

**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)

**2007**

Open to Public Inspection

Department of the Treasury Internal Revenue Service(77)

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

**A For the 2007 calendar year, or tax year beginning** , 2007, and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Please use IRS label or print or type. See specific instructions.  
**EVERGREEN FREEDOM FOUNDATION**  
**P.O. BOX 552**  
**OLYMPIA, WA 98507**

**D Employer Identification Number**  
 94-3136961

**E Telephone number**  
 360-956-3482

**F Accounting method:**  Cash  Accrual  
 Other (specify) \_\_\_\_\_

**H and I are not applicable to section 527 organizations**  
**H (a)** Is this a group return for affiliates?  Yes  No  
**H (b)** If 'Yes,' enter number of affiliates \_\_\_\_\_  
**H (c)** Are all affiliates included?  Yes  No (If 'No,' attach a list. See instructions.)  
**H (d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I Group Exemption Number** \_\_\_\_\_

**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**G Web site:** N/A

**J Organization type** (check only one)  501(c) 3 (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Gross receipts.** Add lines 6b, 8b, 9b, and 10b to line 12 **2,967,649.**

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

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

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b> Contributions to donor advised funds	<b>1a</b>			
<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	2,485,162.		
<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>			
<b>e</b> Total (add lines 1a through 1d) (cash \$ 2,108,864. noncash \$ 376,298.)	<b>1e</b>			2,485,162.
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			
<b>3</b> Membership dues and assessments	<b>3</b>			
<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			18,632.
<b>5</b> Dividends and interest from securities	<b>5</b>			7,898.
<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less: rental expenses	<b>6b</b>			
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			
<b>7</b> Other investment income (describe _____)	<b>7</b>			
<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
	439,851.	<b>8a</b>		
<b>b</b> Less: cost or other basis and sales expenses	452,138.	<b>8b</b>	1,785.	
<b>c</b> Gain or (loss) (attach schedule) Statement 1	-12,287.	<b>8c</b>	-1,785.	
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)		<b>8d</b>		-14,072.
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1b)	<b>9a</b>			
<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
<b>b</b> Less: cost of goods sold	<b>10b</b>			
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>			16,106.
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			2,513,726.
<b>13</b> Program services (from line 44, column (B))	<b>13</b>			1,698,593.
<b>14</b> Management and general (from line 44, column (C))	<b>14</b>			191,064.
<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>			263,323.
<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>			2,152,980.
<b>18</b> Excess or (deficit) for the year Subtract line 17 from line 12	<b>18</b>			360,746.
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>			1,376,259.
<b>20</b> Other changes in net assets or fund balances (attach explanation) See Statement 2	<b>20</b>			2,799.
<b>21</b> Net assets or fund balances at end of year Combine lines 18, 19, and 20	<b>21</b>			1,739,804.

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See instruct)

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
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 212,095.	177,776.	9,195.	25,124.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b> 0.	0.	0.	0.
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c.	<b>26</b> 950,835.	774,019.	102,653.	74,163.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c.	<b>27</b> 5,956.	5,242.	357.	357.
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 72,975.	65,310.	4,288.	3,377.
<b>29</b> Payroll taxes	<b>29</b> 92,075.	74,892.	8,990.	8,193.
<b>30</b> Professional fundraising fees	<b>30</b> 53,135.			53,135.
<b>31</b> Accounting fees	<b>31</b> 11,195.	981.	10,115.	99.
<b>32</b> Legal fees	<b>32</b> 79,512.	78,752.	354.	406.
<b>33</b> Supplies	<b>33</b> 23,772.	21,285.	1,985.	502.
<b>34</b> Telephone	<b>34</b> 14,997.	10,966.	1,892.	2,139.
<b>35</b> Postage and shipping	<b>35</b> 80,233.	41,575.	1,860.	36,798.
<b>36</b> Occupancy	<b>36</b> 32,522.	27,915.	3,003.	1,604.
<b>37</b> Equipment rental and maintenance	<b>37</b> 9,745.	5,350.	2,415.	1,980.
<b>38</b> Printing and publications	<b>38</b> 94,406.	57,081.	216.	37,109.
<b>39</b> Travel	<b>39</b> 153,339.	120,856.	22,313.	10,170.
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 3,713.	3,713.		
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, <i>See Statement 10</i> etc (attach schedule)	<b>42</b> 29,834.	23,535.	4,654.	1,645.
<b>43</b> Other expenses not covered above (itemize). <b>a</b> <u>See Statement 3</u>	<b>43a</b> 232,641.	209,345.	16,774.	6,522.
<b>b</b> -----	<b>43b</b>			
<b>c</b> -----	<b>43c</b>			
<b>d</b> -----	<b>43d</b>			
<b>e</b> -----	<b>43e</b>			
<b>f</b> -----	<b>43f</b>			
<b>g</b> -----	<b>43g</b>			
<b>44</b> Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 2,152,980.	1,698,593.	191,064.	263,323.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_; (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_.

