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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SUSTAINABLE LIVING COALITION

Number and street (or P O box, if mail is not delivered to street address): 2151 185th St Lot 1 | Room/suite

City or town, state or country, and ZIP + 4: Fairfield, IA 52556

D Employer identification number: 20-1054587

E Telephone number: (641) 472-0100

F Group Exemption Number ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) - [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 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 Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 118,146

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

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	87,695
	2	Program service revenue including government fees and contracts		2	17,970
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a 681		
	b	Less. cost or other basis and sales expenses	5b 843		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	(162)
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ [ ]			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 11,800		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) STM100		6c	11,800
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	117,303
Expenses	10	Grants and similar amounts paid (attach schedule) STM122		10	8,277
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	22,620
	13	Professional fees and other payments to independent contractors		13	4,175
	14	Occupancy, rent, utilities, and maintenance		14	666
	15	Printing, publications, postage, and shipping		15	772
	16	Other expenses (describe ▶ STM130)		16	20,913
	17	**Total expenses.** Add lines 10 through 16 ▶		17	57,423
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	59,880
	19	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)		19	80,731
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	140,611

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	6,585	22	20,203
23	Land and buildings	59,982	23	104,325
24	Other assets (describe ▶ STM131)	14,816	24	21,399
25	**Total assets**	81,383	25	145,927
26	**Total liabilities** (describe ▶ STM132)	652	26	5,316
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	80,731	27	140,611

98
13

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form **990-EZ** (2009)

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

What is the organization's primary exempt purpose? See Statement 127

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.

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)
28 Two week permiculture designer certification course for 18 individuals (Grants $ 350) If this amount includes foreign grants, check here ▶ ☐	28a	9,785
29 Construction of barn, walking trail, eco-nest and energy system as hand on learning of environmental practices taught by organization - see statement 133 (Grants $ 49,367) If this amount includes foreign grants, check here ▶ ☐	29a	58,839
30 Donate books on sustainable living practices to Iowa City Library and Cedar Rapids library (Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	8,227
31 Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32 **Total program service expenses** (add lines 28a through 31a) ▶	32	76,851

Part IV *List of Officers, Directors, Trustees, and Key Employees. 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
Stuart Valentine 2151 185th St Lot 1 Fairfield IA, 52556	Co Director 2	0	0	0
Lonnie Gamble 1860 Woodland Dr Fairfield IA, 52556	Co Director 8	3,069	0	0
Hap Mullenneaux 2131 185th St Fairfield IA, 52556	Treasurer 6	0	0	0
Diana Krystofiak 2331 Seven Hills Rd Fairfield IA, 52556	Secretary 2	0	0	0
Briggs Shore 2151 185th St Lot 1 Fairfield IA, 52556	Administrative 30	20,976	0	0
Ken Walton 2151 185th St Lot 1 Fairfield IA, 52556	Board Member 3	0	0	0
Frank Cicela 2151 185th St Lot 1 Fairfield IA, 52556	Acting Director 10	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V)

			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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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 outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 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			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ _____

42 a The organization's books are in care of ▶ Ken Walton Telephone no ▶ 641-472-0100

Located at ▶ 2151 185th St Lot 1 Fairfield, IA ZIP + 4 ▶ 52556

			Yes	No
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		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**-Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

			Yes	No
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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is 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				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶

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 — Date 11/15/10

LAWRENCE GAMBLE, CHAIR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 11-13-2010	Check if self-employed ▶ ☐	Preparer's Identifying No. (See inst)
Firm's name (or yours if self-employed), address, and ZIP + 4	Fairfield Accounting Services I PO Box 337 Fairfield, IA 52556	EIN ▶ Phone no ▶ 641-472-7111	

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes [ ] No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SUSTAINABLE LIVING COALITION

Employer identification number
20-1054587

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 [ ] 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 **section 509(a)(2).** (Complete Part III)

10 [ ] An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a [ ] Type I b [ ] Type II c [ ] Type III-Functionally integrated d [ ] Type III-Other

e [ ] 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 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s)

(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? Yes	No	(v) Did you notify the organization in col (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the U S ? Yes	No	(vii) Amount of support
Total									

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

EEA

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,867	15,561	16,345	103,350	87,695	229,818
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6,867	15,561	16,345	103,350	87,695	229,818
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						43,870
6 **Public support.** Subtract line 5 from ln 4						185,948

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	6,867	15,561	16,345	103,350	87,695	229,818
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						229,818

