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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A Fo	r the :	2009 са	lendar yea	r, or tax year beginning 07-	01-2009 and ending 06-30-201	0		
B Che	eck ıf a	pplicable	Please	C Name of organization Oregon Built Environment & St	ıstaınable		D Employer ide	entification number
☐ Add	dress ch	nange	use IRS label or	Technologies Center Inc			26-165293	
┌ Nar	me cha	nge	print or	Doing Business As			E Telephone nu	ımber
┌ Inıt	al retu	rn	type. See Specific	Number and street (or P O bo	x if mail is not delivered to street addre	ss) Room/suite	(503) 725-	
Г Тег	mınate	d	Instruc- tions.	PO Box 212			G Gross receipts	\$ 1,405,900
┌ Am	ended	return		City or town, state or country,	and ZIP + 4			
C Apr	olication	n pending		Portland, OR 97207				
			F Nan	L ne and address of principal	officer	11/-> 7 11		•
			DAVID	KENNEY	omeer	affilia	ıs a group returı ıtes?	TYes ▼No
				RGANIZATION AND,OR 97207				
			TORTE	AND, OK 37207			l affiliates includ	
I Ta	x-exem	npt status	▽ 501(c)) (3) ◀ (insert no)	a)(1) or 527		o," attach a list ip exemption nu	(see instructions)
	ehsit <i>e</i>	• ► OR	EGONBES'	T O RG			ip exemption na	
						<u> </u>		
	n of org rt I		· · · · · · · · · · · · · · · · · · ·	tion Trust Association Of	her 🕨	L Year of fo	rmation 2007	State of legal domicile OR
Pa		Sum Briefly (e organization's mission or	most significant activities			
	-			_	RCHERS AND BUSINESSES TO	ACCELERAT	E THE DEVELO	OPMENT OF NEW
8		GREEN	BUILDING	S AND RENEWABLE ENERG	SY GENERATION TECHNOLOG	IES, COMPAN	NIES, AND JOB	S IN OREGON
Governance								
≣								
ò	2	Check	his box 🛏	if the organization discont	inued its operations or disposed	of more than	25% of its net a	assets
	3	Numbei	of voting r	nembers of the governing b	ody (Part VI, line 1a)		3	12
8	4	Numbei	ofindepen	ident voting members of the	governing body (Part VI, line 11)	. 4	12
Activities &	5	Total n	umber of en	nployees (Part V, line 2a)			5	_
털	6			olunteers (estimate if neces			6	
4	7a	Total g	oss unrela	ted business revenue from	•	78	a0	
	ь	Net unr	elated busi	ness taxable income from F	form 990-T, line 34		71	b
						Prio	or Year	Current Year
_	8	8 Contributions and grants (Part VIII, line 1h)					1,786,737	1,385,459
ᇤ	9	Progra	ım service	revenue (Part VIII, line 2g)			17,340	
Revenu	10	Invest	ment incor	me (Part VIII, column (A), l		17,030	3,101	
	11	Other	revenue (P	art VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			0
	12				equal Part VIII, column (A), lin	е	1,803,767	1,405,900
	13				lumn (A), lines 1-3)		2,283,916	54,534
	14				umn (A), line 4)		2,203,310	0
	15				efits (Part IX, column (A), lines 5	5-		
8		10)	23, 011101 00	imperisación, employee ben	ents (Fart 1x, column (x), mes t	´	230,518	289,657
Expenses	16a	Profes	sıonal fund	raising fees (Part IX, colum	ın (A), lıne 11e)			0
ੜੀ	b	Total fu	ndraising exp	enses (Part IX, column (D), line 2	5) > 50,417			
	17	Other	expenses ((Part IX, column (A), lines 1		259,359	235,209	
	18	Total	expenses /	Add lines 13–17 (must equ	al Part IX, column (A), line 25)		2,773,793	579,400
	19	Reven	ue less exp	penses Subtract line 18 fro	m line 12		-970,026	826,500
0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0							g of Current	End of Year
Net Assets or Fund Balances	20	Takali	accata /Da	rt V Juna 15\		Y	714 080	1 142 105
A B				rt X, line 16)			714,089	1,143,105
5.5 2.5	21		-				445,230 268,859	1,095,359
	22 11 II	_	ature Blo		1 HOIII IIII		200,839	1,095,559
ı G					ned this return, including accompanying	schedules and s	tatements, and to t	the best of my knowledge
					of preparer (other than officer) is base			
Sian			- de de					
Sign Here		**** Sign	*** ature of office	er		2011- Date	02-11	
		1,						
			ED KENNEY Properties or print name					
		Preparer	'c h		Date	Check If	Preparer's identi	fying number
Paid		Preparer signature		L Morgan CPA		self-	(see instructions	, ,
	arer's	Eires/-	r amo /or ver	k Korn 9. Thomasan II C		empolyed 🕨 🔽		
Use (ıf self-er	ame (or yours nployed),)			EIN 🕨	
J 00 (y	address,	and ZIP + 4	1618 SW First Avenue Suite	215		Phono no h (5	(02) 222 2220
				Portland, OR 97201			Phone no 🕨 (5	_ <u></u>
Mayt	the IR	S discus	s this retu	rn with the preparer shown a	above? (see instructions)			┌Yes ┌No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO BRING TOGETHER UNIVERSITY RESEARCHERS AND BUSINESSES TO ACCELERATE THE DEVELOPMENT OF NEW GREEN BUILDING AND RENEWABLE ENERGY GENERATION TECHNOLOGIES, COMPANIES, AND JOBS IN OREGON

