Department of the Treasury Internal Plevenue 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 Open to Public Inspection

Α	For the 2	1005 calendar year, or tax year beginning OCT 1, 2005 and ending SEP	30, 20	06
_	Check if	Please C Name of organization		yer identification number
	applicable	USE INSTITUTE CENTER FOR APPROPRIATE	-	,
Г	Address	s label of DECHNIOT COV TNG	81-	-0361047
F	Name	type. Number and street (or P.O. boy if mail is not delivered to street address). Room		one number
Ē	Initial	Specific 3040 CONTINENTAL DRIVE		6-494-4572
F	Final	Instruc-		ng method: Cash X Accrual
F	Amende			er being
F	iretum Applica	the second secon		section 527 organizations.
_	_Jpanding	must attach a completed Schodulo & /Form 000 or 000-F7)	group return for a	The second second
C	Waheita-		enter number of a	
-	record and include a soline		filiates included?	
		If No. 1	rttach a list.)	
			separate return fi in covered by a g	led by an or- roup ruling? Yes X No
			cemption Number	
				anization is not required to attach
L	Gross red		Form 990, 990-E2	
ALC: U		Revenue, Expenses, and Changes in Net Assets or Fund Balances		
	1	Contributions, gifts, grants, and similar amounts received:		
	a	Direct public support 1a	8,478.	
	b	Indirect public support 1b		
		Government contributions (grants) 1c		
	d	Total (add lines 1a through 1c) (cash \$ 8,478 . noncash \$	1	1d 8,478.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2 4,063,592.
	3	Membership dues and assessments		3
	4	Interest on savings and temporary cash investments		4 25,441.
	5	Dividends and interest from securities		5
	6 a	Dividends and interest from securities Gross rents SEE STATEMENT 1 6a	1,593.	
	b	Less: rental expenses SEE STATEMENT 2 6b	5,593.	
	C	Net rental income or (loss) (subtract line 6b from line 6a)		6c <4,000.
	7	Other investment income (describe > EQUITY GAIN (LOSS) IN SUBSIDI	ARY)	7
Revenue	8 a	Gross amount from sales of assets other (A) Securities (B) C		
Š		than inventory 8a	100	
CC	ь	Less: cost or other basis and sales expenses	100	
	c	Gain or (loss) (attach schedule) 8c		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d
	9	Special events and activities (attach schedule). If any amount is from gaming, check here		
	а	Gross revenue (not including \$ of contributions		
		reported on line 1a) 9a		
	b	Less: direct expenses other than fundraising expenses 9b		
		Net income or (loss) from special events (subtract line 9b from line 9a)		90
	10 a	Gross sales of inventory, less returns and allowances 10a		
	b	Less: cost of goods sold		
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c
	11	Other revenue (from Part VII, line 103)		11 20,833.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12 4,114,344.
	13	Program services (from line 44, column (B))		3,665,061.
Expenses	14	Management and general (from line 44, column (C))		407,341.
e G	15	Fundraising (from line 44, column (D))		15 14,871.
ă	16	Payments to affiliates (attach schedule)		16
-	17	Total expenses (add lines 16 and 44, column (A))		4,087,273.
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	L	18 27,071.
Net	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19 996,704.
200	20	Other changes in net assets or fund balances (attach explanation)		20 0.
250	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21 1,023,775.
65.4	001 03-06	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2005)

Page 2

TECHNOLOGY, INC. Part II Statement of All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3)

	Functional Expenses and (4	i) orga	mizations and section 4947	a)(1) nonexempt charitable	e trusts but optional for other	5.
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cesh \$ 0 - noncesh \$ 0 -					
	If this amount includes foreign grants, check here	22			100	
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25	Compensation of officers, directors, etc.* *	25	175,845.	60,818.	114,939.	88.
26	Other salaries and wages	26	1,948,444.	1,847,146.	101,298.	
	Pension plan contributions	27	122,679.	120,351.	2,328.	
28	Other employee benefits	28	149,493.	134,952.	14,541.	
	Payroll taxes	29	186,709.	168,548.	18,161.	
	Professional fundraising fees	30				
	Accounting fees	31	13,977.		13,977.	
	Legal fees	32	1,405.		1,405.	
	Supplies	33	52,718.	45,787.	5,128.	1,803.
	Telephone	34	87,723.	79,190.	8,533.	
	Postage and shipping	35	55,917.	49,070.	5,439.	1,408.
	Occupancy	36	124,953.	112,799.	12,154.	
	Equipment rental and maintenance	37	17,069.	15,409.	1,660.	
	Printing and publications	38	76,915.	68,953.	7,482.	480.
	Travel	39	206,556.	186,464.	20,092.	
	Conferences, conventions, and meetings	40	25,386.	22,893.	2,469.	24.
	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42	38,322.	38,322.		
	Other expenses not covered above (itemize):					
		43a	1		1	
ı		43b				
		43c				
		436				
,		43e				
f		431				
	SEE STATEMENT 3	430	803,162.	714,359.	77,735.	11,068.
44	Total functional expenses. Add lines 22					
	through 43. (Organizations completing		1			
	columns (B)-(D), carry these totals to lines					
	13-15)	44	4,087,273.	3,665,061.	407,341.	14,871.
Joi	int Costs. Check Dif you are following			-,,	20.70224	22/0/24
	any joint costs from a combined educational campai			orted in (B) Program servi	ces?	Yes X No
	es," enter (i) the aggregate amount of these joint co		/-	ii) the amount allocated to		N/A

N/A N/A (iii) the amount allocated to Management and general \$; and (Iv) the amount allocated to Fundraising \$

Form 990 (2005)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization.

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

81	L-0	36	104	7	Page 3	3

How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments. What is the organization's primary exempt purpose? ► SEE STATEMENT 8 Program Service Expenses (Required for 501(c)(3) All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of and (4) orgs., and clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) 4947(a)(1) trusts; but optional for others.) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) SEE STATEMENT 5 2,689,992. (Grants and allocations) If this amount includes foreign grants, check here SEE STATEMENT 6 832,897. (Grants and allocations) If this amount includes foreign grants, check here SEE STATEMENT 81,576. (Grants and allocations \$) If this amount includes foreign grants, check here d

) If this amount includes foreign grants, check here

) If this amount includes foreign grants, check here

SEE STATEMENT 9

Total of Program Service Expenses (should equal line 44, column (8), Program services)

60,596.

