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|                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                         |                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Form <b>990-EZ</b><br><br>Department of the Treasury<br>Internal Revenue Service | <b>Short Form</b><br><b>Return of Organization Exempt From Income Tax</b><br><b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code</b><br><b>(except black lung benefit trust or private foundation)</b>                                                                                                                                                             | OMB No 1545-1150<br><div>2008</div> |
|                                                                                                                                                                 | <p>▶ Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.</p> <p>▶ <i>The organization may have to use a copy of this return to satisfy state reporting requirements.</i></p> | <b>Open to Public Inspection</b>    |

| A For the 2008 calendar year, or tax year beginning 10-01-2008, and ending 09-30-2009 |                                                                   |                                                                                                        |  |                                                |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--|------------------------------------------------|
| B Check if applicable                                                                 | Please use IRS label or print or type. See Specific Instructions. | C Name of organization<br>P-PATCH TRUST                                                                |  | D Employer identification number<br>91-1091819 |
| Address change                                                                        |                                                                   | Number and street (or P O box, if mail is not delivered to street address) Room/suite<br>P O Box 19748 |  | E Telephone number<br>(425) 329-1601           |
| Name change                                                                           |                                                                   |                                                                                                        |  |                                                |
| Initial return                                                                        |                                                                   | City or town, state or country, and ZIP + 4<br>Seattle, WA 981096748                                   |  | F Group Exemption Number                       |
| Termination                                                                           |                                                                   |                                                                                                        |  |                                                |
| Amended return                                                                        |                                                                   |                                                                                                        |  |                                                |
| Application pending                                                                   |                                                                   |                                                                                                        |  |                                                |

☒ **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**
☐ **Accounting method** ☐ Cash ☒ Accrual  
 Other (specify) ▶

|                                                                                                                                                                                                      |  |                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>I Website:</b> <input type="text" value="www.ppatchtrust.org"/>                                                                                                                                   |  | <b>H</b> Check <input type="checkbox"/> if the organization is <b>not</b> required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |
| <b>J Organization type</b> (check only one)— <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 |  |                                                                                                                                       |

**K Check**  if the organization is not a section 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.

|                                                                                                                                        |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>L</b> Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ | <b>\$</b> | 335,154 |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|

|               |                                                                                                         |
|---------------|---------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions for Part I ) |
|---------------|---------------------------------------------------------------------------------------------------------|

| Revenue |                                                                                                                                                                                                              | 1  | 2       |
|---------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| 1       | Contributions, gifts, grants, and similar amounts received . . . . .                                                                                                                                         |    | 139,025 |
| 2       | Program service revenue including government fees and contracts . . . . .                                                                                                                                    |    | 179,017 |
| 3       | Membership dues and assessments . . . . .                                                                                                                                                                    |    | 0       |
| 4       | Investment income . . . . .                                                                                                                                                                                  |    | 2,225   |
| 5a      | Gross amount from sale of assets other than inventory . . . . .                                                                                                                                              | 5a | 0       |
| b       | Less cost or other basis and sales expenses . . . . .                                                                                                                                                        | 5b | 0       |
| c       | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)                                                                                                    | 5c | 0       |
| 6       | Special events and activities (complete applicable parts of Schedule G) If any amount is from <b>gaming</b> , check here  |    |         |
| a       | Gross revenue (not including \$ ____ 0 ____ of contributions reported on line 1) . . . . .                                                                                                                   | 6a | 14,887  |
| b       | Less direct expenses other than fundraising expenses . . . . .                                                                                                                                               | 6b | 7,079   |
| c       | Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .                                                                                                            | 6c | 7,808   |
| 7a      | Gross sales of inventory, less returns and allowances . . . . .                                                                                                                                              | 7a | 0       |
| b       | Less cost of goods sold . . . . .                                                                                                                                                                            | 7b | 4,398   |
| c       | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .                                                                                                                     | 7c | -4,398  |
| 8       | Other revenue (describe  _____)                                                                                           | 8  | 0       |
| 9       | <b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . .                                                | 9  | 323,677 |

|          |           |                                                                                                                                                 |           |         |
|----------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| Expenses | <b>10</b> | Grants and similar amounts paid (attach schedule)            | <b>10</b> | 41,902  |
|          | <b>11</b> | Benefits paid to or for members . . . . .                                                                                                       | <b>11</b> | 0       |
|          | <b>12</b> | Salaries, other compensation, and employee benefits . . . . .                                                                                   | <b>12</b> | 26,875  |
|          | <b>13</b> | Professional fees and other payments to independent contractors . . . . .                                                                       | <b>13</b> | 20,741  |
|          | <b>14</b> | Occupancy, rent, utilities, and maintenance . . . . .                                                                                           | <b>14</b> | 627     |
|          | <b>15</b> | Printing, publications, postage, and shipping . . . . .                                                                                         | <b>15</b> | 4,762   |
|          | <b>16</b> | Other expenses (describe  _____)                             | <b>16</b> | 21,674  |
|          | <b>17</b> | <b>Total expenses</b> (add lines 10 through 16) . . . . .  | <b>17</b> | 116,581 |

