# Form **990-EZ**

# **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)

For organizations with gross receipts less than \$100,000 and total assets less

OMB No 1545-1150

Open to Public

		the Treasury  use Service	guirements.	spection
_		2003 calendar v	<del>'                                    </del>	, 20
	Check if a	ΔΔ069 ******AUTO**3-DTGTT 991	D Employer identifi	
	Address	change USE C/O ALBERT ROWITZ DEVELOPMENT P 228 F		38831
	Name ch	ange pri 985 S ELM ST STE A B 24 S	E Telephone numb	
	Initial ret	m typ COLVILLE WA 99114-2662		4-2588
님	Final retu	I Sov	<del></del>	
님	Amended	oretum Inst	F Group Exemption Number	n <b>h</b>
므			Accounting method:	0
	• Sect	ion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	Other (specify)	Cash 🔼 Accruai
		a completed constant of the cost of cost 22/1	<del></del>	
	Websi	to: ►	H Check ► ☐ if the orga	inization
-		zation type (check only one)— 🗵 501(c) ( 3 ) ◀ (insert no ) □ 4947(a)(1) or □ 527	is <b>not</b> required to attach Schedule B (Form 990, 99	90-FZ. or 990-PF).
			•	<del> </del>
		►☐ if the organization's gross receipts are normally not more than \$25,000. The organizat ation received a Form 990 Package in the mail, it should file a return without financial data.		
		is 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead		nete return.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (S		uctions \
	_			40 684.
	1	Contributions, gifts, grants, and similar amounts received		26210.
	2	Program service revenue including government fees and contracts		~0 × 10.
	3	Membership dues and assessments	4	<del></del>
	4	Investment income	· · · · · ·	<del></del>
	5a	Gross amount from sale of assets other than inventory		
	þ	2000. Ook of other basis and sales expenses	h schedule) 50	
<u>•</u>	C	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attac	i scriculicy .	
Ĕ	6	Special events and activities (attach schedule). If any amount is from gaming, check	here ▶ ⊔	
Revenue	a	Gross revenue (not including) of contributions		
		reported of the first section		
	b	- zacer an pat bybarrade arrier individual distriction as as believed		
	_c	Net income or (loss) from specific events and activities (line 6a less line 6b)	<b>6c</b>	
	7a	Gross sales of inventory, less returns and allowances	<del></del>	
	b		7c	
	C	Gross profit or those from sales of inventory (line 7a less line 7b)		
	8 9	Other revenue (describe   Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		66894
	<del> </del>	Grants and similar amounts paid (attach schedule)	10	10600
	10		11	7000
Ø	11	Benefits paid to or for members	10 5	11138
enses	12	Salaries, other compensation, and employee benefits	13	0
ρē	14	Occupancy, rent, utilities, and maintenance	14 [	7420
Ä	15	Printing, publications, postage, and shipping	15	663
	16	Other expenses (describe \array advertising, licenses, office		3890.
	17	Total expenses (add lines 10 through 16)		8711
<u>-</u>	18	Excess or (deficit) for the year (line 9 less line 17)		8183
5	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mu	· · · · · · / ///////	
<b>6</b> St	פו	end-of-year figure reported on prior year's return)		20954
Not Assett	20	Other changes in net assets or fund balances (attach explanation)	· · · · · <del>   </del>	0
Z	21	Net assets or fund balances at end of year (combine lines 18 through 20)		29137
	art II	Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more,		
-0		(See page 40 of the instructions.)		3) End of year
3,	Cas	h, savings, and investments	3265 22	4831
Ŋ,			<i>O</i> 23	0
24	Othe	d and buildings	24010 24	29953
Z5	Tota	assets	27275 25	34783
<b>`</b> 26	Total	Il liabilities (describe > Acct payable, payroll, short term logn	6321 26	5646
727	Net	assets or fund balances (line 27 of column (B) must agree with line 21)	20954 27	29137

