

Return of Organization Exempt From Income Tax

2005

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

Please use IRS label or print or type. See specific instructions.

CASCADE AIDS PROJECT 620 SW FIFTH AVENUE #300 PORTLAND, OR 97204-1418

D Employer Identification Number 93-0903383 E Telephone number 503-223-5907 F Accounting method: Cash [] Accrual [X] Other (specify) []

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

G Web site: WWW.CASCADEAIDS.ORG

J Organization type (check only one) [X] 501(c) 3 (insert no) [] 4947(a)(1) or [] 527

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

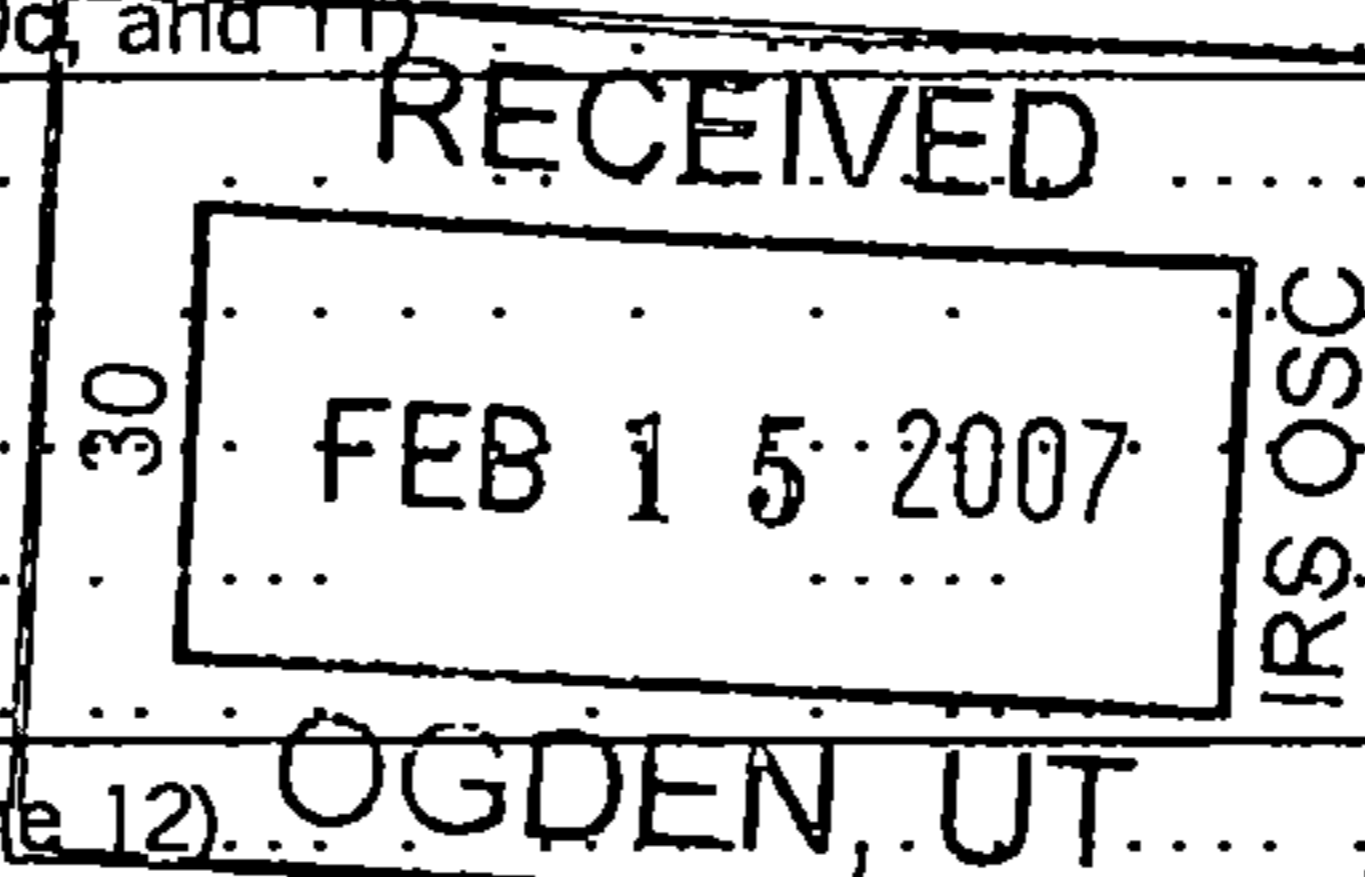
H and I are not applicable to section 527 organizations H (a) Is this a group return for affiliates? [] Yes [X] No H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? [] Yes [] No (If 'No,' attach a list See instructions) H (d) Is this a separate return filed by an organization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

I Group Exemption Number M Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 4,243,138.