|                   |           |                                                                                                                                                            |           |           |
|-------------------|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------|
| <b>Net Assets</b> | <b>18</b> | Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .                                                                                  | <b>18</b> | 207,096   |
|                   | <b>19</b> | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . | <b>19</b> | 823,486   |
|                   | <b>20</b> | Other changes in net assets or fund balances (attach explanation) . . . . .                                                                                | <b>20</b> | 0         |
|                   | <b>21</b> | Net assets or fund balances at end of year (combine lines 18 through 20) . . . . .                                                                         | <b>21</b> | 1,030,582 |

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

| (See the instructions for Part II ) |                                                                                                                          | (A) Beginning of year | (B) End of year     |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------|
| <b>22</b>                           | Cash, savings, and investments . . . . .                                                                                 | 220,152               | <b>22</b> 174,852   |
| <b>23</b>                           | Land and buildings . . . . .                                                                                             | 715,726               | <b>23</b> 910,087   |
| <b>24</b>                           | Other assets (describe  )             | 30,942                | <b>24</b> 39,353    |
| <b>25</b>                           | <b>Total assets</b> . . . . .                                                                                            | 966,820               | <b>25</b> 1,124,292 |
| <b>26</b>                           | <b>Total liabilities</b> (describe  ) | 143,334               | <b>26</b> 93,710    |
| <b>27</b>                           | <b>Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .                              | 823,486               | <b>27</b> 1,030,582 |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                               |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--------|
| <b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>Expenses</b><br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others ) |        |
| What is the organization's primary exempt purpose?<br><u>Acquire, build, preserve, &amp; protect community gardens</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                               |        |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                               |        |
| <b>28</b> P-Patch Trust serves a fiscal sponsor for 29 different volunteer based community projects. Through the City of Seattle's Neighborhood Matching Fund, cash grants are awarded to neighborhood and community organizations for a wide-variety of neighborhood-based projects. The program was started in response to calls from neighborhood leaders to assist them with neighborhood self-help projects. The program supports projects which features community volunteer participation. P-Patch Trust supports Lettuce Link (a program of Solid Ground ). Lettuce Link is an innovative food and gardening program. It creates access to fresh, nutritious and organic produce, seeds, and gardening information for families with lower incomes in Seattle. The program works to educate the community about food security and sustainable food production. Gardeners pay a small annual fee for the right to garden in a P-Patch plot. The fees cover cost of direct services: use of land, rototilling, water and organic fertilizer. P-Patch Trust provides financial assistance to help cover plot fees for low income gardeners.<br>(Grants \$ 41,902) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                      |  | <b>28a</b>                                                                                                    | 41,902 |
| <b>29</b> Seattle Market Gardens is a collaboration between P-Patch Trust, the City of Seattle Department of Neighborhoods, and Seattle Housing Authority. Seattle Market Gardens is a partnership between in-city farmers and consumers resulting in weekly deliveries of high-quality, farm-fresh, organic produce during the growing season. In 2009 Seattle Market Gardens provided produce for approximately 79 households over 22 weeks. It currently has two community supported agriculture (CSA) gardens located and farmed by residents in Southeast and Southwest Seattle. Seattle Market Gardens' mission is to help establish safe, healthy communities and economic opportunity through development of CSA enterprises in low-income neighborhoods.<br>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | <b>29a</b>                                                                                                    | 34,038 |
| <b>30</b> P-Patch Trust, in conjunction with the City of Seattle's P-Patch Program, provides 68 community or neighborhood gardens for residents throughout Seattle. The community based program areas of the P-Patch Program are community gardening, market gardening, youth gardening, and community food security in the City of Seattle. These programs serve all citizens of Seattle with an emphasis on low-income and immigrant populations and youth. Community gardens offer 1900 plots that serve more than 3800 urban gardeners on 23 acres of land. P-Patch Trust provides these gardens with liability insurance, garden tools, and garden education. Based on the results of a 2007 survey conducted by the City of Seattle, 55% of gardeners are low income and 20% are people of color, 40% are apartment dwellers or live in multi-family dwellings and 77% have no gardening space where they live. At least once per month, 40% of the gardeners donate to local area food banks. The education mission of P-Patch Trust is carried out through a quaterly publication of the P-Patch Post. P-Patch Trust is also a member of Food Resource Network Federation (FRNF ). FRNF members work together to address the needs of Seattle's low income persons who rely on emergency food program, fostering self-sufficiency, and access to resources. In addition to P-Patch Trust, federation members include five Seattle area food banks.<br>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/> |  | <b>30a</b>                                                                                                    | 23,563 |
| <b>31</b> Other program services (attach schedule) . . . . .<br>(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>31a</b>                                                                                                    |        |
| <b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>32</b>                                                                                                     | 99,503 |