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

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

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others.)

**a** See Statement 4

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(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

1,698,593.

**b**

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(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**c**

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(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**d**

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(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**e** Other program services

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

1,698,593.

BAA

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>ASSETS</b>	<b>45</b> Cash – non-interest-bearing	181,019.	<b>45</b>	286,060.
	<b>46</b> Savings and temporary cash investments	259,936.	<b>46</b>	150,532.
	<b>47 a</b> Accounts receivable	<b>47 a</b>		
	<b>b</b> Less: allowance for doubtful accounts	<b>47 b</b>		<b>47 c</b>
	<b>48 a</b> Pledges receivable	<b>48 a</b> 629,481.		
	<b>b</b> Less. allowance for doubtful accounts	<b>48 b</b>	68,500.	<b>48 c</b> 629,481.
	<b>49</b> Grants receivable			<b>49</b>
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			<b>50 a</b>
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			<b>50 b</b>
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51 a</b>		
	<b>b</b> Less allowance for doubtful accounts	<b>51 b</b>		<b>51 c</b>
	<b>52</b> Inventories for sale or use			<b>52</b>
	<b>53</b> Prepaid expenses and deferred charges	2,656.	<b>53</b>	2,656.
	<b>54 a</b> Investments – publicly-traded securities. Stmt 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	453,525.	<b>54 a</b>	326,832.
	<b>b</b> Investments – other securities (attach sch) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54 b</b>	
	<b>55 a</b> Investments – land, buildings, & equipment. basis	<b>55 a</b> 727,710.		
	<b>b</b> Less accumulated depreciation (attach schedule) Statement 6	<b>55 b</b> 179,158.	506,600.	<b>55 c</b> 548,552.
	<b>56</b> Investments – other (attach schedule)		8,904.	<b>56</b>
	<b>57 a</b> Land, buildings, and equipment basis	<b>57 a</b>		
<b>b</b> Less accumulated depreciation (attach schedule)	<b>57 b</b>		<b>57 c</b>	
<b>58</b> Other assets, including program-related investments (describe ▶ _____)			<b>58</b>	
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58	1,481,140.	<b>59</b>	1,944,113.	
<b>LIABILITIES</b>	<b>60</b> Accounts payable and accrued expenses	104,881.	<b>60</b>	204,309.
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)		<b>64 a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule)		<b>64 b</b>	
	<b>65</b> Other liabilities (describe ▶ _____)		<b>65</b>	
	<b>66 Total liabilities.</b> Add lines 60 through 65	104,881.	<b>66</b>	204,309.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted	1,178,397.	<b>67</b>	896,560.
	<b>68</b> Temporarily restricted	197,862.	<b>68</b>	843,244.
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21).	1,376,259.	<b>73</b>	1,739,804.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,481,140.	<b>74</b>	1,944,113.

