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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

■ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For	the 2013 calendar year, or tax year beginning APR 1, 2013 and endi		Inspection
	Check		D Employer ident	
Г				
ŗ		Conservation Northwest Doing Business As		
Ē	linit	itial Number and check (or D.O. h., 1/4, 1/4)		3091547
Ē		min- 1900 Dos- Obses - L	/suite E Telephone numi	
		City or town, state or province, country, and ZIP or foreign postal code		671-9950
	Ap tio	Bellingham, WA 98225	G Gross receipts \$	2,085,147.
	per	F Name and address of principal officer.Mitch Friedman	H(a) Is this a group	
_		1208 Bay Street, Bellingham, WA 98225		es? Yes No
		exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		a list. (see instructions)
		site: Www.conservationnw.org	H(c) Group exempt	
		of organization: X Corporation	Year of formation: 1989	M State of legal domicile: WA
	T	- Carring y		
8	1	Briefly describe the organization's mission or most significant activities: Protect	and connect	old growth
E L		torests and other wild areas from the Washing	naton coast to	o the PC
Activities & Governance	3	If the organization discontinued its operations or disposed of	more than 25% of its net a	assets.
පි	4	Number of voting members of the governing body (Part VI, line 1a)	3	
න් න	5	Number of independent voting members of the governing body (Part VI, line 1b)	4	
vitie Attie	6	Total number of individuals employed in calendar year 2013 (Part V, line 2a) Total number of volunteers (estimate if peopeens)	5	
Ę	7:	Total number of volunteers (estimate if necessary) a Total unrelated business revenue from Part VIII, column (C), line 12	6	
•		Net unrelated business taxable income from Form 990-T, line 34		
		The state of the s		10
0	8	Contributions and grants (Part VIII, line 1h)	Prior Year 1,843,701.	Current Year
Revenue	9	Program service revenue (Part VIII, line 2g)	11 9/5	
ě	10	Investment income (Part VIII, column (A) lines 3, 4, and 7d)	338.	
-	11	Other revenue (Part VIII, column (A), lines 5, 66, 8c, 9c, 10c, and the	66,715.	<12,453.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII) column (AV line 12)	1,922,599.	
	13	Grants and similar amounts paid (Part IX, column (A), lines (3)	118,984.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salanes, other compensation, employee benefits (Part IX, column (A) lines 5-10)	915,275.	967,159.
Бел	loa	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
A	17	Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), line 25)		
	18	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	456,761.	
	19	Revenue less expenses. Subtract line 18 from line 12	1,491,020.	
Seo.		- Contract line to non-line 12	431,579.	<u><19,865.</u> >
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,379,394.	End of Year
	21	Total liabilities (Part X, line 26)	238,337.	1,173,828.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,141,057.	52,636. 1,121,192.
	πII	Signature Block		
Unde	r pena	alties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	v knowledge and helief, it is
true,	correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	, me mage and policy in to
01		Signature of officer	10/17/	14
Sign			Date	
Here	,	Mitch Friedman, Executive Director Type or print name and title		
			Dete	
Paid			Date Check if	PTIN
Prepa	rer	Firm's name Sanders & Sanders CPAs PS	J John Chilphoys	
Use O		Firm's address 471 NE Landon Road	Firm's EIN	91-1759163
		Belfair, WA 98528	Dhora na 264	0 275 0004
May 1	he IF	RS discuss this return with the preparer shown above? (see instructions)	I LUOUS UO. 2 D	0 275-0991
332001	10-2	2-13 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Yes No Form 990 (2013)
	CT.	oo Cabadula O San O		1 OHH OOU (2013)

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Form 990 (2013) Conservation Northwest
Part IV Checklist of Required Schedules

as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," and it is to orthor liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," and its analytic orthory liabilities liabilit				T	
Section programment required to complete Schedule B, Schedule of Contributors? 2 X 2 X 3 5 5 5 5 5 5 5 5 5	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	Г		es N
Solid the organization engage in clinect or indirect political campsign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II section 501(c)(S) organizations. Did the organization engage in licibitying activities, or have a section 501(q) election in effect during the tax year? If "Yes," complete Schedule C, Part II is the organization as sociol 501(q)4, 501(q)5), or 501(q)5) organization that receives membership dues, assessments, or similar amounts as defined in Reversup Procedure 98-197 If "Yes," complete Schedule C, Part III is the organization of the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II is the anvironment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for secrow or custodial account historic maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. Did the organization report an amount in Part X, line 21, for secrow or custodial account history serve as a custodian for amounts no itsade in Part X, or provide cordio counseling, debt management, credit repair, or debt negotions services? If "Yes," complete Schedule D, Part IV if the organization report an amount for investments - other securities in temporarily restricted endowments, personal part II "Yes," complete Schedule D, Part VIII if the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII if the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X iii is of the organization report an amount for investments - other assets in Part X, line 10? If Yes," complete Schedule D, Part X iii is of the organizatio		ii res, complete schequie A	-	, I,	y-
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provide advice on the distribution or investment of amounts in such funds or accounts for which donors have the right to Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic isclustures? If "Yes," complete Schedule D, Part II 1 2 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 1 2 Did the organization report an amount in Part X, in re 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 1 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part V 1 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V I Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V I Did the organization report an amount for investments - program related in Part X, line 12 if that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V I Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part V II Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X II Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X II Did the organization othat aparate, independent audited figured statements for the tax year? If "Yes," complete Schedule D, Part X II Did the organization othat separate or consolidated figured statements for the tax year? If Yes	6	Did the organization maintain any depart of the distribution of the organization maintain any depart of the distribution of the organization maintain any depart of the distribution of the organization maintain any depart of the distribution of the organization maintain any depart of the distribution of the organization maintain any depart of the organization maintain and the organization maintain and the organization maintain and the organization of the organization maintain and the organization of the organization of the organization of the organization maintain and the organization of the organiza		5	X
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17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 12 and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule III, line 9a? If "Yes," 19 X			_15	-	
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule III.	,	I res, complete Schedule F. Parts III and IV	40		37
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 1Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule III.			10		<u>A</u>
1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule III.	•	Additional transfer of the complete Schedule G. Part I	4		T.
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule II.			1/	\dashv	<u>X</u>
complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes " complete Schedule II. " 19 X		and dat it ites, complete scriedule G. Part II		-	
20a Did the organization operate one or more hospital facilities? If "Yes " complete School II !! X			18	A	
	_	ompicio denedule d, Fart III		- 1	**
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?					
20b	<u>b</u> li	"Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			X
Form 990 (2011)		_		2000	