| <b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated. (See the instructions for Part IV ) |                                                          |                                            |                                                                     |                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| (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 | (e) Expense account and other allowances |
| See Additional Data Table                                                                                                                           |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                     |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                     |                                                          |                                            |                                                                     |                                          |
|                                                                                                                                                     |                                                          |                                            |                                                                     |                                          |

| Part V |                                                                                                                                                                                                                                                               | Other Information (Note the statement requirements in the instructions for Part VI.) |  | Yes | No |
|--------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--|-----|----|
| 33     | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .                                                                                                            |                                                                                      |  | 33  | No |
| 34     | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .                                                                                                        |                                                                                      |  | 34  | No |
| 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 your reason for not reporting the income on Form 990-T            |                                                                                      |  |     |    |
| a      | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .                                                                                                              |                                                                                      |  | 35a | No |
| b      | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .                                                                                                                                                                             |                                                                                      |  | 35b |    |
| 36     | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .                                                                                                    |                                                                                      |  | 36  | No |
| 37a    | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶                                                                                                                                                                |                                                                                      |  | 37a | 0  |
| b      | Did the organization file <b>Form 1120-POL</b> for this year? . . . . .                                                                                                                                                                                       |                                                                                      |  | 37b | No |
| 38a    | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .                             |                                                                                      |  | 38a | No |
| b      | If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .                                                                                                                                                                          |                                                                                      |  | 38b |    |
| 39     | 501(c)(7) organizations. Enter                                                                                                                                                                                                                                |                                                                                      |  |     |    |
| a      | Initiation fees and capital contributions included on line 9 . . . . .                                                                                                                                                                                        |                                                                                      |  | 39a |    |
| b      | Gross receipts, included on line 9, for public use of club facilities . . . . .                                                                                                                                                                               |                                                                                      |  | 39b |    |
| 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 (4) organizations. 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," complete Schedule L, Part I. . . . . |                                                                                      |  | 40b | No |
| c      | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0                                                                                                                |                                                                                      |  |     |    |
| d      | Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0                                                                                                                                                                                  |                                                                                      |  |     |    |
| e      | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .                                                                                                                           |                                                                                      |  | 40e | No |
| 41     | List the states with which a copy of this return is filed ▶ WA                                                                                                                                                                                                |                                                                                      |  |     |    |
| 42a    | The books are in care of ▶ Michael McNutt Telephone no ▶ (425) 329-1601                                                                                                                                                                                       |                                                                                      |  |     |    |
|        | 365 Lynn Street Located at ▶ Seattle, WA ZIP + 4 ▶ 98109                                                                                                                                                                                                      |                                                                                      |  |     |    |
| 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)?                      |                                                                                      |  | 42b | No |
|        | If "Yes," enter the name of the foreign country ▶                                                                                                                                                                                                             |                                                                                      |  |     |    |
|        | See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .                                                                                                                     |                                                                                      |  |     |    |
| c      | At any time during the calendar year, did the organization maintain an office outside of the U S ?                                                                                                                                                            |                                                                                      |  | 42c | No |
|        | If "Yes," enter the name of the foreign country ▶                                                                                                                                                                                                             |                                                                                      |  |     |    |
| 43     | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶                                                                                                                                         |                                                                                      |  | 43  |    |
|        | and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶                                                                                                                                                               |                                                                                      |  |     |    |
| 44     | Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.                                                                                                                                           |                                                                                      |  | 44  | No |
| 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  | No |

Part VI

Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

|     |                                                                                                                                                                                                                                       |     |    |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 46  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I                                                  | Yes | No |
| 47  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II                                                                                                                                            |     | No |
| 48  | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E                                                                                                                        |     | No |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization?                                                                                                                                             |     | No |
|     | b If "Yes," was the related organization(s) a section 527 organization?                                                                                                                                                               |     |    |
| 50  | Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None." |     |    |

| (a) Name and address of each employee paid more than \$100,000 | (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 \$100,000            |                                                          |                  |                                                                     |                                          |

|    |                                                                                                                                                                                            |                     |                  |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------|
| 51 | Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None." |                     |                  |
|    | (a) Name and address of each independent contractor paid more than \$100,000                                                                                                               | (b) Type of service | (c) Compensation |
|    | L W Sundstrom<br>P O Box 893<br>Ravensdale,WA 98051                                                                                                                                        | Garden Construction | 161,321          |
|    |                                                                                                                                                                                            |                     |                  |
|    |                                                                                                                                                                                            |                     |                  |
|    |                                                                                                                                                                                            |                     |                  |
|    | Total number of other independent contractors receiving over \$100,000                                                                                                                     | 1                   |                  |