Form 99	0-EZ (2003)					Page 2	
Part III Statement of Program Service Accomplishments (See page 41 of the instructions.) Expenses							
What	s the organization's primary exempt purpose? _	see attache	ed sheet		and	uired for 501(c)(3) (4) organizations	
Descri	be what was achieved in carrying out the organiz be the services provided, the number of persons be	ation's exempt purposes. In	a clear and conc	ise manner,	and	4947(a)(1) trusts, onal for others.)	
	<del></del>				Optio	Zital for Galera.,	
		• • • • • • • • • • • • • • • • • • • •					
•••	see attache	d sheet (	Grants \$		28a		
20 —							
29							
			Grants \$	)	29a	 	
30	·····						
					1. 1		
24	our program con upon (attach policy up)		Grants \$	<del>}</del>	30a		
	ner program services (attach schedule)				31a		
	IV List of Officers, Directors, Trustees, and Key			<u> </u>		e instructions.)	
		(B) Title and average	(C) Compensation	(D) Contributio	ns to	(E) Expense	
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred comper	plans & nsation	account and other allowances	
	see attached sheet						
				<u></u>			
	<del></del>	<u> </u>	<u> </u>				
Part	V Other Information (Note the attachm	ent requirement in Gene	ral Instruction V	page 14.)		Yes No	
	olid the organization engage in any activity not previously				h activ	ıtv X	
	Vere any changes made to the organizing or governing docum	The state of the s		-			
	the organization had income from business activi	·				* <i>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	
	ot reported on Form 990-T, attach a statement ex						
	olid the organization have unrelated business gross incom	• • • • • • • • • • • • • • • • • • • •	•	• •	juireme	ents?	
	f "Yes," has it filed a tax return on Form 990-T f	•				· · · <del>  -   -   -   -   -   -   -   -   -   </del>	
	Vas there a liquidation, dissolution, termination, or s				ateme		
	inter amount of political expenditures, direct or incolor the organization file Form 1120-POL for this		nstructions.			<del></del>	
	Did the organization borrow from, or make any lo	•			 were	any	
	uch loans made in a prior year and still unpaid a					×	
b i	"Yes," attach the schedule specified in the line 38	instructions and enter the am	nount involved. 🚨	300	0.		
	01(c)(7) organizations. Enter: a Initiation fees and	•	404 OII IIIIO 0 F	39a			
	Gross receipts, included on line 9, for public use			39b		—— <i>\\\\\\\</i>	
	601(c)(3) organizations. Enter: Amount of tax imposed of			<b>.</b>			
	ection 4911 <b>none</b> ; section 49 i01(c)(3) and (4) organizations. Did the organizatio	nengage in any section 49	; section 4955			the village	
	ear or did it become aware of an excess benefit					X X	
-	mount of tax imposed on organization managers or disc	· · · · · · · · · · · · · · · · · · ·		•	1	none	
d E	inter: Amount of tax on line 40c, above, reimburg	sed by the organization .		, , , , , ,		none	
	ist the states with which a copy of this return is file	. 1					
	he books are in care of b Elaine Co						
	ocated at > 985 8, Elm St Cal	ng Form					
	Section 4947(a)(1) nonexempt charitable trusts filition of tax-exempt interest rece						
	Under penalties of penury, I declare that I have exami	ned this reti					
Pleas	and belief, it is true, correct, and complete Declarat	on of prepa					
Sign	· Laute Kee						
Here	Signature of officer						
	Type or print name and title	2					
		0 40					
Paid	Preparer's signature Plaine Claude (	olla					
Prepai	er's Firm's name (or yours )	C					
Use O	if self-employed), address, and ZIP + 4						

## **SCHEDULE A**

(Form 990 or 990-EZ)

## Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

**Employer identification number** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (b) Title and average hours (a) Name and address of each employee paid more employee benefit plans & deferred compensation (c) Compensation account and other than \$50,000 per week devoted to position allowances none Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service none Total number of others receiving over \$50,000 for professional services.