(Grants and allocations

(Grants and allocations

e Other program services (attach schedule)

\$

TECHNOLOGY, INC.

Part IV Balance Sheets (See the Instructions.) Note: Where required, attached schedules and amounts within the description column (A) Beginning of year should be for end-of-year amounts only. End of year 14,044. 15,493. 45 45 Cash - non-interest-bearing 740,232. 1,034,307. 46 Savings and temporary cash investments 46 47 a Accounts receivable 47a b Less: allowance for doubtful accounts 47b 48 a Pledges receivable 48a b Less: allowance for doubtful accounts 263,537. 213,152. Grants receivable 49 49 Receivables from officers, directors, trustees, 50 and key employees 209,144. 51 a Other notes and loans receivable 224,311. b Less: allowance for doubtful accounts 209,144. 51c 52 Inventories for sale or use 52 19,970. 49,691. 53 Prepaid expenses and deferred charges 53 Investments - securities Cost 54 55 a Investments - land, buildings, and equipment: basis 55a b Less: accumulated depreciation 55b 55c Investments - other 56 1,183,557. 57 a Land, buildings, and equipment; basis 281,190. 570 892,539. 291,018. b Less: accumulated depreciation 7,307. Other assets (describe ► INVESTMENT IN SUBSIDIARY 7,307. 58 1,550,591. 1,820,112. 59 Total assets (must equal line 74). Add lines 45 through 58 388,509. 375,254. Accounts payable and accrued expenses 61 Grants payable 61 414,370. 158,665. 62 62 Deferred revenue Loans from officers, directors, trustees, and key employees 63 a Tax-exempt bond liabilities 64a b Mortgages and other notes payable STMT 10 64h Other liabilities (describe ► SEE STATEMENT 11) 6,713. 6,713. 65 65 553,887. 796,337. Total liabilities. Add lines 60 through 65) Organizations that follow SFAS 117, check here X and complete lines 67 through 69 and lines 73 and 74. Vet Assets or Fund Balances 996,704. 67 Unrestricted 67 1,023,775. Temporarily restricted 68 Permanently restricted 69 Organizations that do not follow SFAS 117, check here and complete lines 70 through 74. Capital stock, trust principal, or current funds 70 Paid-in or capital surplus, or land, building, and equipment fund 71 Retained earnings, endowment, accumulated income, or other funds 72 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; 73 996,704. column (A) must equal line 19; column (8) must equal line 21) 1,023,775. 1,550,591. 1,820,112. Total liabilities and net assets/fund balances. Add lines 66 and 73

8.8.	instructions.)	noidi Giditorriorito III	ai novendo p	D) 110	254011	1000 17	ic .
8	Total revenue, gains, and other support per audited financial stateme	nts			a :	4,29	2,334.
b	Amounts included on line a but not on Part I, line 12:						
1	Net unrealized gains on investments	b	1				
2	Donated services and use of facilities	b	2				
3	Recoveries of prior year grants		3				
4	Other (specify): SEE STATEMENT 12	l l		90.			
	Add lines b1 through b4				ь	17	77,990.
c	Subtract line b from line a						14,344.
d	Amounts included on Part I, line 12, but not on line a:						
1	Investment expenses not included on Part I, line 6b		1				
,	Other (specify): RECLASS NETTED REVENUE TO	EXPENSE	2	0.			
-	Add lines d1 and d2				4		0.
					-	4.11	14,344.
P	Total revenue (Part I, line 12). Add lines c and d art IV-B Reconciliation of Expenses per Audited Fine	ancial Statements W	ith Expenses	per	Retu	m	17,511.
а	Total expenses and losses per audited financial statements						55,497.
b	Amounts included on line a but not on Part I, line 17:						
1			1				
2							
_							
	Losses reported on Part I, line 20 Other (specify): SEE STATEMENT 13		178,2	24	100		
7	Other (specify): DEE STRIBITER 13				10000	1.7	70 221
	Add lines b1 through b4				ь		78,224. 37,273.
C	Subtract fine b from line a				C	4,00	01,213.
ď	Amounts included on Part I, line 17, but not on line a:	1					
1	Investment expenses not included on Part I, line 6b		1				
2	Other (specify): SEE STATEMENT 14		2				
	Add lines d1 and d2				d		0.
8	Total expenses (Part I, line 17). Add lines c and d			<u> </u>	e	4,08	37,273.
	art V-A Current Officers, Directors, Trustees, and Ke or key employee at any time during the year even if they we				fficer, o	director	r, trustee,
		(B) Title and average hours	(C) Compensation	(D) C∞	ntributio	ns to	(E) Expense
	(A) Name and address	per week devoted to	(If not paid, enter	plane	yee ben å defen	red of	account and her allowances
		position	-01	compe	nsacon	pians or	ndi enginences
ŜĒ	E STATEMENT 15		165,205.	10	.64	0.	0.
			200/2001		, , ,		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
_							
_		1					
_			Į.				
				l			
_							