|                          |                                                                                                                                                                                                                                                                                                                       |  |                    |                        |                                    |    |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------|------------------------|------------------------------------|----|
| 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. |  |                    |                        |                                    |    |
|                          | Signature of officer                                                                                                                                                                                                                                                                                                  |  | 2010-04-21<br>Date |                        |                                    |    |
| Paid Preparer's Use Only | Preparer's signature                                                                                                                                                                                                                                                                                                  |  | Date               | Check if self-employed | Preparer's PTIN (See Gen. Inst. X) |    |
|                          | Firm's name (or yours if self-employed), address, and ZIP + 4                                                                                                                                                                                                                                                         |  |                    |                        | EIN                                |    |
|                          |                                                                                                                                                                                                                                                                                                                       |  |                    |                        | Phone no.                          |    |
|                          | May the IRS discuss this return with the preparer shown above? See instructions.                                                                                                                                                                                                                                      |  |                    |                        |                                    |    |
|                          |                                                                                                                                                                                                                                                                                                                       |  |                    |                        | Yes                                | No |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.  
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

|                                           |                                              |
|-------------------------------------------|----------------------------------------------|
| Name of the organization<br>P-PATCH TRUST | Employer identification number<br>91-1091819 |
|-------------------------------------------|----------------------------------------------|

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization )

|    |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | <input type="checkbox"/>            | A church, convention of churches, or association of churches described in <b>Section 170(b)(1)(A)(i).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| 2  | <input type="checkbox"/>            | A school described in <b>Section 170(b)(1)(A)(ii).</b> (Attach Schedule E )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| 3  | <input type="checkbox"/>            | A hospital or a cooperative hospital service organization described in <b>Section 170(b)(1)(A)(iii).</b> (Attach Schedule H )                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 4  | <input type="checkbox"/>            | A medical research organization operated in conjunction with a hospital described in <b>Section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state                                                                                                                                                                                                                                                                                                                                                                                                       |
| 5  | <input type="checkbox"/>            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>Section 170(b)(1)(A)(iv).</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                          |
| 6  | <input type="checkbox"/>            | A federal, state, or local government or governmental unit described in <b>Section 170(b)(1)(A)(v).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 7  | <input checked="" type="checkbox"/> | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                           |
| 8  | <input type="checkbox"/>            | A community trust described in <b>Section 170(b)(1)(A)(vi)</b> (Complete Part II )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| 9  | <input type="checkbox"/>            | An organization that normally receives (1) more than 33 1/3% 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 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>Section 509(a)(2).</b> (Complete Part III )                                                                                            |
| 10 | <input type="checkbox"/>            | An organization organized and operated exclusively to test for public safety See <b>Section 509(a)(4).</b> (See instructions )                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| 11 | <input type="checkbox"/>            | 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 <b>Section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h<br>a <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally Integrated      d <input type="checkbox"/> Type III - Other |
| e  | <input type="checkbox"/>            | By 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  | <input type="checkbox"/>            | If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box                                                                                                                                                                                                                                                                                                                                                                                                                      |
| g  | <input type="checkbox"/>            | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?<br>(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 the supported organization?<br>(ii) a family member of a person described in (i) above?<br>(iii) a 35% controlled entity of a person described in (i) or (ii) above?                                                                                                                           |
| h  | <input type="checkbox"/>            | Provide the following information about the organizations the organization supports                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

|          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of support? |
|------------------------------------|----------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|--------------------------|
|                                    |          |                                                                                              | Yes                                                                    | No | Yes                                                             | No | Yes                                                        | No |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
|                                    |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |
| Total                              |          |                                                                                              |                                                                        |    |                                                                 |    |                                                            |    |                          |

Part II

Support Schedule for Organizations Described in IRC 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.)

| Public Support                                                                                                                                                                                    |          |          |          |          |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                                       | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")                                                                                               | 372,020  | 180,079  | 205,112  | 151,553  | 140,963  | 1,049,727 |
| 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                                                                                         | 63,144   | 0        | 0        | 41,392   | 46,600   | 151,136   |
| 4 Total. Add line 1-3                                                                                                                                                                             | 435,164  | 180,079  | 205,112  | 192,945  | 187,563  | 1,200,863 |
| 5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public Support subtract line 5 from line 4                                                                                                                                                      |          |          |          |          |          | 1,200,863 |

| Total Support                                                                                                                                                            |          |          |          |          |          |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-------------------------------------|
| Calendar year (or fiscal year beginning in)                                                                                                                              | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total                           |
| 7 Amounts from line 4                                                                                                                                                    | 435,164  | 2,724    | 205,112  | 192,945  | 187,563  | 1,200,863                           |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                         | 756      | 2,724    | 4,902    | 2,717    | 6,253    | 17,352                              |
| 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 )                                                                        | 17,712   | 24,042   | 21,223   | 18,937   | 18,591   | 100,505                             |
| 11 Total Support (Add lines 7 through 10)                                                                                                                                |          |          |          |          |          | 1,318,720                           |
| 12 Gross receipts from related activities, etc (See instructions )                                                                                                       |          |          |          |          | 12       | 0                                   |
| 13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          | <input checked="" type="checkbox"/> |