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

Table with 21 rows and multiple columns for revenue and expenses. Includes sub-rows for direct/indirect public support, government contributions, program service revenue, membership dues, interest, dividends, gross rents, special events, and total revenue/expenses.



SCANNED FEB 26 2007

19 9/15

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.

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 (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (att sch) ST. 2	23	403,944.	403,944.		
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25	50,213.	33,795.	11,155.	5,263.
26 Other salaries and wages	26	1,621,341.	1,091,210.	360,206.	169,925.
27 Pension plan contributions	27	25,040.	16,853.	5,563.	2,624.
28 Other employee benefits	28	177,811.	119,672.	39,503.	18,636.
29 Payroll taxes	29	165,464.	111,362.	36,760.	17,342.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	56,630.	49,203.	4,109.	3,318.
34 Telephone	34				
35 Postage and shipping	35	16,806.	7,710.	3,300.	5,796.
36 Occupancy	36	190,983.	143,110.	31,210.	16,663.
37 Equipment rental and maintenance	37	52,705.	32,905.	18,904.	896.
38 Printing and publications	38	45,813.	34,411.	4,338.	7,064.
39 Travel	39	50,619.	39,086.	8,863.	2,670.
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule).	42	26,754.	19,648.	4,878.	2,228.
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 3	43a	774,751.	603,305.	-95,303.	266,749.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
f -----	43f				
g -----	43g				
44 Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	3,658,874.	2,706,214.	433,486.	519,174.

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

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

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

2,706,214.

b

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

c

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

d

(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)

2,706,214.

BAA

Form 990 (2005)

Part IV Balance Sheets (See 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
ASSETS	45 Cash — non-interest-bearing	640,627.	45	591,799.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	288,361.		
	b Less: allowance for doubtful accounts		224,581.	47 c 288,361.
	48 a Pledges receivable	458,765.		
	b Less: allowance for doubtful accounts		168,719.	48 c 458,765.
	49 Grants receivable			49
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50
	51 a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts			51 c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	95,613.	53	67,589.
	54 Investments — securities (attach schedule) SEE ST 5 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	100.	54	95,925.
	55 a Investments — land, buildings, & equipment: basis.			
	b Less: accumulated depreciation (attach schedule)			55 c
	56 Investments — other (attach schedule)			56
	57 a Land, buildings, and equipment: basis	282,780.		
	b Less: accumulated depreciation (attach schedule) STATEMENT 6	222,217.	72,146.	57 c 60,563.
	58 Other assets (describe <input checked="" type="checkbox"/> SEE STATEMENT 7)	5,250.	58	6,936.
59 Total assets (must equal line 74) Add lines 45 through 58	1,207,036.	59	1,569,938.	
LIABILITIES	60 Accounts payable and accrued expenses	121,546.	60	145,527.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe <input type="checkbox"/>)		65	
66 Total liabilities. Add lines 60 through 65	121,546.	66	145,527.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	711,247.	67	837,025.
	68 Temporarily restricted	374,243.	68	587,386.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)	1,085,490.	73	1,424,411.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,207,036.	74	1,569,938.	

BAA

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

a	Total revenue, gains, and other support per audited financial statements		a	4,071,095.
b	Amounts included on line a but not on Part I, line 12:			
	1 Net unrealized gains on investments	b1		
	2 Donated services and use of facilities	b2	73,300.	
	3 Recoveries of prior year grants	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	73,300.
c	Subtract line b from line a		c	3,997,795.
d	Amounts included on Part I, line 12, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	3,997,795.