46	Total program service expenses = \$	304,/42		Farm 000 (2000)
4e	Total program service expenses▶\$	384,742) (ivevenue à	1
4d	Other program services (Describe i	n Schedule O) including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ SHARED-USER RESEARCH FACILITIES - THE FACILITIES AND EQUIPMENT FOR USE BY FA DEVELOPMENT *GREEN BUILDING RESEARCH UNIVERSITY, *SUNRISE(SUPPORT NETWORK *OREGON PROCESS INNOVATION CENTER (O LABORATORY AT THE UNIVERSITY OF OREGO INTEGRATED TECHNOLOGIES (FIT) LABORAT	ORGANIZATION COLLABORATES WITH CULTY AND INDUSTRY RESEARCHERS H LABORATORY AT PORTLAND STATE U FOR RESEARCH AND INNOVATION IN DPIC) FOR SUSTAINABLE SOLAR MANU DN*INFRASTRUCTURE TESTING & APP	ITS UNIVERSITY PARTNERS IN PROVIDING SEVEN SHARED-USER RESEARCH FACILITI JNIVERSITY, *GREEN BUILDING MATERIALS SOLAR ENERGY) PHOTOVOLTAIC LABORATO FACTURING AT OREGON STATE UNIVERSITY LIED RESEARCH (ISTAR) LABORATORY AT P	A NETWORK OF SHARED LABORATORY ES ARE OPEN AND/OR UNDER LABORATORY AT OREGON STATE RY AT THE UNIVERSITY OF OREGON, **ENERGY STUDIES IN BUILDINGS
<u> </u>	(Code) (Expenses \$	28,078 including gr	ants of \$ \ \ (Revenue	\$
4b	(Code) (Expenses \$ PROPOSAL MATCHING PROGRAM - THE ORG RENEWABLE ENERGY GENERATION RESEARC ARE ELIGIBLE *EXTRAMURAL RESEARCH PROCOMMERCIALIZATION PRINCIPAL INVESTIGA ORGANIZATION'S RESEARCH COMMITTEE, W	ANIZATION'S PROPOSAL MATCHING PRO HI AND EQUIPMENT ACQUISITION PRO DPOSALS,*EQUIPMENT ACQUISITION,* TORS MUST BE ORGANIZATION FACUL	ROGRAM PROVIDES MATCHING FUNDS TO S DPOSALS SEEKING COMPETITIVE NON-STATE INSTALLATION AND SETUP OF DONATED EQ TY MEMBERS AND SUBMIT A WRITTEN PRO	USTAINABLE BUILT ENVIRONMENT AND FUNDING FOUR TYPES OF PROJECTS UIPMENT, AND*DEVELOPMENT OR
4a	(Code) (Expenses \$ FACULTY AND INDUSTRY COLLABORATION-T INDUSTRY RESEARCH AND DEVELOPMENT C RAISE AWARENESS ABOUT THE SUSTAINABLE MEMBER FACULTY AND ASSIST OREGON ENT CREATE AND RETAIN JOBS THE ACTIVITIES ESTABLISHED AS THE PREMIER SUSTAINABLE FORUM FOR SHOWCASING RESEARCH WITH FUNDERS TO NETWORK AND EXPLORE POSS ENTREPRENEURS, AND CONNECTING THEM ATTENDING/OR MAKING PRESENTATIONS AT DEVELOPMENT CONFERENCES, FACILITATIN A WEBSITE, E-NEWSLETTER AND BROCHURE	HE ORGANIZATION ENGAGES IN A WILL OLLABORATIONS IN THE SUSTAINABLE E BUILT ENVIRONMENT AND RENEWAE REPRENEURS AND BUSINESSES IN TA INCLUDE HOSTING EVENTS SUCH AS E BUILT ENVIRONMENT AND RENEWAE COMMERCIALIZATION POTENTIAL AS BUILTIES FOR COLLABORATION, THE WITH FACULTY RESEARCHERS WHO O LOCAL AND REGIONAL SUSTAINABLE G FACULTY NETWORKING WITH INDU	DE RANGE OF ACTIVITIES TO PROMOTE MUL BUILT ENVIRONMENT AND RENEWABLE ENE BLE ENERGY EXPERTISE AND RESEARCH INT APPING INTO THE EXPERTISE TO ENHANCE TO BA OREGON BEST FEST, FIRST ORGANIZED IN BLE ENERGY R&D ECONOMIC DEVELOPMENT WELL AS OPPORTUNITY FOR RESEARCHERS ORGANIZATION'S STAFF MEETING WITH IND CAN ASSIST THEM WITH TECHNICAL CHALLE BUILT ENVIRONMENT, RENEWABLE ENERGY	TI-CAMPUS AND UNIVERSITY-ERGY SECTORS ALL THESE ACTIVITIES ERESTS AMONG THE ORGANIZATION'S HEIR COMPETITIVENESS, AND TO IN SEPTEMBER 2009, WHICH IS NOW EVENT IN OREGON AND PROVIDES A SEPTEMBER SERVICE COMPANIES, AND DIVIDUAL INVENTORS AND NGES, THE ORGANIZATION'S STAFF, SUSTAINABILITY AND ECONOMIC
4	Describe the exempt purpose achieve Section 501(c)(3) and 501(c)(4) orga allocations to others, the total expens	anizations and section 4947(a)	(1) trusts are required to report the	
3	Did the organization cease conducting services?		In how it conducts, any program	┌ Yes ┌ No
	If "Yes," describe these new services			
2	the prior Form 990 or 990-EZ? .		ing the year which were not listed on	┌ Yes ┌ No