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	2,516,525.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>		2,799.
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	2,799.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	2,513,726.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	2,513,726.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	2,152,980.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify): _____	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	2,152,980.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify): _____	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	2,152,980.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
See Statement 7		198,602.	13,493.	0.
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**Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**

	Yes	No
<b>75a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">▶ 19</span>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	X
<b>c</b> Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' <span style="float: right;">▶</span> If 'Yes,' attach a statement that includes the information described in the instructions	<b>75c</b>	X
<b>d</b> Does the organization have a written conflict of interest policy?	<b>75d</b>	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				
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**Part VI Other Information (See the instructions.)**

	Yes	No
<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	<b>76</b>	X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.	<b>77</b>	X
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If 'Yes,' has it filed a tax return on Form 990-T for this year?	<b>78b</b>	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	<b>79</b>	X
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	<b>80a</b>	X
<b>b</b> If 'Yes,' enter the name of the organization <span style="float: right;">▶ EVERGREEN FREEDOM ACTION LEAGUE</span> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
<b>81a</b> Enter direct and indirect political expenditures. (See line 81 instructions)	<b>81a</b>	0
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>81b</b>	X

Part VI Other Information (continued)	Yes	No
<b>82 a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
<b>b</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.)	82 b	N/A
<b>83 a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83 b	X
<b>84 a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
<b>85 a</b> 501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85 a	N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N/A
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.		
<b>c</b> Dues, assessments, and similar amounts from members	85 c	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	85 d	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
<b>h</b> 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?	85 h	N/A
<b>86</b> 501(c)(7) organizations. Enter <b>a</b> Initiation fees and capital contributions included on line 12	86 a	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
<b>87</b> 501(c)(12) organizations. Enter: <b>a</b> Gross income from members or shareholders	87 a	N/A
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	N/A
<b>88 a</b> 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 a	X
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88 b	X
<b>89 a</b> 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>b</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	89 b	X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
<b>e</b> All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89 e	X
<b>f</b> All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89 f	X
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89 g	X
<b>90 a</b> List the states with which a copy of this return is filed ▶ WA		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90 b	24
<b>91 a</b> The books are in care of ▶ GAIL KRAMER Telephone number ▶ 360-956-3482 Located at ▶ P.O. BOX 552 OLYMPIA WA ZIP + 4 ▶ 98507-0552		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country . . . ▶	91 b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		

**Part VI Other Information** (continued)

Yes	No
	X

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

If 'Yes,' enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here. N/A

and enter the amount of tax-exempt interest received or accrued during the tax year 92

N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

- 93 Program service revenue
  - a \_\_\_\_\_
  - b \_\_\_\_\_
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_
- f Medicare/Medicaid payments
- g Fees & contracts from government agencies
- 94 Membership dues and assessments
- 95 Interest on savings & temporary cash invmnts
- 96 Dividends & interest from securities
- 97 Net rental income or (loss) from real estate:
  - a debt-financed property
  - b not debt-financed property
- 98 Net rental income or (loss) from pers prop
- 99 Other investment income
- 100 Gain or (loss) from sales of assets other than inventory
- 101 Net income or (loss) from special events
- 102 Gross profit or (loss) from sales of inventory
- 103 Other revenue:
  - a \_\_\_\_\_
  - b OTHER INCOME
  - c \_\_\_\_\_
  - d \_\_\_\_\_
  - e \_\_\_\_\_

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93					
a					
b					
c					
d					
e					
f					
g					
94					
95			14	18,632.	
96			14	7,898.	
97					
a					
b					
98					
99					
100			14	-14,072.	
101					
102					
103					
a					
b			1	16,106.	
c					
d					
e					
104	Subtotal (add columns (B), (D), and (E))				28,564.
105	Total (add line 104, columns (B), (D), and (E))				28,564.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
N/A	

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	0%			
	0%			
	0%			
	0%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)



**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**107** Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ Lynn A. Harsh 07.11.08  
Signature of officer Date

▶ Lynn A. Harsh, CEO  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: Gordon M. Glasgow Date Preparer's SSN or PTIN (See

Firm's name (or yours if self-employed), address, and ZIP + 4: Preszler, Larner, Mertz & Co  
 ▶ 101 E Market Street, Suite 6  
Aberdeen, WA 98520

BAA

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**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

**2007**

Name of the organization

EVERGREEN FREEDOM FOUNDATION

Employer identification number

94-3136961

**Part I**

**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See instructions. List each one. If there are none, enter 'None.')

