc	ctions	s for Part I.			
	1	Contribution	ons, gift	ts, grants, and similar amounts	s received			[	1		28,669		
	2	Program se	ervice r	evenue including government	fees and contracts			[	2		117,122		
	3	Membersh	ip dues	and assessments				[	3		0		
	4	Investment	t incom	ne				[	4		16		
	5	5a Gross amount from sale of assets other than inventory   5a											
		<b>b</b> Less: cost	or othe	er basis and sales expenses .		5b		150					
				n sale of assets other than inve		from lir	ne 5a)		5c		0		
ne	6	• · · · · ·		▶ 🗆 โ									
ē				ot including \$		-							
Revenue				)		6a		706					
		•		nses other than fundraising ex		6b		0					
			-	ss) from special events and ac	•		ne 6a)		6c		706		
			-	rentory, less returns and allowa	•	7a	110 0d)	0					
		b Less: cost				7b		0					
			_	ss) from sales of inventory (Su					7c		0		
	8	-	-	escribe See Statement 2	bliact line 15 from line	; raj .			8	350			
	9		•		and 0			'	9		146,863		
_	10			dd lines 1, 2, 3, 4, 5c, 6c, 7c, a r amounts paid (attach schedu					10		0		
											0		
"	11			r for members					11		62,085		
enses	12			mpensation, and employee be					12				
e	13			and other payments to indepe					13		34,754 26,285		
Exp	14		-	utilities, and maintenance .					14				
	. •	• .		ons, postage, and shipping.					15		2,380		
	16	•	•	describe See Statement 3					16		20,537		
	17			Add lines 10 through 16					17		146,041		
ts	18		` ,	for the year (Subtract line 17	,				18		822		
SSE	19			d balances at beginning of your results and a series of the series of th									
Ä		=	_	e reported on prior year's retur				- H	19		321,738		
Net Assets	20			net assets or fund balances (a					20		0		
	21	Net assets	or fund	d balances at end of year. Con	nbine lines 18 through	20 .		. ▶	21		322,560		
L	art	n Ralance	Snee	ets. If Total assets on line 25,		UUU or n							
				(See the instructions for Par	•		, , , ,	ginning of		(B) End o			
2		_		vestments					,892		27,229		
2									5,074		576,890		
2	4	Other assets (	describ	See Statement 4			_)		5,884		10,389		
2		Total assets .							7,850		614,508		
2				eribe ► See Statement 5			_)		5,112		291,948		
2	7	Net assets or	fund h	palances (line 27 of column (B)	must agree with line	21)	1	321	738	27	322 560		

Form 990-EZ (2009) Statement of Program Service Accomplishments (See the instructions for Part III.) Part III **Expenses** See Statement 6 (Required for section What is the organization's primary exempt purpose? 501(c)(3) and 501(c)(4) Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise organizations and section manner, describe the services provided, the number of persons benefited, and other relevant information for 4947(a)(1) trusts; optional each program title. for others.) See Statement 7 ) If this amount includes foreign grants, check here 28a (Grants \$ 29 (Grants \$ 29a ) If this amount includes foreign grants, check here 30 30a (Grants \$ ) If this amount includes foreign grants, check here (Grants \$ ) If this amount includes foreign grants, check here 31a **Total program service expenses** (add lines 28a through 31a) . . . 32 134,237 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.) (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to (e) Expense account and (a) Name and address (If not paid, employee benefit plans & enter -0-.) deferred compensation other allowances Co-President, 2 **Judy BlueHorse Skelton** \$0 11640 SW Boones Ferry Rd, Portland, OR 97219 Co-President, 2 \$0 11640 SW Boones Ferry Road, Portland, OR 97219 Treasurer, 2 Miles Uchida \$0 11640 SW Boones Ferry Road, Portland, OR 97219 Board Member, 2 \$0 **Brenna Bell** 11640 SW Boones Ferry Road, Portland, OR 97219 Board Member, 2 **AI Thieme** \$0 11640 SW Boones Ferry Road, Portland, OR 97219 Board Member, 2 **Toby Hemenway** \$0 11640 SW Boones Ferry Rd, Portland, OR 97219