Part IV | Checklist of Required Schedules (continued) <u>94-3091547</u> Page 4 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Yes No government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, 22 21 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 22 X and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the X last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 24d disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 25a X that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 25b \mathbf{X} former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 26 X contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 27 \mathbf{X} instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 28b X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 28c X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 29 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease perations? 30 X If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?# "Yes," complete X 31 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 32 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 33 X Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35a X within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 35b If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 36 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form **990** (2013)

X

37

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance 94-3091547 Page 5 Part V Check if Schedule O contains a response or r

	estimated a response or note to any line in this Part V				····	_[
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	l 1a	3	2	Ye	s I
	b Enter the number of Forms w-2G included in line 1a. Enter -0- if not applicable	40.		4		
ı	by the organization comply with backup withholding rules for reportable payments to venders and		able gaming	٩		
	(garnomig) withings to prize winners?		g	. 10	X	
2:	Tay Chatanante			-	43	+
	med for the calendar year ending with or within the year covered by this return	2a	2	1		
	, in at least one is reported on line 2a, did the organization file all required federal organization file all			_	X	
2.	the state of the s	ns)		1	1 20	+
38	The state of the control of the cont			- 1	x	
An	The state of the second	- 0		3b	_	+
48	an intercet in or a signature of all plus of a signature and the contract in or a signature and the				1-	+
	account in a loreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		2
Ь	and the loreight country.			76	+	+-
F	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Was the organization a port to a particle of the second	Accou	nts.			
5a	The title organization a party to a prohibited tax shelter transaction at any time during the territory			5a		2
b	the organization that it was or is a party to a prohibited tay shelter trans-	action?	***************************************	5b	+	7
C	to mile out of ob, did the organization file form 8886-1?			5c	+	1-
6a	and the original action have difficult closs receipts that are normally greater their 6400 000		_	30	-	+
	y outstanding that were not tax deductible as charitable contributions?			000		-
D	solicitation an express statement that such contribu	tions or	raifte	<u>6a</u>	 	X
_	wate not tax deductible?		9	er.		
7	The state of the s			6b	-	├-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and as	rvices n	ovided to the navor?	7a	X	
þ	and the digalization fictily the donor of the value of the goods or services provided?			7b	X	-
C	of tangible personal property for which it w	as recui	irod	- / B	_	\vdash
_	to lie F0111 0202?			7-	•	
ď	1 1 2 3 1 1 2 1 2 1 2 1 2 1 2 1 2 2 2 1 1 2 2 2 2 1 1 2		4 4	7c	X	
e	the organization receive any funds, directly or indirectly, to nay premiums on a porposal beauty		2	7e		
f	and diguilleation, during the year, pay premiums, directly or indirectly on a porcent benefit and	10		7f		
9	The state of the contribution of qualified intellectual property did the organization for the	000		-		
h	and a second received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file	- F 1000 00	7g 7h		-
		date and		711		
	organization, or a donor advised lund maintained by a sponsoring organization, have excess business holdings at a	anv time	during the year?	8	- 1	
_	operiod mg organizations maintaining donor advised funds.	ony anno	dorling the year:	•		
a	Did the organization make any taxable distributions under section 4966?			0-		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		***************************************	9a		
		*********		9b		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			- 1	
1.7	choss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	Section 501(c)(12) organizations. Enter:	100			- 1	
a	Gross income from members or shareholders	11a				
-	alloss income from other sources (Do not net amounts due or paid to other sources against				- 1	
ě	amounts due or received from them.)	11b				
	To the figure of the state of t	0412		10-		
ום	res, enter the amount of tax-exempt interest received or accrued during the year	12b	-	12a	-	
9	ection 50 I(C)(29) qualmed nonprofit health insurance issuers					
a l	s the organization licensed to issue qualified health plans in more than one state?		H	120		
-	organization must report on Schedule O	••••••		13a	-+	
D C	ther the amount of reserves the organization is required to maintain by the states in which the					
0	rganization is licensed to issue qualified health plans	3b				
-	arter the amount of reserves on nand	3c				
	and organization receive any payments for indoor tanning services during the tay year?				+	v
<u>D</u> If	"Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	 ງ		4a	+	X

Conservation Northwest Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year No If there are material differences in voting rights among members of the governing body, or if the governing 13 body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 3 Did the organization become aware during the year of a significant diversion of the organization's assets? 4 X Did the organization have members or stockholders? X 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or 7a X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 7b X The governing body? Each committee with authority to act on behalf of the governing body? 8a Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Did the organization have local chapters, branches, or affiliates? Yes No b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10a X and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 11a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12<u>a</u> X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done Did the organization have a written whistleblower policy? X 12c 13 X 13 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent X 14 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization X X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 15b 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation 16a X in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶WA 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Conservation Northwest - 360 671-9950 1208 Bay Street, Bellingham,