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

a	Total expenses and losses per audited financial statements		a	3,732,174.
b	Amounts included on line a but not on Part I, line 17:			
	1 Donated services and use of facilities	b1	73,300.	
	2 Prior year adjustments reported on Part I, line 20	b2		
	3 Losses reported on Part I, line 20	b3		
	4 Other (specify):	b4		
	Add lines b1 through b4		b	73,300.
c	Subtract line b from line a		c	3,658,874.
d	Amounts included on Part I, line 17, but not on line a:			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	3,658,874.

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 8		50,213.	0.	0.

Part VI Other Information (continued)

		Yes	No
82 a	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?		X
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		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
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		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
85 a	N/A		
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.			
c	Dues, assessments, and similar amounts from members		
85 c	N/A		
d	Section 162(e) lobbying and political expenditures		
85 d	N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 e	N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 f	N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 g	N/A		
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?		
85 h	N/A		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12		
86 a	N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
86 b	N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders		
87 a	N/A		
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		
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		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
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.		X
89 b			
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		0.
90 a	List the states with which a copy of this return is filed <u>OR</u>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90 b	50
91 a	The books are in care of <u>MARY MARSHALL</u> Telephone number <u>503-223-5907</u> Located at <u>620 SW FIFTH AVENUE #300, PORTLAND, OR,</u> ZIP + 4 <u>97204</u>		
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 Statements			
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country	91 c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>	N/A	N/A

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

Note: Enter gross amounts unless otherwise indicated

	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 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			14	11,606.	
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					129,122.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b MISCELLANEOUS			1	3,851.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)).				15,457.	129,122.
105 Total (add line 104, columns (B), (D), and (E)).					144,579.

Note: Line 105 plus line 1d, 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).
101	THE AGENCY'S SPECIAL EVENTS SERVE TO PROMOTE PUBLIC AWARENESS ABOUT THE ORGANIZATION AND THE SERVICES IT PROVIDES

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	%			
	%			
	%			
	%			

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).

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

Please Sign Here

Signature of officer: [Signature] Date: 12/7/07

Type or print name and title: Anthony Malaragno Treasurer

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 2-5-07 Check if self-employed: Preparer's SSN or PTIN (See General Instruction W): N/A

Firm's name (or yours if self-employed), address, and ZIP + 4: HOFFMAN, STEWART & SCHMIDT, PC
111 SW FIFTH AVENUE, STE. 1500
PORTLAND, OR 97204-3619 EIN: N/A Phone no: (503) 220-5900

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No 1545-0047

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

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

Name of the organization

Employer identification number

CASCADE AIDS PROJECT

93-0903383

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
REBECCA HARMON PORTLAND, OR 97204	ASSOCIATE DIR 40	79,558.	2,387.	0.
AXEL BERGMAN PORTLAND, OR 97204	DIR OF FINANCE 40	72,556.	2,177.	0.
MICHAEL ANDERSON-NATHE PORTLAND, OR 97204	MANAGER 40	53,000.	1,590.	0.
KRISTIN KANE PORTLAND, OR 97204	HOUSING DIR 40	52,983.	1,589.	0.
ALISON FRYE PORTLAND, OR 97204	MANAGER 40	51,500.	1,545.	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
1 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. . . . ▶ \$ <u>62,046.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	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.		
2 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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
3b Do you have a section 403(b) annuity plan for your employees?	3b	X
3c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a 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	X
4b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See 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).
- 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 supports organizations described in: **(1)** lines 5 through 12 above, or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization. ▶ Type 1 Type 2 Type 3

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

(a) Name(s) of supported organization(s)	(b) Line number from above

- 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	2,727,581.	3,323,760.	2,620,092.	2,598,787.	11,270,220.
16 Membership fees received . . .					0.
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 . . .	919,147.	736,535.	680,984.	616,443.	2,953,109.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . .	1,669.	614.			2,283.
19 Net income from unrelated business activities not included in line 18 . . .					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . .					0.
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 . . .					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE STMT 9	15,207.	45,650.	24,444.	4,256.	89,557.
23 Total of lines 15 through 22	3,663,604.	4,106,559.	3,325,520.	3,219,486.	14,315,169.
24 Line 23 minus line 17	2,744,457.	3,370,024.	2,644,536.	2,603,043.	11,362,060.
25 Enter 1% of line 23 . . .	36,636.	41,066.	33,255.	32,195.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24 . . .	26a	227,241.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . .		26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e) . . .		26c	11,362,060.
d Add. Amounts from column (e) for lines. 18 <u>2,283.</u> 19 _____ 22 <u>89,557.</u> 26b _____		26d	91,840.
e Public support (line 26c minus line 26d total)		26e	11,270,220.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	99.19 %