Part	Other Information (Note the statement requirements in the instructions for Part V.)			age <b>o</b>
. a. c	Caron intermation (Note the statement requirements in the metasticine for hart vi)		Yes	Nο
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	<b>✓</b>	110
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		~
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		~
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	7	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b   13,500			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or is it 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? If "Yes," complete Schedule L, Part I	40b		~
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	700		
Ū	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed. ▶ OR			
42a		03-24	5-3847	7
	Located at ► 11640 SW Boones Ferry Rd, Portland, OR 97219 ZIP + 4 ►	972	219	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<b>/</b>
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
_		40-		/
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c		_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. )	<b>▶</b> ∐
		1		
_			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		~
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		~
	,			_

	501(c)(3) organizations and section 49- and complete the tables for lines 50 ar	47(a)(1) nonexem nd 51.	pt charitab	le trusts m	ust answer question	ons 4	6–49	b
46	Did the organization engage in direct or indirect	t political campaig	n activities o	on behalf of	or in opposition to		Yes	No
	candidates for public office? If "Yes," complete					46		
47	Did the organization engage in lobbying activitie	· ·				47	~	<del></del>
48	Is the organization a school as described in section					48		<b>/</b>
49a	Did the organization make any transfers to an ex	•		rganization?	' · · · · · ·	49a	+	~
b	If "Yes," was the related organization a section 5					49b		<u> </u>
50	Complete this table for the organization's five hi							
	employees) who each received more than \$100,			organizatioi Ompensatio				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and ave hours per we devoted to pos	ek	Compensation	on (d) Contributions to employee benefit plans & deferred compensation	ac	e) Exper ecount a er allow	and
None		-						
		-						
		-						
f	Total number of other employees paid over \$100	0,000	<b>&gt;</b>					
51	Complete this table for the organization's five \$100,000 of compensation from the organization	n. If there is none,	enter "None		actors who each rec	eived	more	than
None	(a) Name and address of each independent contractor	paid more than \$100,0	00	(b)	Type of service	(c) Co	mpens	ation
d	Total number of other independent contractors of	each receiving ove	r \$100,000	<b>&gt;</b>				
	Under penalties of perjury, I declare that I have examin	ed this return, including	accompanying	schedules and	statements, and to the be	st of m	y know	ledge
	and belief, it is true, correct, and complete. Declaration	of preparer (other than	officer) is based	d on all informat	tion of which preparer has	any kn	owledg	e
Sign								
Here	Signature of officer				Date			
	▲ Tod Sloan, Co-President							
	Type or print name and title							
Paid	Preparer's signature		Date	Check if self-	Preparer's identifying nu	mber (Se	ee instru	ctions)
Prepar	rer's Firm's name (or			employed ►	FIN. N			
Use Or	yours if self-employed), address, and ZIP + 4				Phone no. ►			
Mav th	ne IRS discuss this return with the preparer show	n above? See instr	ructions			Yes	$\Box$	No
,	The property of the property o			<u> </u>	Fo			(2009)

### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047 Open to Public

Name of the organization

Department of the Treasury Inspection Internal Revenue Service **Employer identification number** TRYON LIFE COMMUNITY FARM 20 1887272 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I **b** Type II **c** Type III–Functionally integrated **d** Type III–Other e Dy checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). f If the organization received a written determination from the IRS that it is a Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . . . . . . . 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . Provide the following information about the supported organization(s). h (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col. support above or IRC section governing document? col. (i) of your (i) organized in the (see instructions)) U.S.? support? Yes Yes Yes Nο No Nο

Total

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.)