(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 and deferred compensation	(e) Expense account and other allowances
See Statement 8		276,188.	23,175.	0.
Total number of other employees paid over \$50,000	▶	0		

**Part II – A**

**Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See 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	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	▶	0

**Part II – B**

**Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services	▶	0

**Part III** Statements About Activities (See instructions.)

	Yes	No
<b>1</b> 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 lobbying activities <b>▶ \$ 1,388.</b> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) 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.	<b>X</b>	
<b>2</b> 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.)		
<b>a</b> Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b> Lending of money or other extension of credit?		<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>See Form 990, Part V</b>	
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>X</b>	
<b>e</b> Transfer of any part of its income or assets?		<b>X</b>
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)		<b>X</b>
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>X</b>	
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement.		<b>X</b>
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
<b>4a</b> Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.		<b>X</b>
<b>b</b> Did the organization make any taxable distributions under section 4966?	<b>N/A</b>	
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>N/A</b>	
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year <b>▶</b>		<b>N/A</b>
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year <b>▶</b>		<b>N/A</b>
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts <b>▶</b>		<b>0</b>
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year <b>▶</b>		<b>0</b>

**Part IV Reason for Non-Private Foundation Status** (See instructions.)

I certify that 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).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ -----
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  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.)
- 11 b  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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
  - Type I
  - Type II
  - Type III-Functionally Integrated
  - Type III-Other

**Provide the following information about the supported organizations.** (See instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					0.

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

**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

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,941,883.	1,655,331.	1,235,661.	1,179,107.	6,011,982.
<b>16</b> Membership fees received					0.
<b>17</b> 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					0.
<b>18</b> Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	19,358.	13,290.	16,569.	5,171.	54,388.
<b>19</b> Net income from unrelated business activities not included in line 18					0.
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
<b>21</b> 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.					0.
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
<b>23</b> Total of lines 15 through 22	1,961,241.	1,668,621.	1,252,230.	1,184,278.	6,066,370.
<b>24</b> Line 23 minus line 17	1,961,241.	1,668,621.	1,252,230.	1,184,278.	6,066,370.
<b>25</b> Enter 1% of line 23	19,612.	16,686.	12,522.	11,843.	
<b>26 Organizations described on lines 10 or 11:</b>	<p><b>a</b> Enter 2% of amount in column (e), line 24</p> <p><b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts</p> <p><b>c</b> Total support for section 509(a)(1) test: Enter line 24, column (e)</p> <p><b>d</b> Add: Amounts from column (e) for lines: <b>18</b> 54,388. <b>19</b> _____</p> <p><b>22</b> _____ <b>26b</b> 342,812.</p> <p><b>e</b> Public support (line 26c minus line 26d total)</p> <p><b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))</p>				<p><b>26a</b> 121,327.</p> <p><b>26b</b> 342,812.</p> <p><b>26c</b> 6,066,370.</p> <p><b>26d</b> 397,200.</p> <p><b>26e</b> 5,669,170.</p> <p><b>26f</b> 93.45 %</p>
<b>27 Organizations described on line 12:</b> N/A	<p><b>a</b> For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year:</p> <p>(2006) _____ (2005) _____ (2004) _____ (2003) _____</p> <p><b>b</b> For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.</p> <p>(2006) _____ (2005) _____ (2004) _____ (2003) _____</p> <p><b>c</b> Add: Amounts from column (e) for lines: <b>15</b> _____ <b>16</b> _____</p> <p><b>17</b> _____ <b>20</b> _____ <b>21</b> _____</p> <p><b>d</b> Add: Line 27a total _____ and line 27b total _____</p> <p><b>e</b> Public support (line 27c total minus line 27d total)</p> <p><b>f</b> Total support for section 509(a)(2) test: Enter amount from line 23, column (e). <b>27f</b> _____</p> <p><b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))</p> <p><b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</p>				<p><b>27c</b> _____</p> <p><b>27d</b> _____</p> <p><b>27e</b> _____</p> <p><b>27g</b> _____ %</p> <p><b>27h</b> _____ %</p>