Pa	rt II	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	att or	uring the year, has the organization attempted to influence national, state, or local legislation, including tempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses incurred in connection with the lobbying activities   \$\Bigsim \\$	paid		×
	org	rganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. C ganizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description e lobbying activities.			
2	su wi	uring the year, has the organization, either directly or indirectly, engaged in any of the following acts with ibstantial contributors, trustees, directors, officers, creators, key employees, or members of their familie th any taxable organization with which any such person is affiliated as an officer, director, trustee, majorner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining ansactions.)	s, or ority		
а	Sa	ale, exchange, or leasing of property?	2a		X
b		ending of money or other extension of credit?			
C		ırnıshıng of goods, services, or facilities?			X
d		ayment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	1		X
е		ansfer of any part of its income or assets?		-	X
3a	Do	you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of ou determine that recipients qualify to receive payments.)	how	X	,
b		you have a section 403(b) annuity plan for your employees?			X
4	Dio	d you maintain any separate account for participating donors where donors have the right to provide act the use or distribution of funds?			Χ
Pa	rt I	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instruct	ions.)		
The	orga	anization is not a private foundation because it is: (Please check only ONE applicable box.)			
5		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9		A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the and state ▶			city,
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit (Also complete the <b>Support Schedule</b> in Part IV-A)	t. Section 170	)(b)(1)(	A)(ıv).
		An organization that normally receives a substantial part of its support from a governmental unit or f Section 170(b)(1)(A)(vi) (Also complete the <b>Support Schedule</b> in Part IV-A.)	rom the gen	eral p	ublic.
11b		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12	Image: Control of the	An organization that normally receives. (1) more than 331/3/6 of its support from contributions, meml receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) r its support from gross investment income and unrelated business taxable income (less section 511 tax) from the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in	no more that om business	n 33%	% of
13		An organization that is not controlled by any disqualified persons (other than foundation managers) and described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3).)	supports or		
		Provide the following information about the supported organizations (See page 5 of the instruc-	ctions.)		
		(a) Name(s) of supported organization(s)	Line numb		
				_	
14		An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the unit	etructions \		

	t IV-A Support Schedule (Complete only: You may use the worksheet in the instructions						ccounting.
	ndar year (or fiscal year beginning in) . >	(a) 200 <b>3</b>	(b) 2002	(c) 2000	(d) 199		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	40684	28345				69029
16	Membership fees received						
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	26210	3703				29913
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					į	
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
22	Other income. Attach a schedule. Do not						
	include gain or (loss) from sale of capital assets						0 - 00
23	Total of lines 15 through 22	66894	32048				98942
24	Line 23 minus line 17		28 345	ļ <u>.</u>			69029
25	Enter 1% of line 23	66894	320.48	<u> </u>			
c	Prepare a list for your records to show the nar governmental unit or publicly supported organizamount shown in line 26a. <b>Do not file this list w</b> Total support for section 509(a)(1) test: Enter li	zation) whose tota <b>ith your return.</b> E ne 24, column (e	al gifts for 1999 t Enter the total of a )	hrough 2002 exce all these excess an	eded the nounts	26b 26c	
đ	Add. Amounts from column (e) for lines: 18			<del></del>		26d	
е	Public support (line 26c minus line 26d total)				_	26e	
f	Public support percentage (line 26e (numera					26f	- %
27	Organizations described on line 12: a For person," prepare a list for your records to show Do not file this list with your return. Enter the	or amounts include the name of, and	ded in lines 15, total amounts re	16, and 17 that w	vere receiv	ed from	a "disqualifie
	(200 <b>3</b> ) <b>None</b> (200 <b>2</b> ) N	one	. (2000)		_ (1999) .		
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	ved from each per year, that was mo 5 through 11, as we the larger amoun	rson (other than "ore than the larger vell as individuals. t described in (1)	disqualified persons r of (1) the amount ) <b>Do not file this list</b> or (2), enter the s	s"), prepare on line 25 f st with you um of these	a list for or the ye r <b>return.</b> e differen	r your records to ear or (2) \$5,000 After computing noes (the exces
	(200 <b>3</b> hone (200 <b>4</b>		. ,		. (1999) .	••••••	
С	Add: Amounts from column (e) for lines. 15 17 <b>29913</b> 20		21				98942
d				<del></del>		27d	adaus
е	Public support (line 27c total minus line 27d to				▶	27e	99942
f	Total support for section 509(a)(2) test: Enter a					270	
g h	Public support percentage (line 27e (numera Investment income percentage (line 18, colu					27g 27h	100 %
28	<b>Unusual Grants:</b> For an organization describe prepare a list for your records to show, for ea description of the nature of the grant. <b>Do not</b> 1	ch year, the nam	ne of the contribu	utor, the date and	i amount o	f the gra	