Sec	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	156,916	287,265	24,392	70,690	28,669	567,932
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	156,916	287,265	24,392	70,690	28,669	567,932
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)						127,990
6	<b>Public support.</b> Subtract line 5 from line 4.						439,942
	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
7	Amounts from line 4	156,916	287,265	24,392	70,690	28,669	567,932
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .						567,932
12	Gross receipts from related activities, etc	. (see instructio	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>		•		n 501(c)(3) ► □
	tion C. Computation of Public Sup	•					77.40
14	Public support percentage for 2009 (line	. ,	•	1, column (f))		14	77.46 %
15	Public support percentage from 2008 Sch					15	78.97 %
16a	33\% support test-2009. If the organizand stop here. The organization qualifies	as a publicly s	supported organ	nization			• 🔽
b	33\% % support test—2008. If the organization quality box and stop here. The organization quality						
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circun	nstances" test,	check this box	and <b>stop here.</b>	Explain in Part	IV how the
b 18	10%-facts-and-circumstances test – 2008 more, and if the organization meets the "froganization meets the "facts-and-circumstate" Private foundation. If the organization did	acts-and-circum nces" test. The	stances" test, corganization qua	check this box a alifies as a public	and <b>stop here</b> . bly supported or	Explain in Part ganization	IV how the ▶ □
-				, , ,	.,		<u>-</u>

Section A. Public Support

# Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Ca	llendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(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 performed, 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 business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с 8	Add lines 7a and 7b							
	tion B. Total Support							
Ca	llendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total	
9 10a	Amounts from line 6							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
с 11	Add lines 10a and 10b							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12)							
14	and 12.)	here					ction 501(c)(3)	
Sec	tion C. Computation of Public Su	pport Percei	ntage					
15 16	Public support percentage for 2009 (lir Public support percentage from 2008 S					15 16	<u>%</u> %	
Sec	tion D. Computation of Investme							
17	Investment income percentage for 200	<b>9</b> (line 10c, col	umn (f) divided	d by line 13, c	olumn (f)) .	17	%	
18	Investment income percentage from 20					18	%	
19a	331/3 % support tests—2009. If the org							
b	17 is not more than 33\% %, check this b 33\% % support tests - 2008. If the organ line 18 is not more than 33\% %, check this	nization did not	check a box on	line 14 or line	19a, and line 1	6 is more th	an 33⅓ %, and	
20	<b>Private foundation.</b> If the organization	-	•	·			_	
	Schedule A (Form 990 or 990-EZ) 2009							

Part IV	Supplementa Part II, line 17	I Information. 'a or 17b; and F	Complete this Part III, line 12	part to provide Provide any ot	the explanations in the radditional information	required by Part II, lir rmation. See instruction	ne 10; ons.

#### SCHEDULE C (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

OMB No. 1545-0047

2009

Open to Rublic

Department of the Treasury Internal Revenue Service

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

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

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

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

Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

•	Section 527 organizations: Con	nplete Part I-A only.									
	f the organization answered "Yes," to 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.										
	( ) ( )	that have NOT filed Form 5768 (elections," to Form 990, Part IV, line 5 (Prox		(h)): Complete Part II-B. Do	not complete Part II-A.						
•	Section 501(c)(4), (5), or (6) orga	nizations: Complete Part III.									
Na	me of organization			Employe	r identification number						
	YON LIFE COMMUNITY FA			20	1887272						
Pa		organization is exempt unde	•		organization.						
1	•	e organization's direct and indirec		_							
2											
3	Volunteer hours										
Pai	rt I-B Complete if the	organization is exempt und	er section 501(	c)(3).							
1	Enter the amount of any e	xcise tax incurred by the organiza	tion under section	1 4955 ▶ \$							
2	Enter the amount of any ex	xcise tax incurred by organization	managers under	section 4955 . 🕨 \$	<u></u>						
3		I a section 4955 tax, did it file For			. Yes No						
4a					· U Yes U No						
	b If "Yes," describe in Part IV.  Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).										
1											
'	activities										
2		ng organization's funds contribute									
3	Total exempt function expline 17b	penditures. Add lines 1 and 2. Er	nter here and on	Form 1120-POL,							
4		file Form 1120-POL for this year?			. Yes No						
5		and employer identification numbe									
		zation listed, enter the amount paid fr									
		vere promptly and directly delivered mmittee (PAC). If additional space is			a separate segregated						
	·	, ,			(-) A						
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly						
					delivered to a separate political organization. If						
					none, enter -0						