	RAVEAS	Current Officers, Directors, Trustees, and F	ley Employees (continu	red)			Yes	No
75 a	Enter th	e total number of officers, directors, and trustees permitted	d to vote on organization bu	siness at board				
	meeting	js		▶	16			
b	Are any	officers, directors, trustees, or key employees listed in Fon	m 990, Part V-A, or highest	compensated emp	lovees			
	listed in	Schedule A, Part I, or highest compensated professional a	nd other independent contr	ractors listed in Sci	hedule A,			
		or II-B, related to each other through family or business re	lationships? If "Yes," attach	a statement that i	dentifies			
	the indi	viduals and explains the relationship(s)				75b		X
6	Do any	officers, directors, trustees, or key employees listed in Forn	n 990, Part V-A, or highest o	ompensated empl	oyees			
	listed in	Schedule A, Part I, or highest compensated professional a	ind other independent conti	ractors listed in Sci	hedule A,			
		or II-B, receive compensation from any other organizations	s, whether tax exempt or tax	cable, that are relat	ed to this			
						75c		X
		elated organizations include section 509(a)(3) supporting o						
		ittach a statement that identifies the individuals, explains the relation			ization(s), and			
		s the compensation arrangements, including amounts paid to each	murviousi by each related orga	IIIZBUUII.			-	1000000
process control	and the same of th	e organization have a written conflict of interest policy?	ou Frankriana That F	Panaluad Cam		75d	the same	X
EE	rt V-B	Former Officers, Directors, Trustees, and K Benefits (If any former officer, director, trustee, or key						rina
		the year, list that person below and enter the amount of o						
					(D) Contributions	to (i	E) Expe	
		(A) Name and address NONE	(B) Loans and Advances	(C) Compensation	employee benefit plans & deferred	a	ccount	and
		NONE			compensation pla	19 Oth	er allow	ances
		4				+		
						1		
_			-			+-		
			•					
_						+		
			•					
			•					
						+		
			•					
			•					
						_		
						1		
						1		
			.					
						\perp		
Par		Other Information (See the instructions.)					Yes	No
76		organization engage in any activity not previously reported						250
		tion of each activity				76	-	X
77	Were a	ny changes made in the organizing or governing document	s but not reported to the IR	\$?		77		X
		attach a conformed copy of the changes.						
78 a		organization have unrelated business gross income of \$1,0				78a	X	-
b		has it filed a tax return on Form 990-T for this year?				78b	Х	
79		ere a liquidation, dissolution, termination, or substantial cor				79		X
80 a		rganization related (other than by association with a statew						
		rship, governing bodies, trustees, officers, etc., to any other		anization?		80a	X	-
b	If "Yes,	enter the name of the organization SEE STAT					200	
			and check whether it is	1	nonexempt			
81 a		rect or indirect political expenditures. (See line 81 instruction			0.			35
		organization file Form 1120-POL for this year?				81b	000	X
52316	1/02-03-06					rom	990	(2005)

e	NATIONAL CENTER FOR APPROPRIATE 990 (2005) TECHNOLOGY, INC. 81-0361	047		age 7
******	VI Other Information (continued)		Yes	_
	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially		103	140
	less than fair rental value?	82a		Х
b	If "Yes," you may indicate the value of these items here. Do not include this			
	amount as revenue in Part I or as an expense in Part II.			
	(See instructions in Part III.) 82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to guid pro quo contributions?	83b	Х	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not			
	tax deductible? N/A	84b		
85	501(c)(4), (5), or (6) organizations, a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a			
	waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A			
d	Section 162(e) lobbying and political expenditures 85d N/A			
0	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 858 N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
	following tax year? N/A	85h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on			
	line 12 86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities 88b N/A			
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A			
b	and the state of t			
	against amounts due or received from them.) 87b N/A			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?			
	If "Yes," complete Part IX	88	Х	
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ► 0 • ; section 4912 ► 0 • ; section 4955 ► 0 •			
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?			
	If "Yes," attach a statement explaining each transaction	89b		Х
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		Marketonia	0
90 a				
	Number of employees employed in the pay period that includes March 12, 2005			6
91 a	The books are in care of ► MICHELE DAVIS, CHIEF FINANCIAL OFFI Telephone no. ► 406-49			
	Located at ► NCAT, 3040 CONTINENTAL DR., BUTTE, MT ZIP+4 ► 5	970	1	

Form 990 (2005)

90 a	List the states with which a copy of this return is filed ►NONE		
b	Number of employees employed in the pay period that includes March 12, 2005		64
91 a	The books are in care of ▶ MICHELE DAVIS, CHIEF FINANCIAL OFFI Telephone no. ▶ 406-49	94-45	72
	Located at ► NCAT, 3040 CONTINENTAL DR., BUTTE, MT ZIP+4 ►	59701	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	Y	es No
	account)?	91b	X
	If "Yes," enter the name of the foreign country ► N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		
	and Financial Accounts.		
C	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
	if "Yes," enter the name of the foreign country > N/A		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here		
	and actor the amount of the exempt interest received or account during the tay uses	NI/A	

TECHNOLOGY, INC.

Part v	II Analysis of Income-	Producing A						
Note: E	nter gross amounts unless other	rwise	personal and the second	d business income		by section 512, 513, or 514	(E)	
indicate	d.		(A) Business	(B)	(C) Exclu-	(D)	Related or exemp	pt
93 Proc	gram service revenue:		code	Amount	sion	Amount	function income	8
	NERGY CONSERV. S	vcs.					3,965,9	24.
	JPPORT SVCS. AGR	~					97,6	
_			-		+-+		3,70	,00
c			\vdash					
d								
e								
f Med	ficare/Medicaid payments							
	s and contracts from governme							
_	nbership dues and assessment	_						
	est on savings and temporary cash				14	25,441.		
	dends and interest from securit					20/11/		
	rental income or (loss) from rea						117 CONTRACTOR (1970)	3000
a deb	t-financed property	maranaaaa oo c						
b not	debt-financed property		900003	<4,000	.>			
98 Net	rental income or (loss) from per	sonal property						
	er investment income				14			
	or (loss) from sales of assets							
	er than inventory							
				·	+			
	income or (loss) from special ev							
102 Gros	ss profit or (loss) from sales of in	nventory						
	er revenue:							
a Il	NTEREST ON LOC T	O SUB.	900003	20,833	-			
b								

