

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 1/1/2006 , 2006, and ending 12/31/2006 , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization TRYON LIFE COMMUNITY FARM Number and street (or P.O. box if mail is not delivered to street address) Room/suite 11640 SW Boones Ferry Road City or town, state or country, and ZIP + 4 Portland, OR 97219	D Employer identification number 20 1887272 E Telephone number (503) 245-3847 F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶ _____

H(c) Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ _____

M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: ▶ www.tryonfarm.org

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **303363**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

		1 Contributions, gifts, grants, and similar amounts received:			
		a Contributions to donor advised funds	1a	0	
		b Direct public support (not included on line 1a)	1b	287,265	
		c Indirect public support (not included on line 1a)	1c	0	
		d Government contributions (grants) (not included on line 1a)	1d	0	
		e Total (add lines 1a through 1d) (cash \$ <u>283,681</u> noncash \$ <u>3,584</u>)	1e	287,265	
		2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	5,625	
		3 Membership dues and assessments	3	0	
		4 Interest on savings and temporary cash investments	4	0	
		5 Dividends and interest from securities	5	0	
		6a Gross rents	6a	0	
		b Less: rental expenses	6b	0	
		c Net rental income or (loss). Subtract line 6b from line 6a	6c	0	
		7 Other investment income (describe ▶ _____)	7	0	
		8a Gross amount from sales of assets other than inventory	(A) Securities	0	8d
		b Less: cost or other basis and sales expenses.	8a	0	
		c Gain or (loss) (attach schedule)	8b	0	
		d Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	0	
		9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			See Statement 1
		a Gross revenue (not including \$ <u>773</u> of contributions reported on line 1b)	9a	7,732	
		b Less: direct expenses other than fundraising expenses	9b	3,437	
		c Net income or (loss) from special events. Subtract line 9b from line 9a	9c	4,295	
		10a Gross sales of inventory, less returns and allowances Stmt 2 10a	10a	2,741	
		b Less: cost of goods sold	10b	0	
		c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	2,741	
		11 Other revenue (from Part VII, line 103)	11	0	
		12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	299,926	
		13 Program services (from line 44, column (B))	13	52,135	
		14 Management and general (from line 44, column (C))	14	5,856	
		15 Fundraising (from line 44, column (D))	15	3,692	
		16 Payments to affiliates (attach schedule)	16	0	
		17 Total expenses. Add lines 16 and 44, column (A)	17	61,683	
		18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	238,243	
		19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	67,847	
		20 Other changes in net assets or fund balances (attach explanation)	20	0	
		21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	306,090	

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22b	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 3,630) If this amount includes foreign grants, check here <input type="checkbox"/>	3,630	3,630		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	0	0	0	0
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	0	0	0	0
27	Pension plan contributions not included on lines 25a, b, and c	0	0	0	0
28	Employee benefits not included on lines 25a – 27	0	0	0	0
29	Payroll taxes	0	0	0	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	0	0	0	0
32	Legal fees	510	0	510	0
33	Supplies	7,782	7,273	174	335
34	Telephone	958	320	319	319
35	Postage and shipping	1,006	369	35	602
36	Occupancy	5,325	5,313	6	6
37	Equipment rental and maintenance	102	102	0	0
38	Printing and publications	2,735	333	0	2,402
39	Travel	300	300	0	0
40	Conferences, conventions, and meetings	0	0	0	0
41	Interest	24,666	24,616	25	25
42	Depreciation, depletion, etc. (attach schedule)	2,954	2,948	3	3 Stmt 4
43	Other expenses not covered above (itemize): See Statement 5	11,715	6,931	4,784	
a	-----				
b	-----				
c	-----				
d	-----				
e	-----				
f	-----				
g	-----				
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)–(D), carry these totals to lines 13–15)	61,683	52,135	5,856	3,692