27 Organizations described on line 12: N/A			
a 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____			
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____			
c Add: Amounts from column (e) for lines. 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c	
d Add: Line 27a total. . . . and line 27b total. . . .		27d	
e Public support (line 27c total minus line 27d total) . . .		27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) . . .	27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . .		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . .		27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<input type="checkbox"/>	<input type="checkbox"/>
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?.. . . .	<input type="checkbox"/>	<input type="checkbox"/>
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----	<input type="checkbox"/>	<input type="checkbox"/>
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	<input type="checkbox"/>	<input type="checkbox"/>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<input type="checkbox"/>	<input type="checkbox"/>
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<input type="checkbox"/>	<input type="checkbox"/>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	<input type="checkbox"/>	<input type="checkbox"/>
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	<input type="checkbox"/>	<input type="checkbox"/>
b	Admissions policies?	<input type="checkbox"/>	<input type="checkbox"/>
c	Employment of faculty or administrative staff?	<input type="checkbox"/>	<input type="checkbox"/>
d	Scholarships or other financial assistance?	<input type="checkbox"/>	<input type="checkbox"/>
e	Educational policies?	<input type="checkbox"/>	<input type="checkbox"/>
f	Use of facilities?	<input type="checkbox"/>	<input type="checkbox"/>
g	Athletic programs?	<input type="checkbox"/>	<input type="checkbox"/>
h	Other extracurricular activities?	<input type="checkbox"/>	<input type="checkbox"/>
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
35	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.. . . .	<input type="checkbox"/>	<input type="checkbox"/>

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.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	62,046.
38	Total lobbying expenditures (add lines 36 and 37)	38	0.
39	Other exempt purpose expenditures	39	3,670,128.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	0.
41	Lobbying nontaxable amount. Enter the amount from the following table — If the amount on line 40 is — The lobbying nontaxable amount is — 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	41	336,609.
42	Grassroots nontaxable amount (enter 25% of line 41)	42	0.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.

Caution: 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	336,609.	324,840.	303,465.	305,545.	1,270,459.
46 Lobbying ceiling amount (150% of line 45(e))					1,905,689.
47 Total lobbying expenditures	62,046.	61,472.	63,986.	69,601.	257,105.
48 Grassroots non-taxable amount	84,152.	81,210.	75,866.	76,386.	317,614.
49 Grassroots ceiling amount (150% of line 48(e))					476,421.
50 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.)

N/A

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:	Yes	No	Amount
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.)			

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

CLIENT 956A

CASCADE AIDS PROJECT

93-0903383

**STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS**

SPECIAL EVENTS	GROSS RECEIPTS	LESS CONTRI-BUTIONS	GROSS REVENUE	LESS DIRECT EXPENSES	NET INCOME (LOSS)
ART FOR LIFE	499,855.	182,183.	317,672.	191,276.	126,396.
AIDS WALK	283,568.	231,068.	52,500.	53,735.	-1,235.
OTHER EVENTS	4,293.	0.	4,293.	332.	3,961.
TOTAL	\$ 787,716.	\$ 413,251.	\$ 374,465.	\$ 245,343.	\$ 129,122.

**STATEMENT 2
FORM 990, PART II, LINE 23
SPECIFIC ASSISTANCE TO INDIVIDUALS**

FOOD, SHELTER AND CLOTHING	\$ 403,944.
TOTAL	\$ 403,944.

**STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBT EXPENSE	5,131.			5,131.
DUES AND SUBSCRIPTIONS	4,817.	853.	3,722.	242.
ED OUTREACH & ADVERTISING	37,110.	24,156.	8,914.	4,040.
EDUCATIONAL MATERIALS	1,531.	1,388.	143.	
FOOD AND BEVERAGES	23,810.	18,442.	5,132.	236.
IN-KIND - MATERIALS	363,948.	131,716.	24,603.	207,629.
INSURANCE	10,256.	7,219.	1,823.	1,214.
OPERATIONS ALLOCATION		161,599.	-186,193.	24,594.
OTHER EXPENSES	31,152.	4,767.	12,390.	13,995.
PROFESSIONAL FEES	269,663.	243,001.	17,274.	9,388.
TRAINING AND RECOGNITION	27,333.	10,164.	16,889.	280.
TOTAL	\$ 774,751.	\$ 603,305.	\$ -95,303.	\$ 266,749.