	total (add columns (B), (D), and	·m·		16,833	5520000	25 441	A 062 E	0.0
						25,441.		
105 Tota	al (add line 104, columns (B), (D)), and (E))					4,105,8	66.
	e 105 plus line 1d, Part I, should							
Part V	Relationship of Acti	vities to the	Accomplis	hment of Exemp	pt Purpo	Ses (See the instruct	ions.)	
Line No.	Explain how each activity for whi	ich income is repo	rted in column (E) of Part VII contribute	d important	by to the accomplishment	of the organization's	
•	exempt purposes (other than by						•	
	SEE STATEMENT	18						
Part I)			Subsidiarie		led Entit	ties (See the instruction	ns.)	
Name a	(A) address, and EIN of corporation,	(B) Percentage of		(C) Nature of activities	ì	(D) Total income	(E)	
part	nership, or disregarded entity	ownership interes		waters or activities		rotal income	End-of-year assets	
	E STATEMENT 17		%					
			%					
			%					
D4 V	Information Description		%	1 '11 5				
Part X							The second of th	
(a) Did	the organization, during the year, re	eceive any funds, d	firectly or indired	ctly, to pay premiums or	a personal	benefit contract?	Yes X	No
(b) Did	the organization, during the year, pa	ay premiums, dire	ctly or indirectly	on a personal benefit o	ontract?		Yes X	No
Note: //	"Yes" to (b), file Form 8870 and	d Form 4720 (se	e instructions)					
lease	Under penalties of perjury, I declare that correct, and complete. Declaration of pr				statements,	and to the best of my knowled	ge and belief, it is true,	
ign	correct, and complete. Declaration of pr	eparer (other than off	cen is based on all	information of which prepar	er has any kno የአጥዝተ. E			ntp
lere	Signature of officer						EXECUTIVE	DIR
1010						name and title.		
ald	Preparer's	E Way	100	Da	, ,	Check if self-	Preparer's SSN or PTIN	
reparer's					30/07	employed >		
	Firm's name (or ANDERS)	ON ZURMU	EHLEN &	CO., P.C.	, ,	EIN >		
ise Only						311		
	seif-employed) FO BOX	748				1		
23163 2-03-06	soft-employed FO BOX sodress, and ZP + 4 BUTTE,	748 MT 5970	3			Phone on A	06-782-045	1

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL CENTER FOR APPROPRIATE TECHNOLOGY, INC.

Employer Identification number

81 0361047

Part I Compensation of the Five Highest Paid En (See page 1 of the instructions, List each one, If there are none		Officers, Direc	ctors, and T	rustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deterred compensation	(e) Expense account and other allowances
MARCIA BROWN BUTTE, MT	OPR. MGR 45.00	73,260.		
		13,200.	4,500	•
GEORGE KUEPPER	PROGRAM MGR.	E2 002	2 400	
BUTTE, MT	45.00	53,903.	3,400	•
DALE HORTON	PROGRAM MGR.	20 545		
MISSOULA, MT	50.00	78,545.	5,025	•
JEFF BIRKBY	PROGRAM MGR.			
BUTTE, MT	40.00	69,735.	4,410	
REX DUFOUR	PROGRAM MGR.			
DAVIS, CA	40.00	61,172.	3,909	
Total number of other employees paid over \$50,000	- 8			
Part II-A Compensation of the Five Highest Paid In		re for Drofossi	onal Cania	00
(See page 2 of the instructions. List each one (whether individu			onal Servic	62
(See page 2 of the histochons. List each one (whether showor	als or littlis). If there are frome, t	siller worle. j		
(a) Name and address of each independent contractor paid more		(b) Type of s		(c) Compensation
INFOMINE OF THE ROCKIES		CONSULTING	AND	
PO BOX 3457, BUTTE, MT 59701		EQUIPMENT		104,089.
BOB GRAY		CONSULTING	AND	
205 S. WHITING ST SUITE 308; ALEXANI	DRIA, VA 22308	ADVISORY		101,873.
DAVID HOUSER	(CONSULTING	AND	
3040 CONTINENTAL DR, RM 117, BUTTE,	MT 59701 k	ADVISORY		55,509.
· · · · · · · · · · · · · · · · · · ·				
Total number of others receiving over				
	• 0			
\$50,000 for professional services Part II-B Compensation of the Five Highest Paid In		re for Other S	nnicoe	
(List each contractor who performed services other than profe	-		ervices	
firms. If there are none, enter "None." See page 2 of the instruc	-	uaia vi		
minis. Il piere are none, enter rione. See page 2 of the histruc	DOUS.)		T	
(a) Name and address of each independent contractor paid more	than \$50,000	(b) Type of s	ervice	(c) Compensation
NONE				
			l	
- Villian				
Total number of other contractors receiving over				
Total number of other contractors receiving over \$50,000 for other services	0			

NATIONAL CENTER FOR APPROPRIATE

Schedule A (Form 990 or 990-EZ) 2005 TECHNOLOGY . INC . 81-0361047 Part III Statements About Activities (See page 2 of the instructions.) Yes No During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the 30,986. (Must equal amounts on line 38, Part VI-A, or lobbying activities > \$ VI-A, LINE 38B line i of Part VI-B.) X Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) a Sale, exchange, or leasing of property? Х 2a Х b Lending of money or other extension of credit? 2b ¢ Furnishing of goods, services, or facilities? Х 2¢ d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990 Х 24 Х e Transfer of any part of its income or assets? 2e 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how Х you determine that recipients qualify to receive payments.) 3a b Do you have a section 403(b) annuity plan for your employees? х 3b c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? З¢ 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? 4a b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? 4b Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.) The organization is not a private foundation because it is: (Please check only ONE applicable box.) 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). q A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(b)). (Also complete the Support Schedule in Part IV-A.) X An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 ____ Type 2 Provide the following information about the supported organizations. (See page 6 of the instructions.) (b) Line number (a) Name(s) of supported organization(s) from above

An organization organized and operated to test for public safety. Section 509(a)(4), (See page 6 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2005 TECHNOLOGY, INC.