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;
 (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► Land conservation & sustainability education and d	Program Service Expenses
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a See Statement 6</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>b</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>c</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>d</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services). ►</p>	<p>52,135</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	84,489	45	47,214
	46 Savings and temporary cash investments	0	46	0
	47a Accounts receivable	927		
	b Less: allowance for doubtful accounts	0	47c	927
	48a Pledges receivable	0		
	b Less: allowance for doubtful accounts	0	48c	0
	49 Grants receivable	0	49	0
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	50b	0
	51a Other notes and loans receivable (attach schedule)	0		
	b Less: allowance for doubtful accounts	0	51c	0
	52 Inventories for sale or use	0	52	2,490
	53 Prepaid expenses and deferred charges	0	53	175
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55a Investments—land, buildings, and equipment: basis	0		
	b Less: accumulated depreciation (attach schedule)	0	55c	0
	56 Investments—other (attach schedule)	0	56	0
	57a Land, buildings, and equipment: basis	585,441		
b Less: accumulated depreciation (attach schedule) Stmt 7	2,954	57c	582,487	
58 Other assets, including program-related investments (describe ▶ See Statement 8)	72,000	58	0	
59 Total assets (must equal line 74). Add lines 45 through 58	156,489	59	633,293	
Liabilities	60 Accounts payable and accrued expenses	1,142	60	462
	61 Grants payable	0	61	0
	62 Deferred revenue	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule) See Statement 9.	21,500	63	15,500
	64a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule) Stmt 10	66,000	64b	311,241
	65 Other liabilities (describe ▶)	0	65	0
66 Total liabilities. Add lines 60 through 65	88,642	66	327,203	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	67,847	67	286,090
	68 Temporarily restricted	0	68	20,000
	69 Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	67,847	73	306,090
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	156,489	74	633,293

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d ▶		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d ▶		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Statement 11				

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 6		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	✓
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." ▶ If "Yes," attach a statement that includes the information described in the instructions.	75c	✓
d Does the organization have a written conflict of interest policy?	75d	✓

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
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Part VI Other Information <i>(See the instructions.)</i>	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	✓
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	✓
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	✓
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	✓
b If "Yes," enter the name of the organization ▶ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0		
b Did the organization file Form 1120-POL for this year?	81b	✓

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<input checked="" type="checkbox"/>	
	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b <u>20,548</u>		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<input checked="" type="checkbox"/>	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<input checked="" type="checkbox"/>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<input checked="" type="checkbox"/>
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members	85c	
	d Section 162(e) lobbying and political expenditures	85d	
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
	b Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.		<input checked="" type="checkbox"/>
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	<input checked="" type="checkbox"/>
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	<input checked="" type="checkbox"/>
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>		
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0</u>		
	e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	<input checked="" type="checkbox"/>
	f <i>All organizations.</i> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	<input checked="" type="checkbox"/>
	g <i>For supporting organizations and sponsoring organizations maintaining donor advised funds.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	<input checked="" type="checkbox"/>
90a	List the states with which a copy of this return is filed OR		
	b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	<u>0</u>
91a	The books are in care of <u>Susanna Romas</u> Telephone no. <u>503-235-5754</u>		
	Located at <u>11640 SW Boones Ferry Rd, Portland, OR</u> ZIP + 4 <u>97219</u>		
	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 account)? If "Yes," enter the name of the foreign country	91b	<input checked="" type="checkbox"/>
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ | **92** |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Education					5,325
b Sustainable forum					300
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			01	4,295	
102 Gross profit or (loss) from sales of inventory					2,741
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		4,295	8,366
105 Total (add line 104, columns (B), (D), and (E)) ▶					12,661

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement 12

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Please Sign Here 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.