| Computation of Public Support Percentage                                                                                                                                                                                                                                                                                                                                                     |                                     |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------|
| 14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))                                                                                                                                                                                                                                                                                                      | 14                                  | 91.063 % |
| 15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f                                                                                                                                                                                                                                                                                                                        | 15                                  | 99.02 %  |
| 16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                                 | <input checked="" type="checkbox"/> |          |
| b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization                                                                                                                                                                            | <input type="checkbox"/>            |          |
| 17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization    | <input type="checkbox"/>            |          |
| b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization | <input type="checkbox"/>            |          |
| 18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions                                                                                                                                                                                                                                                       | <input type="checkbox"/>            |          |

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

| Section A. Public Support                                                                                                                                                       |          |          |          |          |          |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                                     | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")                                                                              |          |          |          |          |          |           |
| 2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose       |          |          |          |          |          |           |
| 3Gross receipts from activities that are not an unrelated trade or business under section 513                                                                                   |          |          |          |          |          |           |
| 4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                |          |          |          |          |          |           |
| 5The value of services or facilities furnished by a governmental unit to the organization without charge                                                                        |          |          |          |          |          |           |
| 6Total Add lines 1-5                                                                                                                                                            |          |          |          |          |          |           |
| 7aAmounts included on lines 1, 2, and 3 received from disqualified persons                                                                                                      |          |          |          |          |          |           |
| bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 |          |          |          |          |          |           |
| cTotal of lines 7a and 7b                                                                                                                                                       |          |          |          |          |          |           |
| 8Public Support (Subtract line 7c from line 6)                                                                                                                                  |          |          |          |          |          |           |

| Total Support                                                                                                                                                          |          |          |          |          |          |           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                                                                                                                            | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9Amounts from line 6                                                                                                                                                   |          |          |          |          |          |           |
| 10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                      |          |          |          |          |          |           |
| bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975                                                               |          |          |          |          |          |           |
| cAdd lines 10a and 10b                                                                                                                                                 |          |          |          |          |          |           |
| 11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                          |          |          |          |          |          |           |
| 12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )                                                                       |          |          |          |          |          |           |
| 13Total Support (Add lines 9, 10c, 11 and 12)                                                                                                                          |          |          |          |          |          |           |
| 14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here |          |          |          |          |          |           |

| Computation of Public Support Percentage                                               |    |  |
|----------------------------------------------------------------------------------------|----|--|
| 15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f)) | 15 |  |
| 16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g                  | 16 |  |

| Computation of Investment Income Percentage                                                                                                                                                                                                                 |    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))                                                                                                                                                                 | 17 |  |
| 18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h                                                                                                                                                                                   | 18 |  |
| 19a33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization        |    |  |
| b33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization |    |  |
| 20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions                                                                                                                                    |    |  |

**Part IV**

**Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

| Facts and Circumstances Test                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2004 CSA Subscriptions \$15,860, fiscal sponsor fees \$1,583, Information Booth \$449, 2005 CSA Subscriptions \$17,481, fiscal sponsor fees \$1,999, Information Booth \$4,562, 2006 CSA Subscriptions \$16,728, fiscal sponsor fees \$1,791, Information Booth \$2,704, 2007 (short year) CSA Subscriptions \$18,038, fiscal sponsor fees \$2,717 and Information Booth \$899, 2007 CSA Subscriptions \$16,999 and fiscal sponsor fees \$1,592 CSA Subscriptions - P-Patch Trust markets produce subscriptions for two Seattle Market Gardens Seattle Market Gardens subscribers get 22 weeks of seasonal organic produce during the growing season The program helps the mostly immigrant farmers gain confidence and adjust to life in the United States, at the same time promoting community and healing for those who have experienced the stresses of war Fiscal Sponsor Fees - Fees collected from community groups for garden improvement projects Information Booth - Educational display at community gardening and p-patch events to provide information and outreach services about community gardening, p-patch gardeners and interested community members interested in gardening can purchase logo items, such as t-shirts and note cards Sales of inventory items was discontinued in 2007 |