Part TV	Checklis	st of De	auired 9	Schedules
	CHECKII	SL UI KE	uuneu s	cneuules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	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	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Νο
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		Νο
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νο
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements	Regarding	Other	IRS Filings and	Tax Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
l a	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)?	4a		Νο
b	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		Νο
ia	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Νo
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νο
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
	· · · · · · · · · · · · · · · · · · ·			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νo
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Νo
3	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		Νο
)	Sponsoring organizations maintaining donor advised funds.			110
	Did the organization make any taxable distributions under section 4966?	9a		Νo
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		Νο
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
l1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

PO BOX 212

PORTLAND, OR 97207 (503) 725-9849

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 12			
b	Enter the number of voting members that are independent 1b 12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
	•		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		Νο
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		V	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990	11	Yes	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		Νo
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed FOR			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. V Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ıe orga	nızatıor	ո 🕨
	DAVID KENNEY			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee."
- ♦ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n	•	ate any	curr	ent d	r fo	rmer o	fficei	r, director, trustee o	or key employee	
(A) Name and Title	(B) A verage hours	Posit	(C tion (hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
WADE MOSBY SEC/TREASURER	2 00	х		х				0	0	0
ROD QUINN Director	2 00	х						0	0	0
RICHARD SPINRAD Director	2 00	Х						0	0	0
RICHARD DEVLIN NON-VOTING	2 00	Х						0	0	0
RICH LINTON Director	2 00	х						0	0	0
KIRSTEN SOMMER Director	2 00	Х						0	0	0
JONATHAN FINK Director	2 00	Х						0	0	0
JEAN WILSON Director	2 00	Х						0	0	0
GORDON BRINSER Director	2 00	Х						0	0	0
DENNIS WILDE CHAIR	2 00	Х		х				0	0	0
DAVID KENNEY Pres /Ex Dir	40 00			х				160,000	0	0
CHARLIE JONES Director	2 00	Х						0	0	0
BILL NICHOLSON Director	2 00	Х						0	0	0
ALLAN ABRAVANEL Director	2 00	Х						0	0	0