▶ _____ Date _____
 Signature of officer
▶ _____
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ _____, _____	EIN ▶ _____	Phone no. ▶ (_____) _____	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

Name of the organization TRYON LIFE COMMUNITY FARM	Employer identification number 20 1887272
--	---

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>0</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	✓	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)	See Statement 13	
a Sale, exchange, or leasing of property?		✓
b Lending of money or other extension of credit?	✓	
c Furnishing of goods, services, or facilities?		✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		✓
e Transfer of any part of its income or assets?		✓
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		✓
b Did the organization have a section 403(b) annuity plan for its employees?		✓
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		✓
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		✓
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		✓
b Did the organization make any taxable distributions under section 4966?		✓
c Did the organization make a distribution to a donor, donor advisor, or related person?		✓
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33½%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33½%** 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					0

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	156,916	4,231	0	0	161,147
16 Membership fees received	0	0	0	0	0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	6,825	2,953	0	0	9,778
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	0	0
19 Net income from unrelated business activities not included in line 18.	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22	163,741	7,184	0	0	170,925
24 Line 23 minus line 17	156,916	4,231	0	0	161,147
25 Enter 1% of line 23	1,637	72	0	0	0
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 3,223
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 48,108
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 161,147
d Add: Amounts from column (e) for lines: 18 <u>0</u> 19 <u>0</u> ▶					
22 <u>0</u> 26b <u>48,108</u> ▶					26d 48,108
e Public support (line 26c minus line 26d total) ▶					26e 113,039
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 70 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c _____
d Add: Line 27a total _____ and line 27b total _____ ▶					27d _____
e Public support (line 27c total minus line 27d total) ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . ▶					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is— The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40	} 41	
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	✓		
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		✓	
c Media advertisements		✓	
d Mailings to members, legislators, or the public		✓	
e Publications, or published or broadcast statements	✓		0
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 other means		✓	
i Total lobbying expenditures (Add lines c through h .)			0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **Stmt 14**

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of:		
	(i) Cash	51a(i)	✓
	(ii) Other assets	a(ii)	✓
b	Other transactions:		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	✓
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	✓
	(iii) Rental of facilities, equipment, or other assets	b(iii)	✓
	(iv) Reimbursement arrangements	b(iv)	✓
	(v) Loans or loan guarantees	b(v)	✓
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	✓
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	✓

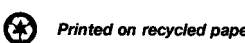
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship



Statement 1

Form: 990

Page: 1

Part: I

Question: 9

TRYON LIFE COMMUNITY FARM

20-1887272

Schedule of Special Events

Description	Gross Receipts	Contributions	Gross Revenue	Direct Costs	Net Income (Loss)
Auction	\$8,505.00	\$773.00	\$7,732.00	\$3,437.00	\$4,295.00
Total:	\$8,505.00	\$773.00	\$7,732.00	\$3,437.00	\$4,295.00

Statement 2

Form: 990

Page: 1

Part: I

Question: 10

TRYON LIFE COMMUNITY FARM

20-1887272

Sales of Inventory

Description	Gross Sales	COGS	Gross Profit
Agricultural products and items	\$2,741.00	\$0.00	\$2,741.00
Total:	\$2,741.00	\$0.00	\$2,741.00

Statement 3

Form: 990

Page: 2

Part: II

Question: 22

TRYON LIFE COMMUNITY FARM

20-1887272

Grants and Allocations

Classification	Acquisition-related transfer of	Oregon Sustainable Agriculture Land Trust
Date:	01/10/2006	
Type:	NonCash	Address: PO Box 1106
Grant Amount	\$3,630.00	Canby, OR 97013 United States
Relationship:	This 501(c)3 is lessor of land occupied by TLC Farm	
Description of Property:	Portion of lessor's interest in 99-year renewable ground lease	
		How Determined
Book Value of Property:	\$3,630.00	By FMV estimate
FMV of Property:	\$3,630.00	Based on valuation method reviewed by professional appraiser for

Total Grants: **\$3,630.00**

Statement 4

Form: 990

Page: 2

Part: II

Question: 42

TRYON LIFE COMMUNITY FARM

20-1887272

Depreciation and Depletion

Asset	Current Deprec.
Interest in 99-year renewable leasehold	\$2,954.00
Total	\$2,954.00