12 Gross receipts from related activities, etc (see instructions) 12 92,821

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ [X]

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 0.00 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2009.** 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 ▶ [ ]

b **33 1/3% support test - 2008.** If the organization did not check a 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 ▶ [ ]

17a **10%-facts-and-circumstances test - 2009.** 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 ▶ [ ]

b **10%-facts-and-circumstances test - 2008.** 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 ▶ [ ]

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ [ ]

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2009.** 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 ▶ ☐

b **33 1/3% support tests - 2008.** 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 ▶ ☐

20 **Private Foundation:** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Federal Supporting Statements	2009 PG01
Name(s) as shown on return	FEIN
SUSTAINABLE LIVING COALITION	20-1054587

Program Service Accomplishme

Statement # 133

Unformatted Statement

Payments for construction of barn, walking trail, econest and energy system are considered towards the construction of assets and therefore do not show up as expenses on SLC books

PG 01

Statement #100

Form 990EZ, Part I, Line 5(c)

Gain(Loss) from Sale of Other Assets Schedule

Name	15 shares of Virtus Investment
Date Acquired	2009-07
How Acquired	Donation
Date Sold	2009-08
Purchaser	National Financial Services
Gross Sales	$205
Sales Expense	$
Total Net	$(35)
Accumulated Depreciation	$
Basis	$240

Name	303 shares of Phoenix Co
Date Acquired	2009-07
How Acquired	Donation
Date Sold	2009-09
Purchaser	National Financial Services
Gross Sales	$476
Sales Expense	$
Total Net	$(127)
Accumulated Depreciation	$
Basis	$603

Name(s) as shown on return	Federal Supporting Statements	2009
		FEIN

Form 990EZ, Part I, Line 10
Grants and Similar Amounts Paid Schedule

Statement #122

				Amount	Relationship
Activity	Donation of Books			4,113	None
Grantee	Iowa City Library				
Address	123 South Linn St				
	Iowa City	IA	52240		
Activity	Donation of Books			4,114	None
Grantee	Cedar Rapids Library				
Address	2600 Edgewood Rd SW				
	Cedar Rapids	IA	52404		
Activity	Sponsor showing of Food Inc movie			50	None
Grantee	JFAN				
Address	PO Box 811				
	Fairfield	IA	52556		
			Total	8,277	

Form 990EZ, Part I, Line 16
Other Expenses Schedule 2

STM# 130

Description	Amount
Advertising	983
Supplies	6,487
Education & Training	598
Meals & Entertainment	2,728
Travel	511
Bank Charges	177
Telephone	132
Depreciation	4,614
Insurance	339
Accounting and Legal	1,840
Internet	288
Compost Plants Seeds Trees	16
Event Expenses	2,200
Total	20,913

Name(s) as shown on return	Federal Supporting Statements	2009
		FEIN

Form 990EZ, Part II, Line 24
Other Assets Schedule 3

STM 131

Description	Beginning of Year	End of Year
Furniture & Fixtures	1,878	1,326
Cottage on Wheels Trailer	7,576	5,411
Vehicle	5,062	1,237
Energy Systems		13,425
Employee Advance	300	
Total	14,816	21,399

Form 990EZ, Part II, Line 26
Other Liabilities Schedule 3

STM 132

Description	Beginning of Year	End of Year
Director Loan Payable		4,000
Payroll taxes payable	652	1,316
Total	652	5,316

PG01
Statement # 50

FORM 4562 - LINE 19I

DATE	COST	DEDUCTION
200911	2,215	7
200910	31,795	170
200911	10,697	34
TOTAL		211

Name(s) as shown on return: SUSTAINABLE LIVING COALITION

FEIN: 20-1054587

Form 990EZ, Part I, Line 5(c)
Gain(Loss) from Sale of Other Assets Schedule

Statement #100

Name	15 shares of Virtus Investment
Date Acquired	2009-07
How Acquired	Donation
Date Sold	2009-08
Purchaser	National Financial Services
Gross Sales	$205
Sales Expense	$
Total Net	$(35)
Accumulated Depreciation	$
Basis	$240

Name	303 shares of Phoenix Co
Date Acquired	2009-07
How Acquired	Donation
Date Sold	2009-09
Purchaser	National Financial Services
Gross Sales	$476
Sales Expense	$
Total Net	$(127)
Accumulated Depreciation	$
Basis	$603