Forr	m 990 (2009)			Page 8
1b	Total			
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated er on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	mployee 3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from torganization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	the • • 4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for serv rendered to the organization? If "Yes," complete Schedule J for such person	ices 5		No
S	ection B. Independent Contractors	•		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) (B) Name and business address Description of	services	(C Comper	
	Total number of independent contractors (including but not limited to those listed above) who received mo	re than		
2	\$100,000 in compensation from the organization \(\mathbb{P}\)	i e tilali	I	

Form **990** (2009)

Form 99		09) Statement of Revenue					Page 9
Part v	2411	Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts nts	1a	Federated campaigns	1a				
Contributions, gifts, grants and other similar amounts	ь	Membership dues	1b				
s, ç am	С	Fundraising events	. 1c				
gift ar	d	Related organizations	1d				
is,	e	Government grants (contributions)	1e 1,375,000				
tíor ar s	f	All other contributions, gifts, grants, an similar amounts not included above	d 1f 10,459				
ê X	g	Noncash contributions included	 In				
뒫		lines 1a-1f \$	_				
a C	h	Total. Add lines 1a-1f		1,385,459			
le			Business Code				
ren Tie	2a	PDC CONTRACT	_	8,270	8,270		
Program Serwce Revenue	Ь	BEST FEST		9,070	9,070		
	С						
Ser.	d						
a E	e						
20 KB	f	All other program service reven	iue				
Ě	g	Total. Add lines 2a-2f		17,340			
	3	Investment income (including d					
		and other similar amounts) .	▶ [3,101			3,101
	4	Income from investment of tax-exemp	ot bond proceeds	0			
	5	Royalties		0			
	ر ا	(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental					
		expenses Rental income					
	С	or (loss)					
	d	Net rental income or (loss) .		0			
	7a b	Gross amount from sales of assets other than inventory Less cost or other basis and	(II) O ther				
	c	sales expenses Gain or (loss)					
	d	Net gain or (loss)		0			
ıne	8a	Gross income from fundraising events (not including \$					
Other Revenue		of contributions reported on line See Part IV, line 18	а				
oth C	b c	Less direct expenses Net income or (loss) from fundra		0			
-	9a	Gross income from gaming activ	vities				
	b c	Less direct expenses Net income or (loss) from gamin		o			
	10a	Gross sales of inventory, less returns and allowances .	а				
	ь	Less cost of goods sold	b				
	С	Net income or (loss) from sales		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	С						
	d	All other revenue					
	e	Total. Add lines 11a-11d .		o			
	12	Total revenue. See Instructions	, , , , ,	1,405,900	17,340		3,101

	990 (2009)				Page 10
Part	Statement of Functional Expenses				
А	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to c			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	54,534	54,534		<u> </u>
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	160,000	103,097	37,951	18,952
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	110,146	70,973	26,126	13,047
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			_
10	Payroll taxes	19,511	12,069	5,219	2,223
11	Fees for services (non-employees)				
а	Management	0			
Ь	Legal	0			
С	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	152,804	82,132	59,419	11,253
12	Advertising and promotion	1,700	1,700		
13	Office expenses	3,815	3,553	255	7
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			_
17	Travel	25,039	20,971	2,389	1,679
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			<u> </u>
19	Conferences, conventions, and meetings	16,621	16,621		
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0			
23	Insurance	705		705	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	TELECOMMUNICATIONS	2,477	1,215	1,186	76
ь	SHARED PERSONNEL	4,369	3,500	869	
С	MISCELLANEOUS EXPENSE	1,016	433	543	40
d	INDIRECT EXPENSE	23,544	12,894	7,526	3,124
e	FACILITY & EQUIPMENT	2,206	610	1,580	16
f	All other expenses	913	440	473	
25	Total functional expenses. Add lines 1 through 24f	579,400	384,742	144,241	50,417
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational	, 11		, -	· ·
	campaign and fundraising solicitation		<u> </u>		000 (2.0.0.)