**STATEMENT 4
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
DIRECT SERVICES - PROVIDES EMERGENCY FINANCIAL ASSISTANCE, BUS PASSES, TICKETS, AND GAS VOUCHERS, FOOD VOUCHERS, ONE-ON-ONE EMOTIONAL AND PRACTICAL SUPPORT, AND CULTURALLY COMPETENT SERVICE DELIVERY FOR SPANISH SPEAKING CLIENTS. THIS PROGRAM SERVES MULTNOMAH, CLACKAMAS, WASHINGTON, YAMHILL, CLARK, AND COLUMBIA COUNTIES		498,676.

STATEMENT 4 (CONTINUED)
FORM 990, PART III, LINE A
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS AND ALLOCATIONS	PROGRAM SERVICE EXPENSES
INCLUDES FOREIGN GRANTS: NO		
PREVENTION AND EDUCATION - PROVIDES PERSONAL PERSPECTIVE, GENERAL HIV EDUCATION, AND WORKPLACE SPEAKER PRESENTATIONS, SKILLS-BUILDING WORKSHOPS, PEER PRESENTATIONS AND SOCIAL SUPPORT GROUPS FOR YOUNG PEOPLE (ESPECIALLY GAY, LESBIAN, BISEXUAL, AND TRANSGENDER YOUTH), HIV PREVENTION AND WHOLE-HEALTH FOCUSES HOME DISCUSSION MEETINGS AND SOCIAL NETWORK-BUILDING FOR GAY AND BI-SEXUAL MEN, HIV COUNSELING AND TESTING, BATHHOUSE HIV PREVENTION INTERVENTION PILOT PROJECT, AND FREE CONDOM DISTRIBUTION. THIS PROGRAM SERVES MULTNOMAH, CLACKAMAS, WASHINGTON, AND CLARK COUNTIES.		1,160,474.
INCLUDES FOREIGN GRANTS: NO		
HOUSING - PROVIDES MOTEL VOUCHERS, EMERGENCY FINANCIAL ASSISTANCE, TRANSITIONAL HOUSING AND SOCIAL SUPPORT, PERMANENT HOUSING AND REFERRALS, HOUSING CLINICS PROVIDING COMMUNITY-WIDE RESOURCE INFORMATION, HOUSING FURNISHINGS AND MOVING ASSISTANCE. THIS PROGRAM SERVES MULTNOMAH, CLACKAMAS, WASHINGTON, YAMHILL, CLARK, AND COLUMBIA COUNTIES		995,192.
INCLUDES FOREIGN GRANTS: NO		
ADVOCACY - PROVIDES HIV POSITIVE INDIVIDUALS WITH ADVOCACY ASSISTANCE IN SEEKING SERVICES TO MEET THEIR BASIC NEEDS (MEDICAL AND DENTAL TREATMENT, HOUSING, LEGAL RESOURCES, EMERGENCY FINANCIAL ASSISTANCE FOR TRANSPORTATION AND PERSONAL NEEDS). ALSO PROVIDES ADVOCACY TO EFFECT SYSTEMS-BASED ISSUES THAT IMPACT THE HIV-AFFECTED COMMUNITY. THIS IS A STATEWIDE PROGRAM		51,872.
INCLUDES FOREIGN GRANTS: NO		
	<u>\$ 0.</u>	<u>\$ 2,706,214.</u>

STATEMENT 5
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

CORPORATE STOCKS	VALUATION METHOD	AMOUNT
EQUITY SECURITIES	MARKET VALUE	\$ 0.
MONEY MARKET FUNDS	MARKET VALUE	925.
	TOTAL	\$ 925.

CORPORATE BONDS	VALUATION METHOD	AMOUNT
BONDS	MARKET VALUE	95,000.
	TOTAL	\$ 95,000.