Statement 5

Form: 990

Page: 2

Part: II

Question: 43

TRYON LIFE COMMUNITY FARM

20-1887272

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundraising
Bank service and related fees	\$1,281.00	\$0.00	\$1,281.00	\$0.00
Insurance	\$4,473.00	\$1,469.00	\$3,004.00	\$0.00
Professional fees - other	\$4,393.00	\$4,393.00	\$0.00	\$0.00
Contracts	\$905.00	\$905.00	\$0.00	\$0.00
Miscellaneous other expenses	\$663.00	\$164.00	\$499.00	\$0.00
Total:	\$11,715.00	\$6,931.00	\$4,784.00	\$0.00

Statement 6

Form: 990

Page: 3

Part: III

Question:

TRYON LIFE COMMUNITY FARM**20-1887272****Program Services**

Achievement	Pgm. Svc. Exp.
Land Conservation, General/Other: Rooted in a powerful grassroots campaign that brought together thousands of the region's residents, three government bodies, and a multitude of allied non-profits and organizations, TLC Farm successfully acquired the land it occupies and conserves on January 10, 2006. TLC Farm launched a six-month strategic planning process including a wide variety of allies and partners, outlining the best ways in which to link its conservation mission with other purposes and programs. (7 acres) Grants and Allocations: \$3,630.00 This amount includes foreign grants: No	\$9,900.00
Education, General/Other: TLC Farm continued to grow its education programs. Volunteer teachers taught sustainability skills and concepts to over 800 students from local schools and programs; hosted two summer camps; held a variety of sustainability-related community workshops; hosted half a dozen interns from undergraduate and graduate institutions; and participated in the strategic planning process. (900 learners) Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	\$12,708.00
Environmental & Sustainable Design, General/Other: TLC Farm continued to grow its research and demonstration projects exploring and illustrating integration of human and non-human habitat by: building a light straw/clay composting toilet shell; completing the strawbale-insulated office; building an outbuilding for goats; constructing a high-efficiency thermal mass-heating zero emissions woodstove; converting over 200 square feet of lawn into perennial permaculture garden beds; expanding existing food forest edible landscapes; and participating in strategic planning. Construction and gardening projects are workshopped as educational opportunities. (7 projects) Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	\$19,627.00
Intergroup Relations Programs: TLC Farm hosted and provided services for events large and small that encourage communities to build deeper relationships with each other and the earth; these included four arts immersion events, and about 15 short gatherings, meetings, retreats, etc. The strategic planning process focused on how the land currently occupied by TLC Farm can be maximally useful to increasing the visibility, attractiveness, and desirability of sustainable practices and ecological design; this includes maximizing the use by other groups in a variety of contexts. (19 gatherings) Grants and Allocations: \$0.00 This amount includes foreign grants: N/A	\$9,900.00
Total:	\$52,135.00

Statement 7

Form: 990

Page: 4

Part: IV

Question: 57

TRYON LIFE COMMUNITY FARM

20-1887272

Schedule of Land, Buildings and Equipment

Description	Cost	Depreciation	Book Value
Furniture, fixtures and equipment	\$505.00	\$0.00	\$505.00
Interest in 99-year renewable leasehold	\$584,936.00	\$2,954.00	\$581,982.00
Total:	\$585,441.00	\$2,954.00	\$582,487.00

Statement 8

Form: 990

Page: 4

Part: IV

Question: 58

TRYON LIFE COMMUNITY FARM

20-1887272

Other Assets

Asset Description	BOY Amount	EOY Amount
Ernest money, real estate contract	\$72,000.00	\$0.00
Total:	\$72,000.00	\$0.00