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		711,798	1	31,146
	2	Savings and temporary cash investments			2	1,096,428
	3	Pledges and grants receivable, net		1,436	3	8,270
	4	Accounts receivable, net			4	0
	5	Receivables from current and former officers, directors, trustees, key enhighest compensated employees. Complete Part II of	mployees, and			
		Schedule L			5	0
	6	Receivables from other disqualified persons (as defined under section persons described in section $4958(c)(3)(B)$ Complete Part II of	4958(f)(1)) and			
		Schedule L			6	0
Assets	7	Notes and loans receivable, net			7	0
8	8	Inventories for sale or use			8	0
⋖	9	Prepaid expenses and deferred charges		855	9	7,261
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>				
	ь	Less accumulated depreciation 101	,		10c	0
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV, line 11			12	0
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11			15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		714,089	16	1,143,105
	17	Accounts payable and accrued expenses .		18,230	17	46,996
	18	Grants payable		427,000	18	
	19	Deferred revenue			19	750
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D .			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified				
Lia		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		445,230	26	47,746
es		Organizations that follow SFAS 117, check here ▶ and complete lines 13 and 34.	es 27			
and	27	Unrestricted net assets		268,859	27	1,095,359
89	28	Temporarily restricted net assets			28	
<u> </u>	29	Permanently restricted net assets			29	
Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and comp	lete			
or I		lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
Net	33	Total net assets or fund balances		268,859	33	1,095,359
	34	Total liabilities and net assets/fund balances		714,089	34	1,143,105

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		No
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		No

Form **990** (2009)

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Inspection

Orego	n Built I	Environment & Sustainable Center Inc			26 4652226			
_	rt I	Reason for Public Charity Sta	tue /All organizations r	oust complete this par	26-1652936	tions		
		zation is not a private foundation becaus						
1	- F	A church, convention of churches, or as	•		,			
2	, _	A school described in section 170(b)(1						
3	, T	A hospital or a cooperative hospital se			OGiii).			
4	Ĭ-	A medical research organization operations hospital's name, city, and state	=			(iii). Ente	r the	
5	Г	An organization operated for the benefit section 170(b)(1)(A)(iv). (Complete P		owned or operated by a g	overnmental uni	t describe	_ d ın	
6	Г	A federal, state, or local government or	•	ed in section 170(b)(1)(A)(v).			
7	ন	An organization that normally receives described in section 170(b)(1)(A)(vi) (Complete P	a substantial part of its su			e general	public	
8	_	A community trust described in section		lata Part II \				
9	,	An organization that normally receives		•	tions mambarsh	un faas ar	nd arou	
9	,	receipts from activities related to its ex	• •		*	-	_	,,
		its support from gross investment inco						
		acquired by the organization after June		•	<u>-</u>	om busine		
10	\vdash	An organization organized and operated						
11	, _	An organization organized and operated				v out the i	nurnos	es of
	'	one or more publicly supported organiz						
		the box that describes the type of supp						
	_	a Type I b Type I		Functionally integrated		Type III		
e	ı	By checking this box, I certify that the other than foundation managers and other section 509(a)(2)	_	· ·	•	•	•	
f		If the organization received a written do	etermination from the IRS	that it is a Type I, Type I	I or Type III su	pporting o	rganız	ation,
g		Since August 17, 2006, has the organi	zation accepted any gift o	contribution from any of	the			
		following persons? (i) a person who directly or indirectly c	antrola author along or tog	other with persons descr	whad in (ii)		Yes	
		and (III) below, the governing body of th	-		ibed iii (ii)	11g(i)	res	No
		(ii) a family member of a person descri	• • • •	OII.		11g(ii)		
		(iii) a 35% controlled entity of a person	* *	.v.a.?		11g(ii)		
h		Provide the following information about				119(111)		
••		1 To vide the lonowing information about	the supported organization	1(3)				
		(iii)	(iv)					

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is th organizat col (i) lis your gove docume	e Ion In ted In Erning	(v) Did you not organizati col (i) of suppor	ion in your	(vi) Is the organizati col (i) orga	on in anized	(vii) A mount of support?
		instructions))	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.)