Pa	Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.								
Caler	ndar year (or fiscal year uning in)	(a) 2004	(b) 2003	(e) 2002	(d) 2001	(e) Total			
15	Giffs, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,831,024.				11,059,287.			
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	757,170.	1,004,639.	1,323,780.	1,228,643.	4,314,232.			
18	Gross income from interest, dividends, amounts received from payments on securities loans (sec- tion 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	25,441.	9,247.	4,955.	9,994.				
19	Net income from unrelated business activities not included in line 18	15,883.	20,540.	19,716.	21,183.	77 222			
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf	13,003.	20,540.	19,710.	21,103.	77,322.			
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	15							
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets								
23	Total of lines 15 through 22	3,629,518.	4,137,706.	3,841,070.	3,892,184.	15,500,478.			
24	Line 23 minus line 17	2,872,348.	3,133,067.	2,517,290.	2,663,541.	11,186,246.			
25	Enter 1% of line 23	36,295.							
26	Organizations described on lines 1					223,725.			
b	Prepare a list for your records to sho				8000000000				
	unit or publicly supported organization			ded the amount shown in		0.			
	Do not file this list with your return. Total support for section 509(a)(1) to				26b	11,186,246.			
ď	Add: Amounts from column (e) for it	inoc: 18	49,637, 19	77.32		11,100,240.			
	The Period No.	22	26b		≥ 28d	126,959.			
e	Public support (line 26c minus line 2	26d total)			≥ 26e	11,059,287.			
1	Public support percentage (line 26)	e (numerator) divided by	line 26c (denominator))		≥ 281	98.8650%			
27		tal amounts received in e N/A	ach year from, each "disq	ualified person." Do not fi	le this list with your retu	m. Enter the sum of			
	(2004)								
D	For any amount included in line 17 to and amount received for each year, to described in lines 5 through 11b, as the larger amount described in (1) of (2004)	that was more than the la well as individuals.) Do n r (2), enter the sum of the (2003)	rger of (1) the amount of ot file this list with your ese differences (the excess (2)	in line 25 for the year or (return. After computing t is amounts) for each year (002)	2) \$5,000. (Include in the he difference between the r: N/A (2001)	list organizations amount received and			
¢	Add: Amounts from column (e) for li	ines: 15 _		16					
	17	20		21	27c	N/A			
d						N/A			
	Public support (line 27c total minus Total support for section 509(a)(2) to				N/A 278	N/A			
	Public support percentage (lin					N/A %			
y h	Investment income percentage					N/A %			
28 1	Inusual Grants: For an emanization	described in line 10, 11	or 12 that received any u	inusual grants during 200	01 through 2004, oregan	a list for your records to			
	show, for each year, the name of the creaturn. Do not include these grants in	ontributor, the date and a	mount of the grant, and a	brief description of the n	ature of the grant. Do not	file this list with your			

NONE

523121 02-03-06

Part V

Private School Questionnaire (See page 7 of the instructions.)

N/A

(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		Yes	No
	instrument, or in a resolution of its governing body?	. 29		
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			10000000
	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.)			
		_		
		_		
		_		
		_		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?			
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
¢	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?			
ď	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		12/232		
		2000		50000
33	Does the organization discriminate by race in any way with respect to:			
8	Students' rights or privileges?			
b	Admissions policies?			
c	Employment of faculty or administrative staff?			
d	Scholarships or other financial assistance?			
8	Educational policies?		L	
f	Use of facilities?			
9	Athletic programs?			
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
		_		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?			
b		34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has compiled with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Schedule A (Form 990 or 990-EZ) 2005

Set	nedule A (Form 990 or 990-EZ)		ENTER FOR AL	PROPRI	ATE			Ω1.	-0361047 Page 5
-	art VI-A Lobbying E		cting Public Chari		ge 9 of th	e instructi	ions.)	01	-0301047 Pages
Che	eck 🕨 a 🔲 if the organiza	ition belongs to an affiliated g	roup. Check	▶ b ☐ if	you chec	ed "a" and	d "limited co	ontrol	provisions apply.
		mits on Lobbying Ex					(a) ited group totals		(b) To be completed for ALL electing organizations
	(1114 6811	and and an	mile pare a manifesty			N.	/A		
36	Total lobbying expenditures to	o influence public opinion (gra	issroots lobbying)		36				0.
37	Total lobbying expenditures to				37				30,986.
38	Total lobbying expenditures (38				30,986.
39					39				4,052,133.
40	Total exempt purpose expend	litures (add lines 38 and 39)			40				4,083,119.
41	Lobbying nontaxable amount	. Enter the amount from the fo	llowing table -						
	If the amount on line 40 is -	The lobbying	nontaxable amount is -						
	Not over \$500,000	20% of the amo	unt on line 40	······					
	Over \$600,000 but not over \$1,000	,000 \$100,000 plus 1	5% of the excess over \$500,00	۰					rain and the second
	Over \$1,000,000 but not over \$1,50				41				354,156.
	Over \$1,500,000 but not over \$17,0	000,000 \$225,000 plus 5	% of the excess over \$1,500,00						
	Over \$17,000,000								
	Grassroots nontaxable amoun	-			42				88,539.
43	Subtract line 42 from line 36.				43				0.
44	Subtract line 41 from line 38.	Enter -0- if line 41 is more tha	an line 38		44		000000000000000000000000000000000000000		0.
_	Caution: If there is an amo	unt on either line 43 or line	44, you must file Form	4720.					
Lenna	ı	Some organizations that mad	veraging Period U le a section 501(h) election ructions for lines 45 throug	do not have to	comple	e all of the		ns	
			Lobbying Expe	nditures Durir	ng 4-Yea	Averagin	g Period		
	lendar year (or cal year beginning in)	(a) 2005	(b) 2004	(c) 2003			(d) 2002		(e) Total
45	Lobbying nontaxable amount	354,156.	361,001.	394	,587		383,	921	. 1,493,665.
46	Lobbying cailing amount	51-5							
_	(150% of line 45(e))	T-0.							2,240,498.
47	Total lobbying								
	expenditures	30,986.	34,570.	29	,331	•	31,	254	. 126,141.
48	Grassroots nontaxable	00 500	00 050				0.5		272 416
_	amount	88,539.	90,250.	98	,647	•	95,	980	. 373,416.
49	Grassroots ceiling amount								F.CO. 104
	(150% of line 48(e))								560,124.
50	Grassroots lobbying		0.					0	. 0.
D	expenditures art VI-B Lobbying A	Activity by Monolect		3e		•			•1 0•
	(For reporting o	nly by organizations that did r	not complete Part VI-A) (Se	e page 11 of t					N/A
	ring the year, did the organizati	•		, including any	attempt	io o	Yes	No	Amount
infl	uence public opinion on a legis	lative matter or referendum, t	hrough the use of:				, 00		Annalis