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
<b>29</b> 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?		
<b>30</b> 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?		
<b>31</b> 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? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?		
<b>b</b> Admissions policies?		
<b>c</b> Employment of faculty or administrative staff?		
<b>d</b> Scholarships or other financial assistance?		
<b>e</b> Educational policies?		
<b>f</b> Use of facilities?		
<b>g</b> Athletic programs?		
<b>h</b> Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)		
-----		
-----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
<b>35</b> Does the organization certify that it has complied 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		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See instructions.)  
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check  **a** if the organization belongs to an affiliated group. Check  **b** if you checked 'a' and 'limited control' provisions apply

<b>Limits on Lobbying Expenditures</b>		<b>(a)</b> Affiliated group totals	<b>(b)</b> To be completed for all electing organizations												
(The term 'expenditures' means amounts paid or incurred )															
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b>	Total lobbying expenditures (add lines 36 and 37).	<b>38</b>	0.												
<b>39</b>	Other exempt purpose expenditures	<b>39</b>													
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39).	<b>40</b>	0.												
<b>41</b>	Lobbying nontaxable amount. Enter the amount from the following table –														
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"><b>If the amount on line 40 is –</b></td> <td style="width: 50%;"><b>The lobbying nontaxable amount is –</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
<b>If the amount on line 40 is –</b>	<b>The lobbying nontaxable amount is –</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0.												
<b>43</b>	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	0.												
<b>44</b>	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	0.												
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720															

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots non-taxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** 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
- i** Total lobbying expenditures (add lines c through h.)

Yes	No	Amount
	X	
X		
	X	
	X	
	X	
	X	
X		775.
X		613.
		1,388.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**See Statement 9**

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

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?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets
b Other transactions
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

Table with columns Yes, No and rows 51 a (i), a (ii), b (i), b (ii), b (iii), b (iv), b (v), b (vi), c

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

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 transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 51c shows amount 376 and organization EFAL.

52a 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?

X Yes No

b If 'Yes,' complete the following schedule.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row EFAL shows type 501(c)(4) and relationship description.



# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>	Name of Exempt Organization <b>EVERGREEN FREEDOM FOUNDATION</b>	Employer identification number <b>94-3136961</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. <b>P.O. BOX 552</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>OLYMPIA, WA 98507</b>	

**Check type of return to be filed** (file a separate application for each return).

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ GAIL KRAMER

Telephone No ▶ 360-956-3482 FAX No. ▶ 360-352-1874

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box. ▶  If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 20 08, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year 20 07 or
- ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

#11  
DR  
5.12.08

Client 127517

EVERGREEN FREEDOM FOUNDATION

94-3136961

6/18/08

10:15AM

**Statement 1**  
**Form 990, Part I, Line 8**  
**Net Gain (Loss) from Noninventory Sales**

Publicly Traded Securities

Gross Sales Price: 439,851.  
 Cost or Other Basis: 452,138.

Total Gain (Loss) Publicly Traded Securities \$ -12,287.

Other Assets

Description: COMPUTERS (16)  
 Date Acquired: Various  
 How Acquired: Purchase  
 Date Sold: Various  
 To Whom Sold:  
 Gross Sales Price: 0.  
 Cost or Other Basis: 8,765.  
 Basis Method: Cost  
 Depreciation: 8,453.  
 Gain (Loss) -312.