STATEMENT 5 (CONTINUED)
FORM 990, PART IV, LINE 54
INVESTMENTS - SECURITIES

<u>CORPORATE BONDS</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
TOTAL INVESTMENTS - SECURITIES		\$ <u>95,925.</u>

STATEMENT 6
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

<u>CATEGORY</u>	<u>BASIS</u>	<u>ACCUM. DEPREC.</u>	<u>BOOK VALUE</u>
MACHINERY AND EQUIPMENT	\$ 246,168.	\$ 200,574.	\$ 45,594.
IMPROVEMENTS	36,612.	21,643.	14,969.
TOTAL	<u>\$ 282,780.</u>	<u>\$ 222,217.</u>	<u>\$ 60,563.</u>

STATEMENT 7
FORM 990, PART IV, LINE 58
OTHER ASSETS

DEPOSITS AND OTHER ASSETS	\$ 6,936.
TOTAL	<u>\$ 6,936.</u>

STATEMENT 8
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>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
KATHLEEN COSGROVE 620 SW FIFTH AVE #300 PORTLAND, OR 97204	PRESIDENT 2	\$ 0.	\$ 0.	\$ 0.
TOM IMESON 620 SW FIFTH AVE #300 PORTLAND, OR 97204	VICE PRESIDENT 2	0.	0.	0.
KEVIN COOK 620 SW FIFTH AVE #300 PORTLAND, OR 97204	DIRECTOR 2	0.	0.	0.

CLIENT 956A

CASCADE AIDS PROJECT

93-0903383

STATEMENT 8 (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
TONY MELARAGNO 620 SW FIFTH AVE #300 PORTLAND, OR 97204	TREASURER 2	\$ 0.	\$ 0.	\$ 0.
RICH TROY 620 SW FIFTH AVE, #300 PORTLAND, OR 97204	DIRECTOR 2	0.	0.	0.
JOANNE GHOLSTON 620 SW FIFTH AVE, #300 PORTLAND, OR 97204	SECRETARY 2	0.	0.	0.
EVA KRIPALANI 620 SW FIFTH AVE #300 PORTLAND, OR 97204	DIRECTOR 2	0.	0.	0.
KATHLEEN LEWIS 620 SW FIFTH AVE #300 PORTLAND, OR 97204	DIRECTOR 2	0.	0.	0.
ANDY DAVIS 620 SW FIFTH AVE, #300 PORTLAND, OR 97204	DIRECTOR 2	0.	0.	0.
MARY O'CONNOR 620 SW FIFTH AVE #300 PORTLAND, OR 97204	DIRECTOR 2	0.	0.	0.
JEAN ANN VAN KREVELEN 620 SW FIFTH AVE #300 PORTLAND, OR 97204	EXECUTIVE DIREC 40	50,213.	0.	0.
PAM STRICKFADEN 620 SW FIFTH AVE #300 PORTLAND, OR 97204	DIRECTOR 2	0.	0.	0.
YVONNE DECKARD 620 SW FIFTH AVE, #300 PORTLAND, OR 07204	DIRECTOR 2	0.	0.	0.
CHRIS BIDWELL 620 SW FIFTH AVE, #300 PORTLAND, OR 97204	DIRECTOR 2	0.	0.	0.
DAVID JONES 620 SW FIFTH AVE, #300 PORTLAND, OR 97204	DIRECTOR 2	0.	0.	0.

STATEMENT 8 (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
CHRYS MARTIN 620 SW FIFTH AVE, #300 PORTLAND, OR 97204	DIRECTOR 2	\$ 0.	\$ 0.	\$ 0.
MIKE SMITH 620 SW FIFTH AVE, #300 PORTLAND, OR 97204	DIRECTOR 2	0.	0.	0.
TOTAL		<u>\$ 50,213.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

STATEMENT 9
 SCHEDULE A, PART IV-A, LINE 22
 OTHER INCOME

DESCRIPTION	(A) 2004	(B) 2003	(C) 2002	(D) 2001	(E) TOTAL
MISCELLANEOUS INCOME	\$ 15,207.	\$ 45,650.	\$ 24,444.	\$ 4,256.	\$ 89,557.
TOTAL	<u>\$ 15,207.</u>	<u>\$ 45,650.</u>	<u>\$ 24,444.</u>	<u>\$ 4,256.</u>	<u>\$ 89,557.</u>