	(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)			N/A
	ing the year, did the organization attempt to influence national, state or local legislation, including any attempt to	Yes	No	Amount
m	ience public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers			
	Paid staff or management (Include compensation in expenses reported on lines ¢ through h.)			
¢	Media advertisements			
	Mailings to members, legislators, or the public			
e	Publications, or published or broadcast statements			
f	Grants to other organizations for lobbying purposes			
g	Direct contact with legislators, their staffs, government officials, or a legislative body			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
ì	Total lobbying expenditures (Add lines c through h.)			0.
	If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

81-0361047 Page 6

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
501/c) of the Code Jother than section 501/c)/3) arranjections) or in section 527 relating to political propriettions?			
30 (1c) of the code (other than section 30 (1c)(3) organizations) of in section 321, reading to point at organizations:			
a Transfers from the reporting organization to a noncharitable exempt organization of:		Yes	No
(I) Cash	51a(l)		X
(ii) Other assets			Х
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		Х
(ii) Purchases of assets from a noncharitable exempt organization	· · ·		X
(iii) Rental of facilities, equipment, or other assets			Х
(Iv) Reimbursement arrangements			X
•		_	X
(v) Loans or loan guarantees (vi) Performance of services or membership or fundraising solicitations	b(vi)	-	X
			X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		L	A
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the			
goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any		N/A	
transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:		N/A	
(a) (b) (c) (d) Line no. Amount involved Name of noncharitable exempt organization Description of transfers, transactions, and	sharing a	wannen	mante
Care no. Announce arrowed rearries of nonchanable exempt organization bescription of classicis, dansactions, and	sinanny a	ranger	IMMINES
52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule: (a) (b) (c)	Yes	X	No
Name of organization Type of organization Description of relation	ship		
923161 02-00-06 Schedule A (Fo	rm 990 or	990-E2	Z) 2004

FORM 990	RENTAL	INCOME		STATEMENT	1
KIND AND LOCATION OF PR	ROPERTY		ACTIVITY NUMBER	GROSS RENTAL INC	OME
BUILDING AND EQUIPMENT	RENT - SUBSIDIA	ARY	1	1,5	93.
TOTAL TO FORM 990, PART	r I, LINE 6A			1,5	93.
FORM 990	RENTAL	EXPENSES		STATEMENT	2
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL	
BUILDING AND EQUIPMENT SUBSIDIARY & OTHER	RENT EXPENSE SUBTOTAL -	- 1	5,593.	5,5	93.
TOTAL TO FORM 990, PART	r I, LINE 6B			5,5	93.
FORM 990	OTHER	EXPENSES		STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISI	NG
PROGRAM COSTS - SUBCONTRACTS AND EQUIPMENT PROGRAM COSTS - COMMUNITY AND	587,639.	576,772.		10,8	
COMMUNITI AND					67.
OUTREACH	84,162.	84,162.			67.
OUTREACH MISCELLANEOUS OVERHEAD MISCELLANEOUS	84,162. 53,425.	84,162. 53,425.			67.
OUTREACH MISCELLANEOUS OVERHEAD MISCELLANEOUS GENERAL AND ADMINISTRATIVE LOBBYING			46,749. 30,986.	2	67.

FORM 990 OFFI	CER COMPENSATIO			STATEMENT 4
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
KATHLEEN HADLEY	86,460.	5,655.	0.	92,115.
A. PROGRAM SERVICES	42,954.			42,954.
B. MANAGEMENT AND GENERAL	43,420.	5,655.		49,075.
C. FUNDRAISING	86.			86.
NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
MICHELE DAVIS	78,745.	4,985.	0.	83,730.
A. PROGRAM SERVICES	17,395.			17,395.
B. MANAGEMENT AND GENERAL	61,350.	4,985.		66,335.
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				60,349.
TOTAL MANAGEMENT AND GENERA	AL			115,410.
TOTAL FUNDRAISING				86.
TOTAL OFFICER, ETC., COMPE	NSATION INCLUDE	D ON PARTS V	-A AND V-B	175,845.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

SUSTAINABLE AGRICULTURE

SUSTAINABLE AGRICULTURE

GRANTS EXPENSES TO FORM 990, PART III, LINE A 2,689,992. FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT

DESCRIPTION OF PROGRAM SERVICE TWO

SUSTAINABLE ENERGY - SEE ATTACHED

SUSTAINABLE ENERGY

GRANTS EXPENSES TO FORM 990, PART III, LINE B 832,897.

DESCRIPTION

SEE SCHEDULE IA

TOTAL TO FORM 990, PART III, LINE E

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS 7 STATEMENT DESCRIPTION OF PROGRAM SERVICE THREE OTHER SUSTAINABLE COMMUNITIES GRANTS EXPENSES TO FORM 990, PART III, LINE C 81,576. FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT PART III EXPLANATION HELPING PEOPLE BY CHAMPIONING SMALL-SCALE, LOCAL, & SUSTANINABLE SOLUTIONS TO REDUCE POVERTY, PROMOTE HEALTHY, COMMUNITIES, & PROTECT NATURAL RESOURCES. FORM 990 OTHER PROGRAM SERVICES STATEMENT 9 GRANTS AND

EXPENSES

60,596.

60,596.

ALLOCATIONS

FORM 990)	OTHER NO	TES AND L	OANS PAY	ABLE	STATEMENT	10
LENDER'S	NAME	TERM	S OF REPA	YMENT			
FIRST CI	TIZENS BANK						
DATE OF NOTE	MATURITY DATE	ORIGINA LOAN AMOU		TEREST RATE			
	02/ /05		0.	6.50%			
SECURITY	PROVIDED BY	BORROWER	PURPOSE	OF LOAN			
REAL PRO	PERTY						
RELATION	SHIP OF LEND	DER					
DESCRIPT	TION OF CONSI	DERATION			FMV OF CONSIDERATION	BALANCE DU	E
					0.		0.
					0.		
TOTAL IN	CLUDED ON FO		T IV, LIN			STATEMENT	
)						
FORM 990)	OT	HER LIABI			AMOUNT	11
FORM 990 DESCRIPT	PION	OT:	HER LIABI	LITIES			11
FORM 990 DESCRIPT	PION EBC - REFUND FORM 990, P	OT:	HER LIABI T E 65, COL	LITIES UMN B	LUMN B	AMOUNT 6,7	113.
DESCRIPT DUE TO M	PION MEBC - REFUND FORM 990, P	OT) OABLE DEPOSIT	HER LIABI T E 65, COL	LITIES UMN B	LUMN B	AMOUNT 6,7	113.
FORM 990 DESCRIPT DUE TO M TOTAL TO FORM 990 DESCRIPT CONSOLID	PION MEBC - REFUND FORM 990, P	OTE OABLE DEPOSITED THER REVENUE	HER LIABI T E 65, COL E NOT INC	LITIES UMN B	LUMN B	AMOUNT 6,7 6,7 STATEMENT	113.