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any related	lorg	aniz	ation	CO	mpe	nsa	ted any current officer,	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(de	not o	Pos			One	Reportable	Reportable	Estimated
	hours per	bo	x, unle	ess pe	rson	is bo	th an	compensation	compensation	amount of
	week	<u> </u>	TOT 2	id a d	irecu	OI/BPU:	stee)	from	from related	other
	(list any hours for	Individual trustee or director						the	organizations	compensation
	related	198	eg:			SETE		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	tag tag	sn.q.p		8	шВеш		(***2/1099-141130)		organization
	below	喜	Institutional trustee	<u> </u>	Key employee	3st co				and related organizations
	line)	를	lus#	Officer	Key e	Highest compensated employee	Former			Organizations
(1) Heidi Wills	1.00									
Board Member		X						0.	0.	0.
(2) Michel Girard	1.00									
President		X						0.	0.	0.
(3) Mark Greenfield	1.00									<u> </u>
Treasurer		X						0.	0.	0.
(4) Steve Sundquist	1.00								- 0.	<u> </u>
Vice-President		X						0.	0.	0.
(5) Dave Mann	1.00								0.	<u></u>
Secretary		X						0.	0.	0.
(6) Tom Campion	1.00								0.	<u> </u>
Board Member		X						0.		0.
(7) Dave Hedrick	1.00				\neg				0.	
Board Member		x						0.	0.	0.
(8) Andy Held	1.00					3			0.	<u>0.</u>
Board Member		x		W					0.	0.
(9) Ron Judd	1.00				T	7	B		0.	0.
Board Member		X						0.	0.	0.
(10) Alexandra Loeb	1.00			\neg	\neg				0.	<u>U.</u>
Board Member		x						0.	0.	0.
(11) Floyd Rogers	1.00				\neg	\dashv			0.	
Board Member		X						0.	0.	0.
(12) Bill Donnelly	1.00	\neg			\exists		\neg			<u> </u>
Board Member		x						0.	0.	0.
(13) George Smith	1.00			\top	7				- 0.	<u></u>
Board Member		\mathbf{x}						0.		0.
(14) Mitch Friedman	40.00		\neg		\dashv	\top	\top			0.
Executive Director				12	K		- 1	85,724.	0.	0
		\neg		+	1	\top	\top		- 0.	0.
		1	1	\top	\top	\top	\dashv			
			\top	T	1		\neg			
220007 40 00 40										

332007 10-29-13

332008 10-29-13

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (A) (C) (D) Revenue excluded from tax under Total revenue Related or Unrelated exempt function business sections 512 - 514 revenue revenue ons, Gifts, Grants Similar Amounts 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 24,075. 10 d Related organizations 1d Contributions, e Government grants (contributions) 1e f All other contributions, gifts, grants, and and Other similar amounts not included above 1f 1,967,939 Noncash contributions included in lines 1a-1f: \$ 145,002. h Total. Add lines 1a-1f 992,014 **Business Code** Program Service Revenue 2 a Conservation programs 900099 11,587. 11,587. f All other program service revenue g Total. Add lines 2a-2f 11,587 Investment income (including dividends, interest, and other similar amounts) 215. 215. Income from investment of tax-exempt bond proceeds Royalties (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) .. 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 24,075. of contributions reported on line 1c). See Part IV, line 18 _____a 81,331 b Less: direct expenses _____ b _ 93,784. c Net income or (loss) from fundraising events <12,453. <12,453.> 9 a Gross income from gaming activities. See Part IV, line 19 _____a b Less: direct expenses _____ b c Net income or (loss) from garning activities ... 10 a Gross sales of inventory, less returns and allowances _____ a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 991,363. 11,802. <u>0. <12,453.</u>>

332009 10-29-13

Form 990 (2013) Conservation Northwest
Part IX Statement of Functional Expenses

Se	ction 501(c)(3) and 501(c)(4) organizations must con	mplete all columns. All oti	her organizations must co	omplete column (A)	
	Check if Schedule O contains a response	onse or note to any line in	this Part IX	proce continuity.	Х
7/ -7/	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to governments and		CAPCHOCS	general expenses	expenses
	organizations in the United States. See Part IV, line 21	468,988.	468,988.		
2		=00,300.	#00,300.		
	the United States. See Part IV, line 22				
3	********				
	organizations, and individuals outside the	ľ			
	United States. See Part IV, lines 15 and 16	6,000.	6 000		
4	_	0,000.	6,000.		
5					
	trustees, and key employees	86,677.	70 112		
6		00,077.	78,113.	6,067.	2,497
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	700 600	100 105		
8	Paneion plan appruals and contributions (incl.)	702,688.	488,496.	63,247.	150,945.
0	Pension plan accruals and contributions (include	00			
9	section 401(k) and 403(b) employer contributions)	20,616.	13,994.	2,078.	4,544.
_	Other employee benefits	79,840.	60,395.	6,380.	13,065
10	Payroll taxes	77,338.	56,264.	6,691.	14,383.
11	Fees for services (non-employees):				
	Management				
b		6,943.	6,799.		144.
C	Accounting	10,978.		10,978.	
C	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
	column (A) amount, list line 11g expenses on Sch O.)	245,037.	235,409.	2,078.	7 550
12	Advertising and promotion	5,524.	5,311.	2,070.	7,550. 213.
13	Office expenses	64,208.	26,678.	18,652.	
14	Information technology	35,181.	31,207.	1,597.	18,878.
15	Royalties	00/2011	J1,201.	1,397.	2,377.
16	Occupancy	70,420.	44,138.	11 004	45 400
17	Travel	30,768.	39,454.	11,084.	15,198.
18	Payments of travel or entertainment expenses	307700.	33,434.	<12,660.>	3,974.
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	22,126.	21 071		·
20	Interest		21,871.		255.
21	Payments to affiliates			\7	
22	Depreciation, depletion, and amortization	18,991.			
23		10,839.		18,991.	
24	Other expenses. Itemize expenses not covered	10,839.		10,839.	
_,	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule ().)				
а	Printing and photocopy	34,328.	24 400		
b	Other supplies		31,198.	<541.>	3,671.
	Subscriptions	5,497.	4,788.	26.	683.
	Gifts and awards	4,376.	2,533.		1,843.
	All other expenses	1,760.	1,228.	67.	465.
		2,105.	245.	1,840.	20.
23 26	Total functional expenses. Add lines 1 through 24e	2,011,228.	1,623,109.	147,414.	240,705.
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