Statement 9

Form: 990

Page: 4

Part: IV

Question: 63

TRYON LIFE COMMUNITY FARM**20-1887272****Loans from Officers, Directors, Etc.**

Lender's Name:	Brenna Bell
Lender's Title:	President
Original Amount:	\$15,500.00
Balance Due:	\$15,500.00
Date of Note:	03/31/2005
Maturity Date:	03/31/2008
Repayment Terms:	In full at maturity
Interest Rate:	0
Security Provided by Borrower:	None
Purpose of Loan:	Acquiring and servicing contract to purchase and protect land occupied and
Description of Consideration:	cash
FMV of Consideration:	\$15,500.00

Total Due:	\$15,500.00
-------------------	--------------------

Statement 10

Form: 990

Page: 4

Part: IV

Question: 64b

TRYON LIFE COMMUNITY FARM**20-1887272****Mortgages and Other Notes Payable**

Type: Non-Mortgage
Lender's Name: Taryn Kruger

Original Amount: \$6,000.00
Balance Due: \$6,000.00
Date of Note: 03/31/2005
Maturity Date: 03/31/2007
Repayment Terms: In full at maturity
Interest Rate: 0
Security Provided by Borrower: None
Purpose of Loan: Acquiring and servicing contract to purchase land occupied and conserved by
Description of Consideration: Cash
FMV of Consideration: \$6,000.00
Relationship: Former director

Type: Non-Mortgage
Lender's Name: Elizabeth Atly

Original Amount: \$10,000.00
Balance Due: \$10,000.00
Date of Note: 01/02/2006
Maturity Date: 01/02/2008
Repayment Terms: In full at maturity; interest paid beginning of year
Interest Rate: 4
Security Provided by Borrower: None
Purpose of Loan: Purchase and protect land occupied and conserved by TLC Farm
Description of Consideration: Cash
FMV of Consideration: \$10,000.00
Relationship: None

Type: Non-Mortgage
Lender's Name: Cheryl Webster

Original Amount: \$4,000.00
Balance Due: \$4,000.00
Date of Note: 03/21/2005
Maturity Date: 03/21/2008
Repayment Terms: In full at maturity; interest calculated at maturity
Interest Rate: 5
Security Provided by Borrower: None
Purpose of Loan: Acquiring and servicing contract to purchase land occupied and conserved by
Description of Consideration: Cash
FMV of Consideration: \$4,000.00
Relationship: None

Type: Non-Mortgage
Lender's Name: Elizabeth Atly

Original Amount: \$10,000.00
Balance Due: \$10,570.00
Date of Note: 08/04/2005
Maturity Date: 08/04/2009
Repayment Terms: Interest reinvested in principal annually; balance due at maturity

Interest Rate: 4
Security Provided by Borrower: None
Purpose of Loan: Acquiring and servicing contract to purchase land occupied and conserved by
Description of Consideration: Cash
FMV of Consideration: \$10,000.00
Relationship: None

Type: Non-Mortgage
Lender's Name: Carolyn Loch

Original Amount: \$30,000.00
Balance Due: \$30,000.00
Date of Note: 01/05/2006
Maturity Date: 01/05/2007
Repayment Terms: In full at maturity; interest may be waived
Interest Rate: 5
Security Provided by Borrower: None
Purpose of Loan: Purchase and protect land occupied and conserved by TLC Farm
Description of Consideration: Cash
FMV of Consideration: \$30,000.00
Relationship: None

Type: Non-Mortgage
Lender's Name: Nancy Yuill

Original Amount: \$5,000.00
Balance Due: \$5,000.00
Date of Note: 01/06/2006
Maturity Date: 01/01/2011
Repayment Terms: Repayment must begin by 2009; interest paid at beginning of year
Interest Rate: 3
Security Provided by Borrower: None
Purpose of Loan: Purchase and protect land occupied and conserved by TLC Farm
Description of Consideration: Cash
FMV of Consideration: \$5,000.00
Relationship: None