Additional Data

Software ID:  
Software Version:  
EIN: 91-1091819  
Name: P-PATCH TRUST

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 | (E) Expense account and other allowances |
|---------------------------------------------------------------|----------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------|------------------------------------------|
| Ray Schutte<br>3628 24th Place W 203<br>Seattle, WA 98199     | President 5 00                                           | 0                                          | 0                                                                   | 0                                        |
| Alice Burgess<br>2914 24th Ave W<br>Seattle, WA 98199         | Vice President 3 00                                      | 0                                          | 0                                                                   | 0                                        |
| Michael McNutt<br>365 Lynn Street<br>Seattle, WA 98109        | Treasurer 5 00                                           | 0                                          | 0                                                                   | 0                                        |
| Sheryl Smith<br>11515 12th NE<br>Seattle, WA 98125            | Secretary 3 00                                           | 0                                          | 0                                                                   | 0                                        |
| Cyndi Asmus<br>718 N 94th Street B<br>Seattle, WA 98103       | Director 2 00                                            | 0                                          | 0                                                                   | 0                                        |
| Stephanie Bowman<br>4910 Fremont Ave N<br>Seattle, WA 98103   | Director 2 00                                            | 0                                          | 0                                                                   | 0                                        |
| Jacqueline Cramer<br>7743 Corliss Ave N<br>Seattle, WA 98103  | Director 2 00                                            | 0                                          | 0                                                                   | 0                                        |
| Cristina Del Alma<br>3800 41st Ave<br>Seattle, WA 98118       | Director 2 00                                            | 0                                          | 0                                                                   | 0                                        |
| Mark Huston<br>9102 Linden Ave N<br>Seattle, WA 98103         | Director 2 00                                            | 0                                          | 0                                                                   | 0                                        |
| Erin MacDougall<br>7015 Brooklyn Ave NE<br>Seattle, WA 98115  | Director 2 00                                            | 0                                          | 0                                                                   | 0                                        |
| Michele Mancuso<br>2646 48th Ave SW<br>Seattle, WA 98116      | Director 2 00                                            | 0                                          | 0                                                                   | 0                                        |
| Brenda Matter<br>3953 S Ferdinand Street<br>Seattle, WA 98118 | Director 2 00                                            | 0                                          | 0                                                                   | 0                                        |
| Joyce Moty<br>1531 30th Ave S<br>Seattle, WA 98144            | Director 2 00                                            | 0                                          | 0                                                                   | 0                                        |
| Tracy Stober<br>735 Belmont Ave E 203<br>Seattle, WA 98102    | Director 2 00                                            | 0                                          | 0                                                                   | 0                                        |

**TY 2008 General Explanation Attachment****Name:** P-PATCH TRUST**EIN:** 91-1091819**Software ID:** 08000095**Software Version:** v1.00

| Identifier       | Return Reference                 | Explanation                                                                                                                                         |
|------------------|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| F99Z_P02_S00_L23 | Form 990-EZ, Part II,<br>Line 23 | Depreciation expense adjusted \$783 Construction was in progress and not completed Constr<br>uction in progress is capitalized, but not depreciated |

| Identifier       | Return Reference                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| F99Z_P03_S00_L28 | Form 990-EZ, Part III, Line (28-31) | P-Patch Trust is a non-profit organization working to acquire, build, preserve, and protect community gardens in Seattle neighborhoods. Through advocacy, leadership, and partnerships, P-Patch Trust expands access to community gardening across economic, racial, ethnic, ability, and gender lines. We promote economic gardening and build community by breaking urban isolation by providing opportunities for people to garden together, learn from each other, develop a sense of neighborhood, and create a more livable urban environment. P-Patch Trust owns various sites that are used for "community gardens and open spaces in perpetuity." Gardens are managed with the assistance of the City of Seattle's P-Patch Program and enables us to provide education on urban ecology and biodiversity through organic gardening and sustainable development, and to promote healthy gardening and urban ecology practices. |

**TY 2008 Grants and Similar Amounts Paid Schedule****Name:** P-PATCH TRUST**EIN:** 91-1091819**Software ID:** 08000095**Software Version:** v1.00

|                                        |                                           |
|----------------------------------------|-------------------------------------------|
| <b>Item No.</b>                        | 1                                         |
| <b>Class of Activity</b>               | Cash Allocation                           |
| <b>Donee's Name</b>                    | Angel Morgan P-Patch                      |
| <b>Donee's Address</b>                 | 3956 S Morgan Street<br>Seattle, WA 98118 |
| <b>Amount (FMV)</b>                    | 5,561                                     |
| <b>Purpose of Payment to Affiliate</b> |                                           |
| <b>Relationship</b>                    |                                           |
| <b>Description</b>                     |                                           |
| <b>Book Value</b>                      |                                           |
| <b>How BV Determined</b>               |                                           |
| <b>How FMV Determined</b>              |                                           |
| <b>Date of Gift</b>                    |                                           |

|                                 |                                       |
|---------------------------------|---------------------------------------|
| Item No.                        | 2                                     |
| Class of Activity               | Cash Allocation                       |
| Donee's Name                    | Ballard P-Patch                       |
| Donee's Address                 | 8527 25th Ave NW<br>Seattle, WA 98117 |
| Amount (FMV)                    | 1,269                                 |
| Purpose of Payment to Affiliate |                                       |
| Relationship                    |                                       |
| Description                     |                                       |
| Book Value                      |                                       |
| How BV Determined               |                                       |
| How FMV Determined              |                                       |
| Date of Gift                    |                                       |