_		Check if Schedule O contains a response or note to any line in this Part X			
_			(A) Beginning of year		(B) End of year
	- 1	1 Cash - non-interest-bearing	775,876	. 1	718,633
	- 1	2 Oavings and temporary cash investments	1	2	710,033
	3	o Fledges and grants receivable, net	147,620		233,777
	4	Accounts receivable, net	==:/020	4	433,111
	5	balls and other receivables from current and former officers, directors.		 	
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under		-	
	1	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		1	
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch I		6	
Assets	7	Notes and loans receivable, net		7	
-	8	inventories for sale or use	20,676.		21 200
	9	richaid expenses and deferred charges	12,523.		21,380.
	10	a Land, buildings, and equipment: cost or other	12,323.	9	31,133.
		basis. Complete Part VI of Schedule D 10a 273,699.			
	1	b Less: accumulated depreciation 10b 112,113.	165,890.		161 506
	11	Investments - publicly traded securities	103,630.		161,586.
	12	Investments - other securities. See Part IV, line 11		11	
	13	Investments - program-related. See Part IV, line 11		12	
	14	intangible assets		13	
	15	Other assets. See Part IV, line 11	256,809.	14	P 040
_	16	10tal assets. Add lines 1 through 15 (must equal line 34)	1,379,394.	15	7,319.
	17	Accounts payable and accrued expenses	63,337.	16	1,173,828.
	18	Grants payable	03,337.	17	52,636.
	19	Deletted teveling		18	
	20	Tax-exempt bond liabilities		19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
9	22	Loans and other payables to current and former officers, directors, trustees,		21	
Liabilities		key employees, highest compensated employees, and disqualified persons			
de		Complete Part II of Schedule L	175,000.		
-	23	Occurred High LURGOS and Indias navable to unrelated third portion	173,000.	22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Umer liabilities including fodorol income test for the No. 11. N		24	
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Octionale D		05	
\dashv	26	Total liabilities. Add lines 17 through 25	238,337.	25	F2 C2C
		Organizations that follow SFAS 117 (ASC 958), check here	230,337.	26	52,636.
80		complete lines 27 through 29, and lines 33 and 34.		- 1	
E	27	Unrestricted net assets	840,450.	27	774 000
<u>a</u>	28	remporarily restricted net assets	200 500	28	774,922.
2	29	Permanently restricted net assets		29	346,270.
크		Organizations that do not follow SFAS 117 (ASC 958), check here		28	
o		and complete lines 30 through 34.			
Set l	30	Capital stock or trust principal, or current funds		30	
Ž	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets of Fund Balances	32	Herained earnings, endowment, accumulated income, or other funds		32	
-	33	lotal net assets or fund balances	1 1 4 4 0 = -	33	1 121 102
	34	Total liabilities and net assets/fund balances	1 200	34	1,121,192.
			-14/J/J/Z0 t	<u> </u>	1,173,828.

	m 990 (2013) Conservation Northwest	94_3	091547	р.	10			
Pi	art XI Reconciliation of Net Assets	<u> </u>	OJIJ47		ige iz			
	Check if Schedule O contains a response or note to any line in this Part XI							

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,99	1 :	163			
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,01					
3	3 Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,14		65.			
5	Net unrealized gains (losses) on investments	5		<u> </u>	37.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33.	-			<u> </u>			
_	column (B))	10	1,12	1 1	92			
Pa					<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part XII				X			
			T I	Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				110			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule)	-					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	 ດກ ສ	20					
	separate basis, consolidated basis, or both:	011 12						
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	x				
	if "Yes," check a box below to indicate whether the financial statements for the year were audited on a senarate	hasis	20	<u> </u>				
	consolidated basis, or both:	J. 1010,						
	Separate basis Consolidated basis Both consolidated and separate basis			- 1				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x				
	if the organization changed either its oversight process or selection process during the tax year, explain in Scher	ا مانیا	20	_				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit		ı				
	Act and OMB Circular A-133?		3a		x			
b	in res, and the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit	Ja					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					



SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. **Employer identification number**

Part I	Peaco	CONSET	<u>vation North</u>	west						94	<u>-309:</u>	<u> 154'</u>	7
		to orbitate for the	arity Status (All organ	izations m	ust compl	ete this pa	art.) See in	structions).				
	anization is no	t a private foundatio	n because it is: (For lines	1 through	n 11, check	k only one	box.)						
1 -	J A conurcon, o	convention of church	es, or association of chu	ırches des	cribed in s	section 17	70(b)(1)(A)	(i).					
2			170(b)(1)(A)(ii). (Attach S										
3	A nospital	or a cooperative hos	pital service organization	describe	d in sectio	n 170(b)(1)(A)(iii).						
4	_ Amedical i	esearch organization	n operated in conjunction	1 with a ho	ospital des	cribed in s	section 17	O(b)(1)(A)	(iii). Ente	er the	hospita	l's nar	ne,
5	City, and st												
5 L			e benefit of a college or u	university o	owned or c	operated t	y a goven	nmental u	nit descr	ibed	in		
6	_	'0(b)(1)(A)(iv) , (Comp	•										
7 –	An organize	tate, or local governi	ment or governmental un	nit describe	ed in secti	on 170(b)	(1)(A)(v).						
,	2 Arrorganiza	Mental romany re	ceives a substantial part	t of its sup	port from a	a governn	nental unit	or from th	e genera	al pu	blic desc	ribed	in
8		D(b)(1)(A)(vi). (Complete to the state of th											
9 X	An omanize	ty trust described in	section 170(b)(1)(A)(vi).	(Complet	e Part II.)	_							
9 123		luon mai normally re	ceives: (1) more than 33	1/3% of it	ts support	from cont	ributions, i	membersh	nip fees,	and	gross re	ceipts	from
	income and	Luprolated business	unctions - subject to cert	ain except	tions, and	(2) no moi	re than 33	1/3% of it	ts suppo	rt fro	m gross	inves	tmen
	See section	n 509(a)(2). (Complet	taxable income (less sec	7100 511 t	ax) from be	usinesses	acquired i	by the org	anizatior	n afte	er June 3	30, 19	75.
10 🗔			perated exclusively to te	ant for much	liaf-t-	0							
11	An organiza	tion organized and o	porated exclusively to te	ssi for pub	ilic salety.	See secti	on 509(a)((4).					
	more public	v supported organiz	perated exclusively for t	ion 500(a):	or, to pen	orm the n	inctions of	, or to car	ry out th	e pu	rposes o	of one	or
	describes ti	ne type of supporting	ations described in sect organization and comp	loto linon 1	(1) Or Secti	ON 509(a)	(2). 500 se	ction 509	(a)(3). Cl	heck	the box	that	
	а 🔲 Туре	ы Б ПТ			inctionally		4	a 🗀 🖘	a a III - Ni-				
е 🔲			at the organization is not	t controlle	d directly	rindirocti	u hy one e	a ∟ ıyı	pe III - No	on-tu	nctional	y inte	grate
	foundation	nanagers and other	than one or more publicl	v sunnort	ad omeniz	atione dos	y by one c	n more as	squalimec	per	sons otr	er tha	n
f	If the organi	zation received a wri	tten determination from	the IBS th	atitie a Ti	me I Turv	all or Turn	5000011 50	9(a)(1) 0	rsec	tion ous	(a)(2).	
		organization, check t			_			e III					
g			organization accepted a	ny aift or c	······································	n from an	of the fell	lowing no			•	*******	
	(i) A pers	on who directly or inc	directly controls, either a	ione or too	nether with	nersons	doerribed	in (ii) and	SOUS (V	-
	the gov	erning body of the s	supported organization?		,00, ,			William State of	(III) DGIOW	ν,	44~6\	Yes	No
	(ii) A famil	y member of a perso	n described in (i) above?)							11g(i) 11g(ii)		
	(iii) A 35%	controlled entity of a	a person described in (i) o	or (ii) abov	Θ?				**********		11g(iii)		
h	Provide the	following information	about the supported or	ganization	(s).	************	*************	*************		****	1 iM(m)		
					,								
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did vo	u notify the	(vi) ls	s the	6223			
	anization	(47)	(described on lines 1-9	in col. (i) li	sted in your	organiza	tion in col.	organizati (i) organiz	on in col.	(VIII)	Amount) Supp		letary
				governing	document?	(i) of you	r support?	U.S			aupp	MIL	
			(see instructions))	Yes	No	Yes	No	Yes	No				
								-					
								_					
													 .