Type: Non-Mortgage
Lender's Name: Melora Golden

Original Amount: \$10,000.00
Balance Due: \$10,000.00
Date of Note: 03/25/2005
Maturity Date: 03/25/2009
Repayment Terms: In full at maturity; interest paid beginning of year
Interest Rate: 5
Security Provided by Borrower: None
Purpose of Loan: Acquiring and servicing contract to purchase land occupied and conserved by
Description of Consideration: Cash
FMV of Consideration: \$10,000.00
Relationship: None

Type: Mortgage
Lender's Name:

Original Amount: \$700,000.00
Balance Due: \$235,671.00
Date of Note:
Maturity Date:
Repayment Terms:
Interest Rate:

Security Provided by Borrower:

Purpose of Loan:

Description of Consideration:

FMV of Consideration:

Relationship:

Total Due: \$311,241.00

Statement 11

Form: 990

Page: 5

Part: V

Question:

TRYON LIFE COMMUNITY FARM**20-1887272****Officers, Directors, Trustees, and Key Employees**

Name and Address	Hrs	Comp.	Benefits	Expenses
Brenna Bell Title: President Addr 1: 11640 SW Boones Ferry Road Addr 2: CSZ: Portland, OR 97219 Country: United States	5	\$0.00	\$0.00	\$0.00
Samantha Backer Title: Treasurer Addr 1: 11640 SW Boones Ferry Road Addr 2: CSZ: Portland, OR 97219 Country: United States	4	\$0.00	\$0.00	\$0.00
Jacqueline Medford Title: Secretary Addr 1: 11640 SW Boones Ferry Road Addr 2: CSZ: Portland, OR 97219 Country: United States	2	\$0.00	\$0.00	\$0.00
Taryn Kruger Title: Board Member Addr 1: 11640 SW Boones Ferry Road Addr 2: CSZ: Portland, OR 97219 Country: United States	2	\$0.00	\$0.00	\$0.00
Oso Martin Title: Board Member Addr 1: 11640 SW Boones Ferry Road Addr 2: CSZ: Portland, OR 97219 Country: United States	2	\$0.00	\$0.00	\$0.00
Al Thieme Title: Board Member Addr 1: 11640 SW Boones Ferry Road Addr 2: CSZ: Portland, OR 97219 Country: United States	2	\$0.00	\$0.00	\$0.00

Name and Address	Hrs	Comp.	Benefits	Expenses
Gerri Stanfield	2	\$0.00	\$0.00	\$0.00
Title: Board Member Addr 1: 11640 SW Boones Ferry Rd Addr 2: CSZ: Portland, OR 97219 Country: United States				
TOTALS		\$0.00	\$0.00	\$0.00

Statement 12

Form: 990

Page: 8

Part: VIII

Question:

TRYON LIFE COMMUNITY FARM

20-1887272

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
102	Sale of agricultural items and products demonstrates sustainability living.
93 a	All education programs emphasize knowledge & skills for sustainable living and agriculture.
93 b	Hosting events and services provides outreach for value of sustainable systems and design, integrates arts and the environment, and promotes community development by building cross-sector relationships

Statement 13
Form: Schedule A
Page: 2
Part: III
Question: 2

TRYON LIFE COMMUNITY FARM
20-1887272

Transaction Explanations

Line	Explanation
2b	Taryn Kruger, at the time a member of the Board of TLC Farm, made a short-term \$6000 bridge loan to TLC Farm during the acquisition of the land TLC Farm occupies. The loan bore no interest, and was repaid.

Statement 14
Form: Schedule A
Page: 5
Part: VI-B
Question:

TRYON LIFE COMMUNITY FARM
20-1887272

Description of Lobbying Activity

Explanation of Lobbying Activities

TLC Farm encouraged the public to support the Metro Natural Areas Bond Measure (26-80) in the November general election. It did so by discussing the measure on its volunteer-managed website and electronic newsletters, which did not incur any additional expenses.