	(Complete only if yo	<u>u checked the</u>	box on line 5,	/, or 8 of Part I	.)			
	ection A. Public Support		_		Т		——	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	09	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			1,250,000	1,786,737	1,	.383,270	4,420,007
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add lines 1 through 3			1,250,000	1,786,737	1.	383,270	4,420,007
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included			3,223,23	27.227.23	-,	23,213	0
6	on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public Support. Subtract line 5							
0	from line 4							4,420,007
S	ection B. Total Support		•	'	'			
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	0.9	(f) Total
_	beginning in)		(-)					
7	A mounts from line 4			1,250,000	1,786,737	1,	383,270	4,420,007
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			7,388	17,030		3,101	27,519
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						23,018	23,018
11	Total support (Add lines 7 through 10)	- 12						4,470,544
12	Gross receipts from related activition		•			12		
13	First Five Years If the Form 990 is to check this box and stop here			d, third, fourth, or fi	ifth tax year as a	501(c)(3) organız	ation, ▶ <mark> ✓</mark>
	ection C. Computation of Pub Public Support Percentage for 2009			a 11 column (fil)		1		
14		-		e ii column (I))		14		0 %
15	Public Support Percentage for 2008	Schedule A, Pa	art II, line 14			15		
b	33 1/3% support test—2009. If the and stop here. The organization qua 33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization Part IV how the organization mee	ilifies as a public organization did n qualifies as a p — 2009. If the org tion meets the "f	cly supported org I not check the b ublicly supported ganization did not facts and circum	janization ox on line 13 or 16 d organization t check a box on lin stances" test, chec	a, and line 15 is 3 ie 13, 16a, or 16b ck this box and st	3 3 1/3% o and line op here. I	or more, o 14 Explain	check this
b 18	organization 10%-facts-and-circumstances test- 15 is 10% or more, and if the organization Explain in Part IV how the organization private Foundation If the organization Instructions	-2008. If the org nization meets th tion meets the "f	janization did not ne "facts and circ facts and circum	t check a box on lin tumstances" test, c stances" test The	ie 13, 16a, 16b, o check this box and organization qual	r 17a and d stop he ıfıes as a	d line re. publicly	▶ ┌

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar 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 Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	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						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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 **Private 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. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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DLN: 93493045003801

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

ernal Re	venue Service	orm 990. ► See separate instructions.		Inspect	поп
	of the organization		Employer id	entification numbe	er
	n Bullt Environment & Sustainable ologies Center Inc		26-165293	6	
Part		dvised Funds or Other Similar Fu			te if the
	organization answered "Yes" to Form 99	0, Part IV, line 6.			
		(a) Donor advised funds	(b) Fund	s and other accou	nts
Т	otal number at end of year				
Α	ggregate contributions to (during year)				
Α	ggregate grants from (during year)				
Α	ggregate value at end of year				
	old the organization inform all donors and donor adviunds are the organization's property, subject to the o		oradvised	☐ Yes	┌ No
u	old the organization inform all grantees, donors, and ised only for charitable purposes and not for the ben onferring impermissible private benefit		•	s e F Yes	┌ No
art	III Conservation Easements. Complete	ıf the organızatıon answered "Yes" to	Form 990,	Part IV, line 7.	
Γ Γ	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication of the last day of the tax year	on or pleasure)	ertified histor	c structure	a
		[Held	at the End of the	Year
a T	otal number of conservation easements		2a		
b T	otal acreage restricted by conservation easements		2b		
c N	lumber of conservation easements on a certified his	toric structure included in (a)	2c		
d N	lumber of conservation easements included in (c) ac	equired after 8/17/06	2d		
	lumber of conservation easements modified, transfe he taxable year 🛌	rred, released, extinguished, or terminate	d by the organ	ızatıon durıng	
N	lumber of states where property subject to conserva	ition easement is located ►			
	oes the organization have a written policy regarding nforcement of the conservation easements it holds?		lling of violatio	ns, and Yes	┌ No
	taff and volunteer hours devoted to monitoring, insp				
	mount of expenses incurred in monitoring, inspecti			ar ► \$	
	oes each conservation easement reported on line 2 70(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion	√Yes	┌ No
b	n Part XIV, describe how the organization reports co alance sheet, and include, if applicable, the text of t he organization's accounting for conservation easen	he footnote to the organization's financial	•	•	
art	Organizations Maintaining Collectio Complete if the organization answered "		or Other Si	milar Assets.	
а	f the organization elected, as permitted under SFAS rt, historical treasures, or other similar assets held rovide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or researc	h in furtherand		≘,
_ h	f the organization elected, as permitted under SFAS istorical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research ir		· ·	
(i) Revenues included in Form 990, Part VIII, line 1		▶	\$	
	ii) Assets included in Form 990, Part X			·	
	f the organization received or held works of art, histo	orical treasures, or other similar assets fo		· -	
	ollowing amounts required to be reported under SFA:		a	., provide the	
a _R	evenues included in Form 990, Part VIII, line 1		► :	•	