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011(d) 2012 (e) 2013 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)

15 Public support percentage from 2012 Schedule A, Part II, line 14	Г	45		
46- 00 4/00/	L	15		%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line	14 is 33 1/3% or me	ore. c	heck this how and	
stop here. The organization qualifies as a publicly supported organization				
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and	d line 15 ie 33 1/304	or m	are check this have	
and stan here. The emeritation qualifies are a sublished	d iii 0 10 10 00 17070	OI III	ore, check this box	
and stop here. The organization qualifies as a publicly supported organization				
174 10% -racts-and-circumstances test - 2013. If the organization did not check a box on lin	ne 13, 16a, or 16b, ar	nd lin	e 14 is 10% or more	
and if the organization meets the "facts-and-circumstances" test, check this box and stop	here. Explain in Part	IV ho	w the organization	
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supporte	d organization		-	
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on lin	e 13, 16a, 16b, or 17	a. ar	nd line 15 is 10% or	
more, and if the organization meets the "facts-and-circumstances" test, check this box and	stop here. Explain i	n Par	t IV how the	
organization meets the "facts-and-circumstances" test. The organization qualifies as a publ	icly supported organ	izatio	nn	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17	b, check this box an	d see	instructions	

332022 09-25-13 Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 Conservation Northwest

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	DOIDW, DIGUGG COIN	ipiete Fait (I.)					
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(-) 0011	(n co40			
	Gifts, grants, contributions, and	(6) 2000	(0) 2010	(c) 2011	(d) 2012	(e) 2013	(f) To	tal
	membership fees received. (Do not					}		
	include any "unusual grants.")	1,774.808.	0 005 540				1	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,774,808,	2,085,540					<u>3,957</u> ,
3	Gross receipts from activities that			6,669.	11,845.	11,587.	30,1	<u> 101.</u>
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's benefit and either paid to			,	}			
	or expended on its behalf	}						
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge						Į	
6	Total. Add lines 1 through 5	1,774,808.	2,085,540,	4 704 005				
	Amounts included on lines 1, 2, and	1,774,000.	2,005,540,	1,721,225.	2,023,786.	2,088,699,	9,694	.058.
	3 received from disqualified persons							
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0.
c	Add lines 7a and 7b							0.
8	Public support (Subtract line 7c from line 6.)							0.
Sec	tion B. Total Support						9 694	058.
Caler	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(-) 2011	(D 0040			
9	Amounts from line 6	1,774,808.	2,085,540.	(c) 2011	(d) 2012	(e) 2013	(f) Tota	
10a	Gross income from interest.	1,774,000.	2,005,540.	1,721,225.	2,023,786,	2,088,699,	9,694,	058.
	dividends, payments received on securities loans, rents, royalties and income from similar sources	18,051.	4,686.	3,709.	338.	215	26.0	00
	Unrelated business taxable income			3,703.	330.	215.	26,9	<u>99.</u>
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
C	Add lines 10a and 10b	18,051.	4,686.	3,709.	338.	215.	26 0	00
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						26,99	<u>99.</u>
6	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				- U			
	otal support. (Add lines 9, 10c, 11, and 12.)	1,792,859.	2,090,226.	1,724,934.	2,024,124,	2,088,914	9,721,	057
14 F	irst five years. If the Form 990 is for the	the organization's t	first, second, third	, fourth, or fifth tax	year as a section	501(c)(3) organiza	tion.	001.
	neck this box and stop here							
Seci	ion C. Computation of Public	c Support Perc	centage					
10 F	Public support percentage for 2013 (lin	ie 8, column (f) divi	ided by line 13, co	olumn (f))		15	99.72	%
io r	Public support percentage from 2012 s	Schedule A, Part III	l, line 15			16	99.48	%
360L	ion D. Computation of Invest	ment income	Percentage					
17 II	nvestment income percentage for 201	3 (line 10c, column	n (f) divided by line	13, column (f))		17	.28	%
18 II	envestment income percentage from 20)12 Schedule A, Pa	art III, line 17	***************************************		18	52	%
199 3	o 1/3% support tests - 2013, it the o	rganization did not	t check the box or	n line 14. and line 1	5 is more than 33	1/3%, and line 17	is not	
- 11	iore man 33 1/3%, check this box and	stop here. The o	rganization qualifi	es as a publicly su	pported organizati	on	▶ . [X
D 3	3 1/3% support tests - 2012. If the o	rganization did not	check a box on li	ne 14 or line 19a, a	and line 16 is more	than 33 1/3% on	rel	
ים חו	ne 18 is not more than 33 1/3%, check	K This box and stop	p here. The organ	ization qualifies as	a publicly support	ted organization		
<u> </u>	rivate toundation, if the organization	did not check a bo	x on line 14, 19a,	or 19b, check this	box and see instr	uctions)	
32023	09-25-13				Scheo	lule A (Form 990	or 990_EZ\ (2012

IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, Also complete this part for any additional information. (Coal in the U.S.)	94-3091547 Pa
Also complete this part for any additional information. (See instructions).	line 17a or 17b; and Part III, line 12.
y seement to the transfer (coo mondono).	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 ▶ Attach to Form 990 or Form 990-EZ.
 ▶ See separate instructions.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-B.

Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III

Name of organization	ations, Complete Part III.		F	mployer identification number
Conserv	vation Northwest			04 0004-4-
Part I-A Complete if the or	ganization is exempt und	er section 501(c)	or is a section 527	7 organization
Provide a description of the organ Political expenditures Volunteer hours				\$
Part I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).	
1 Enter the amount of any excise tax	c incurred by the organization under	er section 4955		> \$
Trites the amount of any excise tax	k incurred by organization manage	rs under section 4955		. 4
1 Enter the amount of any excise tax 2 Enter the amount of any excise tax 3 If the organization incurred a section	on 4955 tax, did it file Form 4720 f	or this year?	****************************	Yes No
4a Was a correction made?			***************************************	Yes No
b if "Yes," describe in Part IV. Part I-C Complete if the organization				
4 Estartha amount directly	Barnzation is exempt unde	er section 501(c),	except section 50	1(c)(3).
Enter the amount directly expende Enter the amount of the filing organ	d by the filing organization for sec	tion 527 exempt funct	ion activities	\$
and the same and the same of t	ization's funds contributed to oth	er organizations for se	ction 527	
exempt function activities 3 Total exempt function expenditures	e Add lines 1 and 0. Enter have an			\$
line 17b	s. Add intes 1 and 2. Enter here an	id on Form 1120-POL,		
line 17b 4 Did the filing organization file Form 5 Enter the paragraph of days.	1120-POL for this year?		······	Yes No
made payments. For each organiza contributions received that were propolitical action committee (PAC). If	mployer identification number (EIN ation listed, enter the amount paid comptly and directly delivered to a) of all section 527 poli from the filing organizate separate political orga	itical organizations to whation's funds. Also enter	nich the filing organization
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and
For Paperwork Reduction Act Notice, s	ee the Instructions for Form 990	or 990-EZ.	Schedule (C (Form 990 or 990-EZ) 2013

332041 11-08-13

Schedule C (Form 990 or 990-EZ) 2013	Conse	rvati	on Northwes	t	94-	3091547 Page 2
Part II-A Complete if the or	rganizatio	n is ex	empt under section	on 501(c)(3) and f	iled Form 5768	Jugoz
(election under se		- 77				
A Check L if the filing organize	zation belong	gs to an a	ffiliated group (and list	in Part IV each affiliate	d group member's nar	ne, address, EIN.
expenses, and sh	are of exces	s lobbying	g expenditures).			
B Check if the filing organiz	zation check	ed box A	and "limited control" p	rovisions apply.		
Lin (The term "exper	nits on Lobb nditures ^a m	ying Exp eans amo	enditures ounts paid or incurred	L)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	fluence publ	ic opinion	(grass roots lobbying)			
b Total lobbying expenditures to in	fluence a leg	islative bo	ody (direct lobbying)		4,132.	
c Total lobbying expenditures (add	lines 1a and	1b)			4,132.	
d Otner exempt purpose expenditu	ıres				1,618,977.	
e Total exempt purpose expenditur	res (add lines	1c and 1	d)		1,623,109.	
f Lobbying nontaxable amount. En	ter the amou	int from th	ne following table in bo	th columns	231,155.	
if the amount on line 1e, column (a)	or (b) is:		bbying nontaxable an		231,133.	
Not over \$500,000			the amount on line 1e			
Over \$500,000 but not over \$1,00	00.000		00 plus 15% of the exc	`		
Over \$1,000,000 but not over \$1,			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17			00 plus 5% of the exce			
Over \$17,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,000		55 OVER \$1,300,000.		1
		Ψ1,000	,000.			
g Grassroots nontaxable amount (e	nter 25% of	line 1f)			F7 700	
h Subtract line 1g from line 1a. If ze					57,789.	
i Subtract line 1f from line 1c. If zer					0.	
j If there is an amount other than ze			line 1i did the errori-	otion Ele Ferre 4700	0.	
reporting section 4911 tax for this					-	
- Porting edector To T text for this		-Voor Au	marine Desirable de	A		Yes No
(Some organiz	zations that	made a s	eraging Period Under section 501(h) election e instructions for line	do not have to come	plete all of the five	
	Lobby	ing Expe	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	10	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount b Lobbying ceiling amount	239	,400.	263,236.	224,181.	231,155.	957,972.
(150% of line 2a, column(e))						1,436,958.
c Total lobbying expenditures	34	<u>,475.</u>	5,596.	5,886.	4,132.	50,089.
d Grassroots nontaxable amount	59	,850.	65,809.	56,045.	57,789.	230 402
e Grassroots ceiling amount					31,103.	239,493.
(150% of line 2d, column (e))						359,240.
f Grassroots lobbying expenditures		164.	925.	5.		1 094