Гa	(To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
20	Dans the approximation maintain the fallowing.			
32 a b	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b		
c d	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c 32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 a	Does the organization discriminate by race in any way with respect to:  Students' rights or privileges?	33a		
b	Admissions policies?	33b		
d	Employment of faculty or administrative staff?	33c 33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g h	Athletic programs?	33g 33h		
••	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Pay Prog. 75.50, 1075.3.C.R. 597, covering regist productions of the complete of the comp	0.5		

Pa	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an				e instructions.)	
Chec	ck ▶ a ☐ if the organization belongs to an affilia	ited group Che	ck ▶ b 🗌 ıf	you checked "a" a	nd "limited control	" provisions apply
	Limits on Lobbyii	•			(a) Affiliated group totals	(b) To be completed for ALL electing
	(The term "expenditures" mean	ns amounts paid	or incurred.)	·	lotais	organizations
36	Total lobbying expenditures to influence public	opinion (grassroo	ots lobbying) .	36		ļ <u>.</u>
37	Total lobbying expenditures to influence a legis					
38	Total lobbying expenditures (add lines 36 and 3	•				
39	Other exempt purpose expenditures				<del></del>	<del></del>
40	Total exempt purpose expenditures (add lines	•		40		
41	Lobbying nontaxable amount. Enter the amount		•			
		obbying nontaxa		<i>\( \( \( \) \)</i>		
	Not over \$500,000			1 1/////		
	Over \$500,000 but not over \$1,000,000 \$100,0	•		1 1		
	Over \$1,000,000 but not over \$1,500,000 . \$175,00 Over \$1,500,000 but not over \$17,000,000 . \$225,000 over \$17,000,000 .	*				
	Over \$17,000,000 \$1,000	•		1 //////		
42	Grassroots nontaxable amount (enter 25% of li					
43	Subtract line 42 from line 36. Enter -0- if line 4	•				
44	Subtract line 41 from line 38 Enter -0- if line 4					
	Caution: If there is an amount on either line 43	or line 44, you n	nust file Form 47	20.		
	(Some organizations that made a section See the instructions for	or lines 45 throug	h 50 on page 1		ons.)	
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
	fiscal year beginning in) ▶	2003	2002	2001	2000	Total
45	Lobbying nontaxable amount,					
46	Lobbying ceiling amount (150% of line 45(e)).					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount				ļ	
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					
Par	t VI-B Lobbying Activity by Nonelect (For reporting only by organization)			Part VI-A) (See	page 12 of th	ne instructions.)
	ng the year, did the organization attempt to influ				any Yes No	Amount
	npt to influence public opinion on a legislative m	natter or reterend	um, through the	use or:	1	
	Volunteers				· ·	
b	Paid staff or management (Include compensati	•	•	c inrough h.) .	• •   -	
4	Media advertisements				• •	
d	Publications, or published or broadcast statem					<del>                                     </del>
e f	Grants to other organizations for lobbying purp				• •   —	<del>                                     </del>
g	Direct contact with legislators, their staffs, government			ondy		<del>                                     </del>
ื่ย h	Rallies, demonstrations, seminars, conventions		•	-		
i	Total lobbying expenditures (Add lines <b>c</b> through					
-	If "Yes" to any of the above, also attach a state				activities.	