Description: SOFTWARE  
 Date Acquired: 3/11/1997  
 How Acquired: Purchase  
 Date Sold: 6/01/2007  
 To Whom Sold:  
 Gross Sales Price: 0.  
 Cost or Other Basis: 850.  
 Basis Method: Cost  
 Depreciation: 850.  
 Gain (Loss) 0.

Description: FURNITURE  
 Date Acquired: 9/01/1994  
 How Acquired: Purchase  
 Date Sold: 7/01/2007  
 To Whom Sold:  
 Gross Sales Price: 0.  
 Cost or Other Basis: 469.  
 Basis Method: Cost  
 Depreciation: 235.  
 Gain (Loss) -234.

Description: OFFICE EQUIPMENT  
 Date Acquired: Various  
 How Acquired: Purchase  
 Date Sold: Various  
 To Whom Sold:  
 Gross Sales Price: 0.  
 Cost or Other Basis: 3,517.  
 Basis Method: Cost  
 Depreciation: 2,278.  
 Gain (Loss) -1,239.

Total Gain (Loss) Other Assets \$ -1,785.

Client 127517

EVERGREEN FREEDOM FOUNDATION

94-3136961

6/18/08

10:15AM

**Statement 1 (continued)**  
**Form 990, Part I, Line 8**  
**Net Gain (Loss) from Noninventory Sales**

Total Net Gain (Loss) From Noninventory Sales \$ -14,072.

**Statement 2**  
**Form 990, Part I, Line 20**  
**Other Changes in Net Assets or Fund Balances**

UNREALIZED GAIN ON INVESTMENTS

Total \$ 2,799.

**Statement 3**  
**Form 990, Part II, Line 43**  
**Other Expenses**

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
CONTRACTORS	157,204.	148,242.	7,592.	1,370.
EDUCATIONAL ADVERTISING	3,900.	3,900.		
INSURANCE	7,800.	7,275.	284.	241.
LICENSES	10,366.	5,730.	651.	3,985.
MEMBERSHIPS & SUBSCRIPTIONS	14,990.	14,042.	876.	72.
MISCELLANEOUS	960.	960.		
RESEARCH MATERIALS	1,604.	1,133.	471.	
SMALL EQUIPMENT & TOOLS	35,817.	28,063.	6,900.	854.
<b>Total</b>	<u>\$ 232,641.</u>	<u>\$ 209,345.</u>	<u>\$ 16,774.</u>	<u>\$ 6,522.</u>

**Statement 4**  
**Form 990, Part III, Line a**  
**Statement of Program Service Accomplishments**

Description	Grants and Allocations	Program Service Expenses
Research and analysis of state budget and tax policies - legislative briefings and testimony upon request; 19 policy papers (ED), 11 op-eds* and 14 press releases* resulting in 94 newsclips*, 24 radio shows (291 minutes*), and 8 TV shows (510 minutes)*		1,698,593.
Includes Foreign Grants: No		
Research analysis and monitoring of issues surrounding individual liberty, citizenship and governance, and labor policy - legislative briefings and testimony upon request; one major study (ED and 1,000 hard copies), 14 policy papers (ED), 12 op-eds* and 20 press releases* resulting in 525 newsclips*, 92 radio shows (2,297 minutes*), one television show (10 minutes*), and 13 podcasts*.		
Includes Foreign Grants: No		

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EVERGREEN FREEDOM FOUNDATION