COPY

Schedule C (Form 990 or 990-EZ) 2013

Schedule C (Form 990 or 990-EZ) 2013 Conservation Northwest 94-309154

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

1 During the year, did the filing organization attempt to influence foreign, 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 1c through 1i)? 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 similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 c if "Yes," enter the amount of any tax incurred by organization managers under section 4912 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	No	Am	ount
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 1c through 1i)? 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 similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
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Part III-A Complete if the organization is expend to the complete if the organization is expended to the complete if the organization is expensed to the complete in the compl			
	(E)	12.	
501(c)(6).	((5), or sec	tion	
		Yes	No
Were substantially all (90% or more) dues received nondeductible by members?	1		
the organization make only in-house lobbying expenditures of \$2,000 or less?			
Did the organization agree to carry over lobbying and political expenditures from the prior year? art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)	1 - 1		
Dues, assessments and similar amounts from members			
The second and second and second seco	1		
Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			
a Current year h Carryover from last year	2a		
b Carryover from last year	2b		
	2c		
C TOTAL			
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	3		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political	3		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess	3		

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **Open to Public**

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

-	<u>Conservation Northwest</u>	94-3091547
P	organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	The state of the s
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	The state of the s
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fi	
	are the organization's property, subject to the organization's exclusive legal control?	unas
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	Yes No
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conf	d only
	impermissible private benefit?	ferring
Pa	impermissible private benefit? Irt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part I	Yes No
1	Purpose(s) of conservation easements held by the organization (check all that apply).	V, line 7.
-		
	Protection of natural habitat Preservation of a certified Preservation of open space	historic structure
2		
_	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a development of the towns and the contribution in the form of a development of the towns and the contribution in the form of a development of the towns are supported by the contribution in the form of a development of the contribution in the form of a development of the contribution in the form of a development of the contribution in the form of a development of the contribution in the form of a development of the contribution in the form of a development of the contribution in the form of a development of the contribution in the form of a development of the contribution in the form of a development of the contribution in the form of a development of the contribution in the form of a development of the contribution in the form of a development of the contribution in the development of the contribution in the development of the contribution of the	conservation easement on the last
	day of the tax year.	
	Tatalanut	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization	anization during the tax
	year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No.
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during	the year
7	Amount or expenses incurred in monitoring, inspecting, and enforcing conservation easements during the v	/ear ▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)((B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	ement and balance cheet and
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	manization's accounting for
	conservation easements.	iganization's accounting for
Pai	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	7.00013.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and halance shoot was to a first
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	and balance sneet works of art,
	the text of the footnote to its financial statements that describes these items.	r public service, provide, in Part XIII,
ь		
_	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and by	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se relating to these items:	ervice, provide the following amounts
	•	
		• \$
		▶ \$
~	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
_	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a	Revenues included in Form 990, Part VIII, line 1	> \$
b	Assets included in Form 990, Part X	> \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2013