Form 990EZ, Part I, Line 10
Grants and Similar Amounts Paid Schedule

Statement #122

				Amount	Relationship
Activity	Donation of Books			4,113	None
Grantee	Iowa City Library				
Address	123 South Linn St				
	Iowa City	IA	52240		
Activity	Donation of Books			4,114	None
Grantee	Cedar Rapids Library				
Address	2600 Edgewood Rd SW				
	Cedar Rapids	IA	52404		
Activity	Sponsor showing of Food Inc movie			50	None
Grantee	JFAN				
Address	PO Box 811				
	Fairfield	IA	52556		
			Total	8,277	

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

Form 990EZ, Part I, Line 16
Other Expenses Schedule 2

STM 130

Description	Amount
Advertising	983
Supplies	6,487
Education & Training	598
Meals & Entertainment	2,728
Travel	511
Bank Charges	177
Telephone	132
Depreciation	4,614
Insurance	339
Accounting and Legal	1,840
Internet	288
Compost Plants Seeds Trees	16
Event Expenses	2,200
Total	20,913

Form 990EZ, Part II, Line 24
Other Assets Schedule 3

STM 131

Description	Beginning of Year	End of Year
Furniture & Fixtures	1,878	1,326
Cottage on Wheels Trailer	7,576	5,411
Vehicle	5,062	1,237
Energy Systems		13,425
Employee Advance	300	
Total	14,816	21,399

	Federal Supporting Statements	2009
Name(s) as shown on return		FEIN

Form 990EZ, Part II, Line 26
Other Liabilities Schedule 3

STM 132

Description	Beginning of Year	End of Year
Director Loan Payable		4,000
Payroll taxes payable	652	1,316
Total	652	5,316

PG01
Statement # 50

FORM 4562 - LINE 19I

DATE	COST	DEDUCTION
200911	2,215	7
200910	31,795	170
200911	10,697	34
TOTAL		211

* Item was disposed of during current year

Depreciation Detail Listing

Program Services

For your records only

2009

Name(s) as shown on return: SUSTAINABLE LIVING COALITION

Social security number/EIN: 20-1054587

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	Furniture & Equipment	20060930	2,980		100.00		2,980	7	200 DB HY	12.49	372	2,104			365
2	Furniture & Equipment	20070122	618		100.00		618	7	200 DB MQ	15.31	95	382			85
3	Cottage on Wheels	20071231	11,000		100.00		11,000	7	200 DB MQ	19.68	2,165	5,589			1,803
4	Land	20080227	53,988	53,988	100.00		0	0		0					
5	Campus Buildings	20081209	6,000		100.00		6,000	39	S/L MM	2.564	154	160			154
6	Equipment	20080509	364		100.00		364	7	200 DB MQ	23.47	85	150			68
7	1994 GMC Van	20080523	2,750		100.00		2,750	5	200 DB MQ	30	825	1,513			670
9	Land Improvements	20091130	2,215		100.00		2,215	15	S/L MM	321	7	7			7
10	Barn Construction	20091031	31,795		100.00		31,795	39	S/L MM	.534	170	170			170
11	EcoNest Construction	20091130	10,697		100.00		10,697	39	S/L MM	.321	34	34			34
12	Energy Systems	20091215	14,132		100.00		14,132	5	200 DB MQ	5	707	707			530
	Totals		136,539	53,988			82,551				4,614	10,816			3,886

Land Amount

Net Depreciable Cost 136,539

ST ADJ:

* Item was disposed of during current year

Depreciation Detail Listing

Fund Raising

For your records only

2009

Name(s) as shown on return: SUSTAINABLE LIVING COALITION

Social security number/EIN: 20-1054587

No	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
	Asset(s) Sold														
8	Vehicle donated for	20081115	3,000	3,000	100.00		0	5		0					
	Totals		3,000	3,000											

Land Amount

Net Depreciable Cost 3,000

ST ADJ:

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2009
Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
SUSTAINABLE LIVING COALITION	FORM 990 - 1	20-1054587

Part I **Election To Expense Certain Property Under Section 179**

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	

8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II **Special Depreciation Allowance and Other Depreciation** (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	-
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation** (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	3,696
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		14,132	5	MQ	200 DB	707
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental			27 5 yrs.	MM	S/L	
	property			27 5 yrs	MM	S/L	
i	Nonresidential real Statement # 50			39 yrs.	MM	S/L	211
	property				MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22	4,614
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	