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10:15AM

Statement 4 (continued)  
Form 990, Part III, Line a  
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
<p>Research and analysis of education policies - legislative briefings and testimony upon request; two major studies (ED and 2,500 hard copies each); 9 op-eds* and nine press releases resulting in 86 newsclips, 11 radio shows (451 minutes*), 3 television shows (27 minutes*), and 11 podcasts*.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		
<p>Community service - 12 monthly journals (average of 4,600 copies), launch of EFF blog Liberty Live in September which had 255 posts and 496,000 hits by December 31, website maintenance (6,439,322 hits in 2007), public and conference speaking; 90 speeches with 2077 people in attendance.</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		
<p>* It is impossible to determine the number of people served through radio and TV. The average number of households reached through newspaper articles was 1,432,755 per week.</p>		
<p>ED = Electronic Distribution</p> <p style="text-align: right;">Includes Foreign Grants: No</p>		
	<u>\$ 0.</u>	<u>\$ 1,698,593.</u>

Statement 5  
Form 990, Part IV, Line 54a  
Investments - Publicly Traded Securities

Corporate Stocks	Valuation Method	Amount
EQUITY SECURITIES	Market Value	\$ 247,660.
	Total	\$ 247,660.
Other Publicly Traded Securities	Valuation Method	Amount
MUTUAL FUNDS	Market Value	0.
CERTIFICATES OF DEPOSIT	Market Value	55,000.
	Total	\$ 55,000.
Publicly Traded Securities		<u>\$ 326,832.</u>

Client 127517

EVERGREEN FREEDOM FOUNDATION

94-3136961

6/18/08

06.29PM

**Statement 6**  
**Form 990, Part IV, Line 55b**  
**Investments - Land, Buildings, and Equipment**

<u>Category</u>	<u>Basis</u>	<u>Accum. Deprec.</u>	<u>Book Value</u>
Furniture and Fixtures	\$ 14,958.	\$ 8,175.	\$ 6,783.
Machinery and Equipment	145,156.	80,075.	65,081.
Buildings	567,596.	90,908.	476,688.
<b>Total</b>	<b>\$ 727,710.</b>	<b>\$ 179,158.</b>	<b>\$ 548,552.</b>

**Statement 7**  
**Form 990, Part V-A**  
**List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compensation</u>	<u>Contri- bution to EBP &amp; DC</u>	<u>Expense Account/ Other</u>
BILL CONNER 846 108TH AVENUE N.E., #202 BELLEVUE, WA 98004	Chairman 2.00	\$ 0.	\$ 0.	\$ 0.
DUANE ALTON 712 N. LANCASHIRE LANE LIBERTY LAKE, WA 99019	Trustee 1.00	0.	0.	0.
LOIS DOBISH 14315 N.E. 12TH PLACE BELLEVUE, WA 98007	Trustee 1.00	0.	0.	0.
MARY JO KAHLER 21911 S.E. 20TH STREET SAMMAMISH, WA 98075-7137	Trustee 2.00	0.	0.	0.
BARBARA KENNEY 16245 S.E. 31ST STREET BELLEVUE, WA 98008	Vice Chairman 2.00	0.	0.	0.
TIM McMAHON 14330 24TH AVENUE S.E. MILL CREEK, WA 98012	Treasurer 1.00	0.	0.	0.
STEVE NEIGHBORS 1000 SE EVERETT MALL WAY #301 EVERETT, WA 98208	Trustee 1.00	0.	0.	0.
RICHARD ROKES 6023 TROON LANE S.E. OLYMPIA, WA 98501	Trustee 1.00	0.	0.	0.
ALEXANDRA OCKEY 431 W. 29TH AVENUE SPOKANE, WA 99203	Secretary 1.00	0.	0.	0.