OCI	leddie 0 (i 0iiii 990 0i 990-LZ) 2009					i age 🛓
P	art II-A Complete if the organize under section 501(h)).	ation is exem	pt under sectio	n 501(c)(3) and	filed Form 5768	(election
A B	Check ► ☐ if the filing organization Check ► ☐ if the filing organization				ons apply.	
	Limits on L (The term "expenditures'	obbying Expend ' means amoun	litures ts paid or incurre	ed.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
	Total lobbying expenditures to influe to total lobbying expenditures to influe to Total lobbying expenditures (add line of the exempt purpose expenditures to total exempt purpose expenditures to total exempt purpose expenditures to influe to total exempt purpose expenditures to influe to total exempt purpose expenditures to total exempt purpose expenditures to influe to total exempt purpose expenditures to total exempt purpose exempt purpose expenditures to total exempt purpose exempt purpose exempt purpose exempt pu	ying)				
	Over \$1,000,000 but not over \$1,500,000  Over \$1,500,000 but not over \$17,000,000  Over \$17,000,000		s 10% of the excess s 5% of the excess			
	(Some organizations that	or less, enter -0 or less, enter -0 on either line 1h	or line 1i, did the or line 1 or line 5 or line 5 or line 5 or line 6 or lin	organization file Fo	orm 4720 reporting	☐ Yes ☐ No
	Lobby	ring Expenditure	es During 4-Year	Averaging Period	d	
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	(d) 2009	(e) Total
2	a Lobbying nontaxable amount					
	b Lobbying ceiling amount (150% of line 2a, column (e))					
	C Total lobbying expenditures					
	d Grassroots nontaxable amount					
	Grassroots ceiling amount (150% of line 2d, column (e))					
	f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

Sche	dule C (Form 990 or 990-EZ) 2009				Р	age 3
Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	OT fi	led F	orm 5	768	
		(8	1)		(b)	
		Yes	No	Ar	mount	t
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:					
а	Volunteers?	<b>V</b>				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .	~				
С	Media advertisements?		~			
d	Mailings to members, legislators, or the public?	V				0 150
е	Publications, or published or broadcast statements?		~			150
f	Grants to other organizations for lobbying purposes?	_	-			39
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	~				26
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		~			20
i	Other activities? If "Yes," describe in Part IV		•			215
j	Total. Add lines 1c through 1i		~			213
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912		-			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01(c)(	5), oi	r secti	on	
	501(c)(6).		•			
					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		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section 5 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II					ed
	"Yes."					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	tical				
	expenses for which the section 527(f) tax was paid).					
а	Current year		2a			
b	Carryover from last year		2b			
С	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 o					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	yıng	4			
5	and political expenditure next year?		5			
	rt IV Supplemental Information	•	5			
						4.
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, , complete this part for any additional information.	line 5;	and I	art II-l	3, line	9 11.
	, complete this part for any additional information. ledule C, Part II-B, Line 1 - Recode Oregon, a project of TLC Farm, organized a grassroots ca	mpai	an to	lobby f	for	
	gon House Bill 2080, legalizing the reuse of greywater statewide. The bill successfully pass					
200						

#### SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,

OMB No. 1545-0047

1887272

Name of the organization

TRYON LIFE COMMUNITY FARM

or Form 990-EZ, Part V, line 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Employer identification number

20

Part I Excess Benefit Transactions ( Complete if the organization answe								Part V	, line 4	40b.		
4 ())											(c) Cor	rected?
1 (a) Name of disqualified person				(b) L	Description of	transaction					Yes	No
2 Enter the amount of tax imposed on the under section 4958	_		_				_	year				
3 Enter the amount of tax, if any, on line												
Part II Loans to and/or From Interes												
Complete if the organization an	swered	"Yes"	on Form 99	90, Part I\	V, line 26,	or Form 9	990-E	Z, Pa	rt V, I	ine 38	3а.	
(a) Name of interested person and purpose		to or from inization?	(c) Ori principal		(d) Balan	ce due	(e) In c	e) In default? (f) Approved by board or committee?		(g) Written agreement?		
	То	From					Yes	No	Yes	No	Yes	No
Brenna Bell, Acquiring and servicing con				\$15,500		\$13,500	100	<b>V</b>	V		V	
				<del>• • • • • • • • • • • • • • • • • • • </del>		<del>• • • • • • • • • • • • • • • • • • • </del>		-			_	
									<del>                                     </del>			
						40 500						
Total				. ▶ \$		13,500						
Part III Grants or Assistance Benefiting Complete if the organization and	-			90, Part I\	/, line 27.							
(a) Name of interested person	<b>(b)</b> Re	elationship	between inte organizat		on and the	(c	) Amou	nt and	type o	f assist	tance	
Part IV Business Transactions Involvi Complete if the organization an				90. Part I\	V. line 28a	. 28b. or :	28c.					
(a) Name of interested person			p between		nount of			n of tr	onoosti	on	(a) Sha	aring of
(a) Name of interested person			on and the		saction	(u) De	scriptio	ii Oi tra	ansacu	orga		zation's nues?
											Yes	No