b Assets included in Form 990, Part X

Par	t III	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tr</u>	easur	es, or C	the	r Similar As	sets (c	ontinued)
3		ng the organization's accession and othens (check all that apply)	r records, check any	ofth	ie foll	owing t	that are	a sıgnıfıca	ant us	se of its collec	tion	
а	Γ	Public exhibition		d	Γ	Loan	orexcha	nge prog	rams			
b	Γ	Scholarly research		e	Γ	Other						
c	Γ	Preservation for future generations										
4		vide a description of the organization's co : XIV	ollections and explai	ın hov	v the	/ furthe	er the or	ganızatıor	ı's ex	empt purpose	ın	
5		ing the year, did the organization solicit o ets to be sold to raise funds rather than t			,					ılar	┌ Yes	┌ No
Pa	rt IV	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Form !	₹90,	
1a		he organization an agent, trustee, custod uded on Form 990, Part X?						other ass	ets n	ot	┌ Yes	┌ No
b	If"Y	es," explain the arrangement in Part XIV	/ and complete the t	follow	ıng ta	able		Г		Δ.	nount	
С	Pos	unning halance						-	1c		- Iount	
	_	linning balance						-	1d			
d		ditions during the year						}				
e •		tributions during the year						}	1e			
f		ling balance						L	1f			
2a		the organization include an amount on Fo		21?							│ Yes	☐ No
b		es," explain the arrangement in Part XIV				1 .03 *	-0 -	005		T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Pa	rt V	Endowment Funds. Complete	f the organization (a)Current Year		were Prior \			orm 990, Years Back		t IV, line 10. Three Years Back	(e)Four V	'ears Back
1a	Bea	inning of year balance	(a)callelle real	(0)	, 1101	cui	(C) WO	. cars back	(4)	ee rears back	(C) Our 1	cars back
		ntributions							+			
c		estment earnings or losses							+			
d		nts or scholarships										
e	Oth	er expenditures for facilities programs										
f	Adn	ninistrative expenses										
g	End	of year balance										
2	Prov	vide the estimated percentage of the yea	r end balance held a	ıs								
а	Boa	rd designated or quasi-endowment 🕨	%									
ь	Perr	manent endowment 🕨 %										
c	Terr	m endowment 🕨 %										
3a		there endowment funds not in the posses	ssion of the organiza	ation t	that a	re held	d and ad	mınıstere	d for t	the	Yes	No
	(i) u	unrelated organizations			•					3a		
b		related organizations		d on S	ched	ule R?			٠	3a	(ii) b	
4		cribe in Part XIV the intended uses of th										
Pa	rt VI	Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 9	90, Par	t X, line	10.	T		
		Description of investment				a) Cost o sıs (ınve	or other estment)	(b)Cost or basis (ot		(c) Accumulat depreciation		Book value
1a	Land											
b	Build	ıngs										
c	Lease	ehold ımprovements										
d	Equip	oment										
е	Othe	r	<u> </u>									
		d lines to to (Column (d) about desiral Fo	000 Part V!	(E)	lim-	10/-11				-		

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

	XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,405,900
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	579,400
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	826,500
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
	Prior period adjustments	7	
_	Other (Describe in Part XIV)	8	
	Total adjustments (net) Add lines 4 - 8	9	
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	826,500
Part			<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	1,426,555
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	20,655
3	Subtract line 2e from line 1	3	1,405,900
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,405,900
Part 2		per	
1	Total expenses and losses per audited financial statements	1	600,055
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	20,655
3	Subtract line 2e from line 1	3	579,400
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIV) 4b		
b			
b c	Add lines 4a and 4b	4c	