WASHINGTON, DC 20036

FORM 990 OTHER EXPENSE	S NOT INCLUDED ON	FORM 990	STAT	EMENT	13
DESCRIPTION			A	MOUNT	
CONSOLIDATED SUBSIDIARY AND ELIM	INATIONS			178,2	24.
TOTAL TO FORM 990, PART IV-B				178,2	24.
FORM 990 OTHER EXPENSE	S INCLUDED ON FOR	M 990	STAT	EMENT	14
DESCRIPTION			A	MOUNT	
RECLASS NETTED REVENUE TO EXPENS	SE				0.
TOTAL TO FORM 990, PART IV-B					0.
	OF OFFICERS, DIR		STAT	EMENT	15
NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB		
ADOLFO ALAYON 545 BROADWAY BROOKLYN, NY 11206	CHAIRMAN 0.00	0.	0.		0.
GEORGE ORTIZ 5303 SPAIN AVENUE SANTA ROSA, CA 95409	VICE-CHAIRMAN 0.00	0.	0.		0.
GENE BRADY P.O. BOX 1127 WILKES-BARRE, PA 18703-1127	TREASURER 0.00	0.	0.		0.
JEANNIE JERTSON 4123 E. AGAVE ROAD PHOENIX, AR 85044	SECRETARY 0.00	0.	0.		0.
BRIAN CASTELLI 1200 18TH STREET NW, SUITE 900	MEMBER 0.00	0.	0.		0.

NATIONAL CENTER FOR APPROP	RIATE TECHNOLO		81	-0361047
CHARLES EBERDT 1701 ELLIS ST. BELLINGHAM, WA 98225	MEMBER 0.00	0.	0.	0.
MARGARET KROME 2524 CHAMBERLAIN AVENUE MADISON, WI 53705	MEMBER 0.00	0.	0.	0.
DR. ALLEN C. BJERGO 829 WEBER BUTTE TRAIL CORVALLIS, MT 59828	MEMBER 0.00	0.	0.	0.
JOHN T. BROWN, JR. 10 FOX RIGDE ROAD STAMFORD, CT 06903	MEMBER 0.00	0.	0.	0.
MARY HARRIS 501 SLATERS LANE ALEXANDRIA, VA 22314	MEMBER 0.00	0.	0.	0.
RANDALL CHAPMAN 815 BRAZOS, SUITE 1100 AUSTIN, TX 78701	MEMBER 0.00	0.	0.	0.
MARICELA GALLEGOS 9770 DIABLO VISTA AVE. GALT, CA 95632-9026	MEMBER 0.00	0.	0.	0.
DR. ANDREW DENNIS MCBRIDE 23 EAST AVENUE MILFORD, CT 06460	MEMBER 0.00	0.	0.	0.
KATHLEEN HADLEY 3040 CONTINENTAL DRIVE BUTTE, MT 59701	EXECUTIVE DI		5,655.	0.
MICHELE DAVIS 3040 CONTINENTAL DRIVE BUTTE, MT 59701	CHIEF FINANC		4,985.	0.
JACQUELINE HUTCHINSON 929 NORTH SPRING ST. LOUIS, MO 63108	MEMBER 0.00	0.	0.	0.
CAROL WERNER 122 C STREET NW, SUITE 630 WASHINGTON, DC 20001-2109	MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990,	PART V-A	165,205.	10,640.	0.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATION PART VI, LINE 80B	NS SI	ATEMENT	16
NAME OF ORGANIZ	ATION	EXEMPT	NONEXE	MPT

FORM 99		RT IX - INFORMATION REGARDING T UBSIDIARIES AND DISREGARDED ENT		STATEMENT	17
NAME OF	CORPORATION,	PARTNERSHIP OR DISREGARDED ENT	ITY		
NEW HOR	IZON TECHNOLOG	IES, INC., 3040 CONTINENTAL DR.,	, BUTTE, MT	59701	
ADDRESS					
EMPLOYED ID NUMBER	R PERCENT ER OWNED	NATURE OF ACTIVITIES	TOTAL INCOME	END-OF-YE ASSETS	
81-0432	101 100.00%	ENERGY CONSERVATION CONSULTANT	r		
FORM 99		III - RELATIONSHIP OF ACTIVITE CCOMPLISHMENT OF EXEMPT PURPOSE		STATEMENT	18
LINE	EXPLANATION OF	RELATIONSHIP OF ACTIVITIES			
		ATION BY IDENTIFYING OPPORTUNIT			
&93C	INSTITUTIONAL,	T'S EXEMPT PURPOSE TO PROMOTE E AND RESIDENTIAL BUILDINGS. THI	IS		
93B (DRIGINATES FRO	T'S EXEMPT PURPOSE TO PROMOTE A M 100%-OWNED SUBSIDIARY, WHOSE RELATED TO NCAT'S EXEMPT PURPOS	PRIMARY ACT		

Form 990-W

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

Form 990-W (2008)

OMB No. 1545-0976

Эера	PRKSHEET) riment of the Treasury all Revenue Service	(and on Investment Income for Private Foundations) FORM 990— (Keep for your records - Do not send to the Internal Revenue Service.)	т	
1	Unrelated business	taxable income expected in the tax year	1	