|                                 |                                         |
|---------------------------------|-----------------------------------------|
| Item No.                        | 3                                       |
| Class of Activity               | Neighborhood Matching Fund              |
| Donee's Name                    | Colman Park P-Patch                     |
| Donee's Address                 | 1716-28 32nd Ave S<br>Seattle, WA 98144 |
| Amount (FMV)                    | 1,997                                   |
| Purpose of Payment to Affiliate |                                         |
| Relationship                    |                                         |
| Description                     |                                         |
| Book Value                      |                                         |
| How BV Determined               |                                         |
| How FMV Determined              |                                         |
| Date of Gift                    |                                         |

|                                 |                                       |
|---------------------------------|---------------------------------------|
| Item No.                        | 4                                     |
| Class of Activity               | Cash Allocation                       |
| Donee's Name                    | Evanston P-Patch                      |
| Donee's Address                 | 604 101st Street<br>Seattle, WA 98133 |
| Amount (FMV)                    | 1,046                                 |
| Purpose of Payment to Affiliate |                                       |
| Relationship                    |                                       |
| Description                     |                                       |
| Book Value                      |                                       |
| How BV Determined               |                                       |
| How FMV Determined              |                                       |
| Date of Gift                    |                                       |

|                                 |                                                 |
|---------------------------------|-------------------------------------------------|
| Item No.                        | 5                                               |
| Class of Activity               | Neighborhood Matching Fund                      |
| Donee's Name                    | West Genesee P-Patch                            |
| Donee's Address                 | SW Genesee and 42nd Ave SW<br>Seattle, WA 98106 |
| Amount (FMV)                    | 786                                             |
| Purpose of Payment to Affiliate |                                                 |
| Relationship                    |                                                 |
| Description                     |                                                 |
| Book Value                      |                                                 |
| How BV Determined               |                                                 |
| How FMV Determined              |                                                 |
| Date of Gift                    |                                                 |

|                                 |                                                 |
|---------------------------------|-------------------------------------------------|
| Item No.                        | 6                                               |
| Class of Activity               | Grant                                           |
| Donee's Name                    | Green Acres Radio                               |
| Donee's Address                 | 3000 Landerholm Circle SE<br>Bellevue, WA 98007 |
| Amount (FMV)                    | 5,000                                           |
| Purpose of Payment to Affiliate |                                                 |
| Relationship                    |                                                 |
| Description                     |                                                 |
| Book Value                      |                                                 |
| How BV Determined               |                                                 |
| How FMV Determined              |                                                 |
| Date of Gift                    |                                                 |

|                                 |                                                    |
|---------------------------------|----------------------------------------------------|
| Item No.                        | 7                                                  |
| Class of Activity               | Neighborhood Matching Fund                         |
| Donee's Name                    | Hawkins P-Patch                                    |
| Donee's Address                 | 504 Martin Luther King Jr Way<br>Seattle, WA 98122 |
| Amount (FMV)                    | 336                                                |
| Purpose of Payment to Affiliate |                                                    |
| Relationship                    |                                                    |
| Description                     |                                                    |
| Book Value                      |                                                    |
| How BV Determined               |                                                    |
| How FMV Determined              |                                                    |
| Date of Gift                    |                                                    |

|                                 |                                            |
|---------------------------------|--------------------------------------------|
| Item No.                        | 8                                          |
| Class of Activity               | Neighborhood Matching Fund/Cash Allocation |
| Donee's Name                    | Interbay P-Patch                           |
| Donee's Address                 | 2452 15th Ave W<br>Seattle, WA 98119       |
| Amount (FMV)                    | 10,605                                     |
| Purpose of Payment to Affiliate |                                            |
| Relationship                    |                                            |
| Description                     |                                            |
| Book Value                      |                                            |
| How BV Determined               |                                            |
| How FMV Determined              |                                            |
| Date of Gift                    |                                            |

|                                 |                                             |
|---------------------------------|---------------------------------------------|
| Item No.                        | 9                                           |
| Class of Activity               | Cash Allocation                             |
| Donee's Name                    | Lettuce Link<br>c/o Solid Ground            |
| Donee's Address                 | 1501 North 45th Street<br>Seattle, WA 98103 |
| Amount (FMV)                    | 2,000                                       |
| Purpose of Payment to Affiliate |                                             |
| Relationship                    |                                             |
| Description                     |                                             |
| Book Value                      |                                             |
| How BV Determined               |                                             |
| How FMV Determined              |                                             |
| Date of Gift                    |                                             |

|                                 |                                             |
|---------------------------------|---------------------------------------------|
| Item No.                        | 10                                          |
| Class of Activity               | Cash Allocation                             |
| Donee's Name                    | Lincoln Park P-Patch                        |
| Donee's Address                 | 7400 Fauntleroy Way SW<br>Seattle, WA 98126 |
| Amount (FMV)                    | 62                                          |
| Purpose of Payment to Affiliate |                                             |
| Relationship                    |                                             |
| Description                     |                                             |
| Book Value                      |                                             |
| How BV Determined               |                                             |
| How FMV Determined              |                                             |
| Date of Gift                    |                                             |