Client 127517

EVERGREEN FREEDOM FOUNDATION

94-3136961

6/18/08

06 29PM

Statement 7 (continued)  
Form 990, Part V-A  
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
ANDREW NISBET 441 NISBET ROAD SEQUIM, WA 98382	Trustee \$ 4.00	0. \$	0. \$	0.
ANSGAR SCHEI P.O. BOX 38 WOODLAND, WA 98674	Trustee 4.00	0.	0.	0.
HANS STOKER 6945 76TH AVENUE N. OLYMPIA, WA 98516	Trustee 2.00	0.	0.	0.
ROBERT TAIGEN 2055 N 56th ST #13 MESA, AZ 85215	Trustee 1.00	0.	0.	0.
HARRY E. TRUITT 15427 WESTWICK ROAD SNOHOMISH, WA 98290	Trustee 1.00	0.	0.	0.
DR. JOHN VASKO 19411 43RD PLACE N.E. SAMMAMISH, WA 98074	Trustee 1.00	0.	0.	0.
JIM YOUNGSMAN 4895 N. SURFCREST DRIVE OAK HARBOR, WA 98277	Trustee 1.00	0.	0.	0.
G. ROBERT WILLIAMS 6625 149TH AVENUE KP N LAKEBAY, WA	President 50.00	108,268.	8,095.	0.
LYNN A. HARSH 6031 78TH AVENUE N.E. OLYMPIA, WA	CEO 50.00	90,334.	5,398.	0.
ALVIN STARKENBURG 7416 HANNEGAN RD LYNDEN, WA 98264-9226	Trustee 1.00	0.	0.	0.
	Total	\$ 198,602.	\$ 13,493.	\$ 0.

Client 127517

EVERGREEN FREEDOM FOUNDATION

94-3136961

6/18/08

10:15AM

**Statement 8  
Schedule A, Part I  
Compensation of Five Highest Paid Employees**

<u>Name and Address</u>	<u>Title &amp; Average Hours Worked</u>	<u>Compen- sation</u>	<u>Contribut. EBP &amp; DC</u>	<u>Expense Account</u>
STEVEN R. MAGGI 2112 SILVAN VIEW CT SW OLYMPIA, WA 98512	ERC DIRECTOR 40.00	60,162.	4,434.	0.
MICHAEL J. REITZ 6317 BARSTOW LANE S.E., #5 OLYMPIA, WA	LPC DIRECTOR 40.00	59,025.	8,098.	0.
IRENE M. ENDICOTT 617 143rd ST NW MARYSVILLE, WA 98271	PS ASSOCIATE 40.00	53,695.	0.	0.
JOEL T. SORRELL 6924 LOGAN AVE S RICHFIELD, MN 55423	PUBLICATION MGR 40.00	52,123.	5,377.	0.
JULIANA C. McMAHAN 12001 SE ROPER LANE OLALLA, WA 98359	CAN DEPUTY DIR 40.00	51,183.	5,266.	0.
Total		<u>\$ 276,188.</u>	<u>\$ 23,175.</u>	<u>\$ 0.</u>

**Statement 9  
Schedule A, Part VI-B, Line i  
Descriptions of the Lobbying Activities**

Educated elected officials and the public about best practices for transparency and accountability in labor negotiations, campaign finance and election administration.

EIN 94-3136961

127517 EVERGREEN FREEDOM FOUNDATION FORM 990, PART II, LINE 42

## Book Group Summary 1/01/07 - 12/31/07

Page 1

FYE: 12/31/2007

## STATEMENT 10

Group	Cost Beginning	Cost Acquisitions	Cost Disposals	Cost Ending	Depreciation Prior	Depreciation Additions	Depreciation Reductions	Depreciation Ending
Buildings 10 & 40 yr	551,722	15,874	0	567,596	76,790	14,117	0	90,907
Computers 5 yr	40,816	41,652	8,765	73,703	22,948	8,662	8,454	23,156
Furniture Fixtures 7 yr	13,369	2,058	469	14,958	7,149	1,261	234	8,176
Office Equipment 5 yr	17,117	7,771	3,517	21,371	12,620	2,109	2,279	12,450
Software 3 yr	44,718	6,218	850	50,086	41,638	3,677	850	44,465
<b>Grand Total</b>	<b>667,742</b>	<b>73,573</b>	<b>13,601</b>	<b>727,714</b>	<b>161,145</b>	<b>29,826</b>	<b>11,817</b>	<b>179,154</b>