Par	t VI			ransfers To and Transa ee page 12 of the instruction		Relationships W	Vith N	Nonc	harit	able
51	501	(c) of the Code (oth	her than section 50	indirectly engage in any of the 01(c)(3) organizations) or in sect	ion 527, relating t			cribed		
а			orting organization	to a noncharitable exempt orga	anization of:		ſ-	4 - (2)	Yes	No
	• • •							1a(i)	$\rightarrow$	
		Other assets					·	a(ii)		
þ	Oth	er transactions <sup>.</sup>					ì	}	1	
	(i)	Sales or exchange	es of assets with a	ı noncharitable exempt organıza	ition		. –	b(i)		
	(ii)	Purchases of asse	ets from a nonchar	ritable exempt organization			. 🏳	b(ii)		
	(iii)	Rental of facilities	, equipment, or oth	ner assets			. <u> </u>	b(iii)		
	(iv)	Reimbursement ai	rrangements				. <u>L</u>	o(iv)		
	(v)	Loans or loan gua	arantees				. 🏨	b(v)		
	(vi)			ship or fundraising solicitations			. <u>L</u>	b(vi)		
C	Sha	ring of facilities, eq	uipment, mailing li	sts, other assets, or paid emplo	yees		. L	c		
	if th	e answer to any of ds, other assets, o	the above is "Yes," r services given by	complete the following schedule to the reporting organization. If to a column (d) the value of the good	e. Column (b) shou he organization re	uld always show the eceived less than f				
(a Line		(b) Amount involved	Name of nonc	(c) charitable exempt organization	Description of tra	<b>(d)</b> ansfers, transactions, a	nd shari	ng arra	ngeme	nts
							_			
_							_			
										•
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					<del> </del>					
	des	•	01(c) of the Code (	affiliated with, or related to, or other than section 501(c)(3)) or			_	Yes		No
		(a)	<u></u>	(b)		(c)				
		Name of organiza	ation	Type of organization		Description of relatio	nship			
_		··								
									_	
		<del></del>								
							*			
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#### COMMUNITY AGRICULTURE DEVELOPMENT CENTER EIN: 73-1638831

985 S. Elm Street, Colville, WA 99114

Year beginning January 1, 2003 and ending December 31, 2003

#### FORM 990-EZ Part 1: Revenue, Expenses, and Changes in Net Assets

Line 1. These are grants from WSDA Small Farm and Direct Marketing Program, WSDA Agriculture Grant administrated by Tri-County Economic Development District and Stevens County Board of Commissioners Grant administrated by Tri-County Economic Development District.

#### FORM 990-EZ Schedule A, Part 111,

The purpose of this organization is to promote economic development through production, processing, distribution and sales of locally produced agriculture products.

28. Community Kitchen—Kitchen training, development and production. The kitchen is currently being used by several local venders for production of their products made from locally grown produce, the senior meal program feeding 80 seniors three days per week, and cooking large community dinners.

Grant \$ 19450.00 Expenses \$ 36114.00

29. Poultry Processing Unit—Pastured poultry production, on-site processing, training and development. Four family farms processed 1000 birds and participated in a training forum toward future licensing.

Grant \$ 12634.00 Expenses \$ 9245.00

30. Culinary Scholarships—On-farm culinary training specializing in locally grown and produced farm products. Eighteen scholarships were granted.

Grant\$ -0-

Expenses \$ 10744.00

### FORM 990-EZ Part IV: List of officers, Directors, Trustees, and Key Employees

A) Name/Address	B) Title Hours/wk	C) Compensation	D) Contribution	E) <u>s Expense</u>
Terry Swagerty 2220 Highway 25 North Evans, WA 99126	President/ .5	0.00	0.00	0.00
James Smiley 3019 Pierre Lake Rd Kettle Falls, WA 99141	Secretary/ .5	0.00	0.00	0.00

## **COMMUNITY AGRICULTURE DEVELOPMENT CENTER EIN: 73-1638831**

985 S. Elm Street, Colville, WA 99114

Emily Gordon 1973 Black Lk Rd Colville, WA 99114	Treasurer/ .5	0.00	0.00	0.00
Al Kowitz WSU Cooperative Ext. Faculty 985 S. Elm Street Colville, WA 99114	Executive Director/ 6	0.00	0.00	0.00
Steven Schott Sustainable Communities Mem Kettle Falls, WA 99109	Board Member ber .5	0.00	0.00	0.00

## Form 990-EZ Part IV, 38b

Short-term loan from Executive Director for \$3000 on 12/04/2002 for general operation for the Community Kitchen.

Balance due: \$3000.

0% interest rate.

No security provided by borrower.

## Form 990-EZ Schedule A Part III, 3a

Scholarships granted by the Culinary program are based on a list of criteria and screened by a committee.