|                                 |                                            |
|---------------------------------|--------------------------------------------|
| Item No.                        | 11                                         |
| Class of Activity               | Neighborhood Matching Fund/Cash Allocation |
| Donee's Name                    | High Point MacArthur Lane Community Garden |
| Donee's Address                 | 2726 MacArthur Lane<br>Seattle, WA 98126   |
| Amount (FMV)                    | 3,664                                      |
| Purpose of Payment to Affiliate |                                            |
| Relationship                    |                                            |
| Description                     |                                            |
| Book Value                      |                                            |
| How BV Determined               |                                            |
| How FMV Determined              |                                            |
| Date of Gift                    |                                            |

|                                 |                                       |
|---------------------------------|---------------------------------------|
| Item No.                        | 12                                    |
| Class of Activity               | Cash Allocation                       |
| Donee's Name                    | Picardo P-Patch                       |
| Donee's Address                 | 8040 25th Ave NE<br>Seattle, WA 98105 |
| Amount (FMV)                    | 548                                   |
| Purpose of Payment to Affiliate |                                       |
| Relationship                    |                                       |
| Description                     |                                       |
| Book Value                      |                                       |
| How BV Determined               |                                       |
| How FMV Determined              |                                       |
| Date of Gift                    |                                       |

|                                 |                                               |
|---------------------------------|-----------------------------------------------|
| Item No.                        | 13                                            |
| Class of Activity               | Neighborhood Matching Fund                    |
| Donee's Name                    | Spring Street P-Patch                         |
| Donee's Address                 | 25th Ave and E Spring St<br>Seattle, WA 98122 |
| Amount (FMV)                    | 4,902                                         |
| Purpose of Payment to Affiliate |                                               |
| Relationship                    |                                               |
| Description                     |                                               |
| Book Value                      |                                               |
| How BV Determined               |                                               |
| How FMV Determined              |                                               |
| Date of Gift                    |                                               |

|                                 |                                                 |
|---------------------------------|-------------------------------------------------|
| Item No.                        | 14                                              |
| Class of Activity               | Cash Allocation                                 |
| Donee's Name                    | Summit-Capitol Hill P-Patch                     |
| Donee's Address                 | E John St and Summit Ave E<br>Seattle, WA 98122 |
| Amount (FMV)                    | 245                                             |
| Purpose of Payment to Affiliate |                                                 |
| Relationship                    |                                                 |
| Description                     |                                                 |
| Book Value                      |                                                 |
| How BV Determined               |                                                 |
| How FMV Determined              |                                                 |
| Date of Gift                    |                                                 |

|                                 |                                        |
|---------------------------------|----------------------------------------|
| Item No.                        | 15                                     |
| Class of Activity               | Cash Allocation                        |
| Donee's Name                    | City of Seattle<br>c/o Gardenship Fund |
| Donee's Address                 | P O Box 94649<br>Seattle, WA 98124     |
| Amount (FMV)                    | 3,882                                  |
| Purpose of Payment to Affiliate |                                        |
| Relationship                    |                                        |
| Description                     |                                        |
| Book Value                      |                                        |
| How BV Determined               |                                        |
| How FMV Determined              |                                        |
| Date of Gift                    |                                        |

**TY 2008 Other Assets Schedule****Name:** P-PATCH TRUST**EIN:** 91-1091819**Software ID:** 08000095**Software Version:** v1.00

| Description                 | Beginning of Year<br>Amount | End of Year<br>Amount |
|-----------------------------|-----------------------------|-----------------------|
| Accounts Receivable         | 26,544                      | 39,353                |
| Inventories for sale or use | 4,398                       |                       |

**TY 2008 Other Expenses Schedule****Name:** P-PATCH TRUST**EIN:** 91-1091819**Software ID:** 08000095**Software Version:** v1.00

| Description          | Amount |
|----------------------|--------|
| Supplies             | 8,850  |
| Telephone            | 37     |
| Travel               | 10     |
| Insurance            | 962    |
| Memberships and Dues | 320    |
| Bank Fees            | 595    |
| Americorps Volunteer | 4,000  |
| Taxes                | 6,347  |
| Fees and Licenses    | 553    |

**TY 2008 Other Liabilities Schedule****Name:** P-PATCH TRUST**EIN:** 91-1091819**Software ID:** 08000095**Software Version:** v1.00

| Description      | Beginning of Year<br>Amount | End of Year<br>Amount |
|------------------|-----------------------------|-----------------------|
| Accounts Payable | 4,059                       | 8,089                 |
| Deferred Revenue | 139,275                     | 85,621                |