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

Identifier Return Reference Explanation

additional information

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493045003801

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990

Oregon Built Environment & Sustainable Technologies Center Inc

Employer identification number

26-1652936

Particle General Information on Grants and Assistance
--

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
U OF OREGON OFFICE OF RESEARCH5219 UNIVERSITY OF OREGON EUGENE, OR 97403	481278531		42,500	0			ACQ OF EQUIPMENT FOR THIN FILMS FOR IMPROVED SOLAR ENERGY
OSU POST AWARD ADMINISTRATIONPO BOX 1086 CORVALLIS,OR 97339	481278540		6,788	0			RESEARCH RE FEASIBILITY OF BIOPOLYMER PRODUCTION IN POPLARS
OSU POST AWARD ADMINISTRATIONPO BOX 1086 CORVALLIS,OR 97339	481278540		14,657	0			RESEARCH CELLULOSIC ETHANOL FROM GRASS STRAWIN PACIFIC NW

Enter total number of section 501(c)(3) and government organizations.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.						
Ident if ier	Return Reference	Explanation				
Grantmaker's Description of How Grants are Used		A DESCRIPTION OF THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IS AS FOLLOWS OREGON BEST EXECUTES A STATEMENT OF WORK (SOW) FOR EACH GRANT OR FACILITY INVESTMENT AND/OR EQUIPMENT ACQUISITION THE SOW REQUIRES THE PRIMARY INVESTIGATOR TO SUBMIT PROGRESS AND FINAL REPORTS ON THE PROJECT THESE REPORTS DESCRIBE PROGRESS TO DATE (OR UPON CONCLUSION OF THE PROJECT), SIGNIFICANT RESULTS AS WELL AS ANY SIGNIFICANT OBSTACLES THE SOWS FOR THE FACILITIES INVESTMENTS REQUIRE THE LAB DIRECTORS (PROJECT PRINCIPAL) TO SUBMIT A COMPLETION REPORT TO VERIFY COMPLETION OF THE EQUIPMENT PURCHASES AND RENOVATION AND TO PROVIDE NOTICE THAT THE LAB AND EQUIPMENT ARE AVAILABLE FOR USE BY OREGON UNIVERSITY SYSTEM AND INDUSTRY RESEARCHERS THEREAFTER, THE LAB DIRECTORS SUBMIT QUARTERLY USAGE REPORTS IDENTIFYING RESEARCHERS (INCLUDING THEIR UNIVERSITY OR INDUSTRY AFFILIATION) USING THE LABORATORY AND THE NATURE OF THEIR RESEARCH				

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DLN: 93493045003801

OMB No 1545-0047

Open to Public

Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Technologies Center Inc

Oregon Built Environment & Sustainable

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Employer identification number

26-1652936

Pa	rt I Questions Regarding Compensation			
			Yes	Νo
1a	Check the approplate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee ✓ Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		Νo
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
b	Any related organization?	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		Νo
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DAVID KENNEY	(1) (11)	160,000					160,000	
	•	•	•	•	•		•	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation

Schedule J (Form 990) 2009

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As Filed Data -

DLN: 93493045003801

Employer identification number

26-1652936

OMB No 1545-0047

SCHEDULE 0

Name of the organization Oregon Built Environment & Sustainable

(Form 990)

Department of the Treasury Internal Revenue Service

Technologies Center Inc

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Open to Public Inspection

	T	Т			
ldentifier	Return Reference	Explanation			
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	REASONABLE REQUESTS FOR FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE FURNISHED UPON REQUEST AT THE OFFICES OF OREGON BEST			
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE BOARD PRESIDENT NEGOTIATED DAVID KENNEY'S SALARY, PROPOSED AN AMOUNT AND THE BOARD APPROVED THE AMOUNT AND THE EMPLOYMENT AGREEMENT WITH HIM			
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	BOARD MEMBERS RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY AT THE BEGINNING OF THEIR TERM THE POLICY REQUIRES THEM TO DISCLOSE ANY CONFLICT OF INTEREST			
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND AT LEAST ONE BOARD MEMBER AND DISCUSSED EITHER VIA PHONE OR EMAIL ANY QUESTIONS ARE DIRECTED IN WRITING TO THE CPA			

Additional Data

Software ID:

Software Version:

EIN: 26-1652936

Name: Oregon Built Environment & Sustainable

Technologies Center Inc

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
TELECOMMUNICATIONS	2,477	1,215	1,186	76
SHARED PERSONNEL	4,369	3,500	869	
MISCELLA NEO US EXPENSE	1,016	433	543	40
INDIRECT EXPENSE	23,544	12,894	7,526	3,124
FACILITY & EQUIPMENT	2,206	610	1,580	16