Statement 1 : General Explanations
Statement 2 : Other Revenue Schedule
Statement 3 : Other Expenses Schedule

Statement 4 : Other Assets
Statement 5 : Liabilities Schedule
Statement 6 : Primary Exempt Purpose

Statement 7 : Program Service Accomplishments

TRYON LIFE COMMUNITY FARM 20-1887272

Statement 1

Form: 990-EZ Page: 1 Line Number:

#### **General Explanations**

Reference	Explanation					
Form 990-EZ, Part V, Line 33	In 2009, TLC Farm formally integrated Mother Earth School into its financial structure. Mother Earth					
	School is a preschool and kindergarten program led by trained Waldorf teachers which services 24					
	students in bio-immersion, all-outdoor environmental education.					

Statement 2TRYON LIFE COMMUNITY FARMForm: 990-EZ20-1887272

Page: 1

Line Number: Part I Line 8

#### Other Revenue Schedule

Description	Amount
Reimbursement for funds paid for work uncompleted	\$350
Total:	\$350

Statement 3TRYON LIFE COMMUNITY FARMForm: 990-EZ20-1887272

Form: 990-EZ Page: 1

Line Number: Part I Line 16

#### Other Expenses Schedule

Description	Amount
Fundraising Fees	\$600
Bank Service & Related Fees	\$548
Supplies	\$6,731
Telephone & Telecommunications	\$1,062
Interest	\$1,111
Insurance	\$6,259
Permits & Related Fees	\$275
Other Expenses	\$3,951
Total:	\$20,537

TRYON LIFE COMMUNITY FARM 20-1887272

Statement 4

Form: 990-EZ Page: 1

Line Number: Part II Line 24

#### Other Assets

	воу	EOY	
Description	Amount	Amount	
Accounts receivable	\$14,734	\$1,025	
Inventories for auction	\$5,679	\$1,363	
Prepaid expenses	\$3,093	\$3,008	
Furnitures, fixtures and equipment	\$2,987	\$2,702	
Vehicles	\$0	\$1,900	
Funds held in trust by others	\$391	\$391	
Total:	\$26,884	\$10,389	

Statement 5

Form: 990-EZ Page: 1

Line Number: Part II Line 26

#### **Liabilities Schedule**

Description	BOY	EOY
	Amount	Amount
Accounts payable	\$474	\$824
Accrued payroll	\$0	\$746
Accrued payroll taxes	\$41	\$1,037
Accrued expense, other	\$1,050	\$752
Payroll tax withholdings payable	\$0	\$1,177
Refundable advances	\$0	\$2,020
Trustee and employee loan payable	\$13,500	\$13,500
Short term liabilities, other	\$18,000	\$19,000
Mortgages payable	\$229,823	\$226,219
Long term liabilities, other	\$33,224	\$26,673
Total:	\$296,112	\$291,948

Statement 6TRYON LIFE COMMUNITY FARMForm: 990-EZ20-1887272

Page: 2

Line Number: Part III

#### **Primary Exempt Purpose**

#### **Primary Exempt Purpose**

land conservation and sustainability education and demonstration

Statement 7

Form: 990-EZ Page: 2

Line Number: Part III Line 28

#### **Program Service Accomplishments**

\$0	\$103,128 \$18,530
\$0	\$18,530
\$0	\$6,755
\$0	\$5,824
_	