2	Tax on the amount on line 1. (See instructions for tax of	omput	ation.)			2	
3	Alternative minimum tax (see instructions)					3	
4	Total. Add lines 2 and 3	4					
5	Estimated tax credits (see instructions)	5					
6	Balance. Subtract line 5 from line 4	6					
7	Other taxes (see instructions)					7	
8	Total, Add lines 6 and 7					8	
9	Gredit for federal tax paid on fuels (see instructions)					9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the estimated tax payments. (Private foundations, see ins						
b	Enter the tax shown on the 2005 return (see instructions If zero or the tax year was for less than 12 months, skip	p this I	line				
	and enter the amount from line 10a on line 10c)				2,232.		
c	2005 Estimated Tax. Enter the smaller of line 10a or line from line 10a on line 10c.					10c	2,240.
			(a)	(b)	(c)	106	(d)
11	Installment due dates (see instructions)	11	01/16/07	03/15/07	06/15/0	7	09/17/07
12	Required installments. Enter 25% of line 10c in columns (a) through (d) unless the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a						
	"large organization." (see instructions)	12	560.	560.	5	60.	560.
13	2005 Overpayment (see instructions)	13	560.	165.			
14	Payment due. (Subtract line 13 from line 12.)	14		395.	5	60.	560.

ESTIMATED TAX OVERPAYMENT APPLIED

LHA For Paperwork Reduction Act Notice, see instructions.

AMOUNT DUE

2,240.

725.

1,515.

523801 12-22-05

National Center for Appropriate Technology, Inc. 81-0361047 Schedule IA 2006 Form 990, Part III Statement of Program Service Accomplishments Fiscal Year 2006

Sustainable Agriculture Program

NCAT's largest project is our Appropriate Technology Transfer for Rural Areas (ATTRA) project. Staff working on ATTRA provided 37,422 responses to people and organizations requesting help with technical information on sustainable agricultural practices in Fiscal Year 2005. The website at www.attra.ncat.org allows direct electronic access to high demand materials as well as regularly updated briefs on its home page. During the year, the site received more than 2.6 million unique visitors and more than 600,000 publications were downloaded off the site. The website features daily news flashes on sustainable agriculture, an "asks an expert" section, and a more user-friendly design. Six issues of the ATTRA newsletter "ATTRAnews" reached over 24,450 farmers and information providers. NCAT project staff traveled to workshops, conferences, and meetings throughout the country, reaching 32 states. They promoted ATTRA's free services, provided technical information through workshops and presentations, and met directly with farmers, extensionists, and researchers. Staff completed over 48 workshops, tradeshows, conferences, speaking engagements and other appearances reaching more than 7,300 participants directly, with many more thousands exposed to the program through displays in large venues.

Assisting Farmers Rebuild a Regional Food System in Gulf Cost States.

This year, NCAT launched a Gulf Coast agricultural producer and market development initiative focused on Mississippi, Louisiana, and Alabama, with partners in the public, private, non-profit and academic sector. This project is helping to build the capacity of partners to regenerate and develop new parts of the regional food system in disaster-affected Gulf States and leverage resources through networking and coordinating activities for the shared goal of developing and diversifying producers' crops and markets in the region. Through this project, producers will increase their capacity to diversify crops as one approach to better management of risks posed by future weather-related challenges. We also hope to increase number of producers who are vendors for various direct markets, including farmers markets. The project aims to ensure communication with local leaders so that market opportunities for family farmers remain a priority and provide increased opportunities for consumer education and consumer involvement in new and renewed markets.

Low-Income Energy Program

The Low-Income Home Energy Assistance Program (LIHEAP) Clearinghouse is funded by a training and technical assistance contract from the U.S. Department of Health and Human Services. This year NCAT staff responded to more than 20,000 questions on low-income energy assistance and weatherization issues from LIHEAP providers (states, tribes and local agencies); others interested in low-income energy issues, and individuals seeking help with energy bills. Questions mainly deal with:

Where low-income households can apply for LIHEAP,

- Improving the management and delivery of low-income energy services, and
- How states and local agencies can leverage additional low-income energy program resources to supplement federal funds.

The Clearinghouse Internet website at www.ncat.org/liheap provides information on a wide range of low-income energy issues, including each state's "low-income energy profile" that details all low-income energy assistance and energy efficiency programs available, as well as a low-income energy news page. During 2005, the website averaged 55,000 visitors per month. The Clearinghouse also publishes "LIHEAP Networker", a newsletter that is published four times per year.

National Energy Assistance Referral Project (NEAR)

NCAT's NEAR project is a free service that provides people with information about where to apply for energy assistance that they need to keep the heat and lights on. NCAT developed and maintains a nation-wide database that includes all of the energy assistance resources available in any community across the country. More than 48,000 phone calls and emails were answered by our staff this year from people calling our toll-free phone, looking for help with their energy bills.

Clean Energy Program

In fiscal year 2006, NCAT continued to offer a series of renewable energy public demonstration and education projects. These projects included the installation of solar systems on community buildings, rural fire stations, and senior centers. NCAT also offered consumers in Montana and Arkansas an electronic information resource on clean energy technologies, our Montana Green Power website (www.montanagreenpower.org) and the Arkansas Renewable Energy website (www.ArkansasRenewableEnergy.org), which together had more than 230,000 visits this past year. NCAT offered homeowners and builders technical assistance and trainings focused on how to identify opportunities to incorporate energy conservation, efficiencies and renewable energy technologies in new and existing buildings.

Other Program Services

NCAT's other program services relate to affordable housing, limited resource farm training projects and energy conservation and efficiency activities for homes, and businesses. NCAT provides technical assistance to nongovernmental organizations, farm groups, local community action agencies, federal and state government agencies, and public universities to assist in energy conservation programs and sustainable agriculture. It maintains numerous project websites supporting sustainable practices in agriculture, energy and communities (www.ncat.org).

National Center for Appropriate Technology 81-0361047 Schedule IV-A Supporting Depreciation Schedule 2005 Form 990 Updated for FY06

	2	30-Sep-05	A	dditions	Dispositions	<u>30-Sep-06</u>
Fixed Assets	\$	1,135,408	\$	48,149	\$ -	\$ 1,183,557
Accumulated Depreciation		(854,218)		(38,322)	-	(892,539)
Net Fixed Assets	\$	281,190	\$	9,827	\$ -	\$ 291,018