Part III Organizations Meintaining Collections of Art, Historical Treasures, or Other Similar Assats(continue)	Sch	nedule D (Form 990) 2013 Conservant III Organizations Maintaining	vation Nort	thwest	Treasures	or Othe	r Cimil	94-30	915	47	Page 2
content all trapply: a Public exhibition d Loan or exchange programs b Scholarly research e Other 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for rates funds either than to be maintained as part of the organization collection?	3	Using the organization's acquisition, access	sion, and other reco	rds check any of	the following t	bot are e ei	aniform	ar Asse	JUS(CON	tinued)
a Public exhibition d b Scholarly research e Other Preservation for hubus generations Provides a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization scilicit or receive denations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization of collection? Part XII Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported part and part X, line 9, or reported part and part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported part X, line 10, lin		(check all that apply):	J. J	do, oneon any or	u le lollowing u	ilal are a si	gruncant	use or its	collect	ion ite	ms
b Scholarly research or thure generations Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be ackt to raise funds rather than to be maintained as part of the organization's exempt purpose in Part XIII. Description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be ackt to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustes, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21. Is its the organization an agent, trustes, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21. Is its the organization in a gent, trustes, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21. Is its the organization in the year				d Losn or	evohango pro	OLED PRO					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	Ŀ	Scholarty research									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.		Preservation for future generations									
to be sold to nales funds rather than to be maintained as part of the organization? Yes" No Part IV Scorow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1s Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1s Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1s Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X; line 219. 2 Bolt if the organization and in Part XIII and complete the following table: 2 Bolt in the organization include an amount on Form 990, Part X, line 219. 3 Bolt the organization include an amount on Form 990, Part X, line 219. 4 Beginning of year balance 4 In Part VI Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 4 Beginning of year balance 5 Ontributions 6 Onter expenditure for facilities and programs 6 Administrative expanses 7 Administrative expanses 8 Onter expenditure for facilities and programs 9 Administrative expanses 9 End of year balance 2 Provide the estimated percentage of the current year end balance (tine 1g, column (al) held as: 9 Board designated or quasi-endowment > % 10 Permanent endowment > % 11 Part VI Land, Buildings, and Equipment. 12 Complete if the organizations listed as required on Schedule R? 2 Describe in Part XIII the intended uses of the organization endowment funds. 13 Describe in Part XIII the intended uses of the organization sendowment funds. 14 Land 127,409 127,409 127,409 15 Describe in fine organization answered "Yes" to Form 990, Part X, line 10. 16 Equipment 4,586 4,586 0,400 17 Endowner 141,704 107,527 34,177 18 Describe in Part XIII the intended uses of the organization is endowmen	4		collections and evolu	in how they first	or the emeni-	dian's account					
To be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No Part XI Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part XI, line 9, or reported an amount on Form 990, Part XI, line 21. Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XI, line 10. Geginning Balance	5	During the year, did the organization solicit	or receive donations	of art historical	rocourse et el	Monsimiler	npt purpo	ose in Pa	rt XIII.		
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 Yes No bif "Yes," explain the arrangement in Part XIII and complete the following table: Beginning balance		to be sold to raise funds rather than to be n	naintained as nart of	the emeritation	a collection?	uner similar	assets		٦	_	_
Table The organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No	Pa	art IV Escrow and Custodial Arran	agements Comp	lete if the erganiz	S CORECTION?	J 83/ 8 E			Yes		No
a la the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Prives, ** explain the arrangement in Part XIII and complete the following table: Complete the following table:		reported an amount on Form 990, Pa	art X, line 21.	iete ii u ie Organiz	auon answered	J TOS TO F	-orm 990	, Part IV,	line 9, c	or	
on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 217 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back f Grants or scholarships d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment > 96 The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that air held and althospistered for the organization by: (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4. Describe in Part XIII the Intended uses of the organization's endowment funds. Part XI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Lassehold improvements 4, 586, 4, 586, 0, 0, d Equipment. C Other	1a			diany for contribu	tions or other	accete not in	naludad.				
c Beginning balance Amount 1c Amount		on Form 990, Part X?		day for contribu	tions of other a	200612 HOL II	nciuaea	_	٦.,	_	٦
c Beginning balance d Additions during the year e Distributions during the year 1 Ending balance 2 Distributions during the year 3 Distributions during the year 4 Distributions during the year 5 Described the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Part V Endowment Funds and the possession of the organization that are held and attributions depreciation (d) Book value basis (investment) Part V I Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Description of property (d) Cost or other basis (investment) Description of property (e) Administrative expenses (f) Cost or other basis (investment) Description of property (d) Description of property (e) Cost or other basis (investment) Description of property (e) Cost or other basis (investment) Description of property (e) Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IX, line 10. Lase Form 990, Part IX, line 10. Description of property (e) Part VI Land, Buildings, and Equipment. Land 1277, 409 . 1277	b	b if "Yes." explain the arrangement in Part XIII and complete the following table:									
c Beginning balance d Additions during the year 1 te			and complete ale it	Showing table.							
a Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 2b If Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions c Net investment earnings, gains, and lossee d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and abministered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iii) related organizations Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) Description of property (a) Cost or other basis (investment) 12 Land Description of property (a) Cost or other basis (investment) 12 Land 12 Land 12 Land 12 Land 13 Land 14 Land 14 Land 14 Land 14 Land 15 Reference 16 Requirement 17 Cost or other basis (investment) 18 Buildings 19 Leasehold improvements 4 Leasehold improvements 10 Leasehold improvements 10 Leasehold improvements 11 Land 12 Leasehold improvements 13 Land 14 Land 14 Land 14 Land 15 Reference 16 Cost or other basis (investment) 17 Leasehold improvements 19 Leasehold improvements 10 Leasehold improvements 10 Leasehold improvements 11 Land 12 Leasehold improvements	С	Beginning balance							Amou	<u>nt</u>	
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Telling basinos Telling ba	е	Distributions during the year				***************************************	10				
Description of property Section Part XII Part XII Part XIII Part X	f	Ending balance	***************************************	4			16				
Part V Endowment Funds. Complete if the explanation has been provided in Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization in the possession of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Equipment	2a	Did the organization include an amount on F	orm 990. Part X line	212			11		٦,,,		٦
Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back	b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanation has be	en providad in	Dort VIII	•••••		_ Yes	<u> </u>	⊣ No
a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back	Pa	rt V Endowment Funds. Complete	if the organization ar	swered "Yes" to	Form 990 Par	t IV line 10					
Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment								anna haului	F -		
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a	Beginning of year balance	(a) content you	(b) Thoryear	(C) TWO yes	als Dack (C	1) i liree y	ears dack	(e) FOL	ir years	back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year belance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	b										
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g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations 5 if "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) depreciation 1a Land 1a Land 1a Land 1a Land 1a Land 1b Buildings 1c Leasehold improvements 4	_	•									
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b Permanent endowment \	- a	Board designated or quasi-endowment	rent year end balanc		n (a)) held as:						
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Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land 127,409. Buildings 127,409. Leasehold improvements 4,586. 4,586. 0. d Equipment 141,704. 107,527. 34,177.		(ii) related organizations				•••••••					
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other	h	If "Yes" to 3a(ii) are the related organizations	lieted as required a	n Cabadula DO					3a(ii)		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other	4	Describe in Part XIII the intended uses of the	organization's ands	n Scriedule R?					_3b		
Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other	Par	t VI Land, Buildings, and Equipm	ent.	willett lulius.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 127,409				Port IV line 11a	Can Farm 000	D-4 V P-	- 40				
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1a Land 127,409. 127,409. b Buildings 2 Leasehold improvements 4,586. 4,586. d Equipment 141,704. 107,527. 34,177. e Other 141,704. 107,527. 107,527.		becompact of property	1 ''					' '	(d) Bool	k value	9
b Buildings c Leasehold improvements d Equipment e Other	1a	Land				dabia	CIALIUII		4.01	7 4	20
c Leasehold improvements 4,586. 4,586. 0. d Equipment 141,704. 107,527. 34,177. e Other 107,527. 34,177.	b	Buildings			41,4UJ.	-			TZ	1,4	<u> 19.</u>
d Equipment 141,704. 107,527. 34,177.	c	Leasehold improvements			1 505		4 50	6			
e Other				1					2	4 4 2	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B) line 10(c))					±1,/04.		1,54	/ •		± , 1	11.
	Total.	Add lines 1a through 1e. (Column (d) must ed	ual Form 990. Part)	Column (R) line	10(c))				16.	F (2.5

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

	rt XI Reconciliation of Revenue per Audited Financial State			94-	3091547 P	age 4
Га	The second of th	ements With	Revenue per F	Returi	n.	
1	Complete if the organization answered "Yes" to Form 990, Part IV, line					
2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	2,088,9	14.
_ a	Net unrealized gains on investments					
b	Donated services and use of facilities	2a	1 (10	-	4	
G	Recoveries of prior year grants	2b	1,610.	4		
d	Recoveries of prior year grants Other (Describe in Part XIII.)	2c		-		
e	Add lines 2a through 2d	2d		1		4.0
3	Add lines 2a through 2d Subtract line 2e from line 1			2e	1,6	10.
4	Subtract line 2e from line 1		***************************************	3	2,087,3	04.
a	Investment expenses not included on Form 990, Part VIII, line 7b	4-				
b	Other (Describe in Part XIII.)	4a	<95,941.			
C				1	.05.0	4.4
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	••••••	***************************************	4c	<95,9	
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	emente Witt	Evpapeae por	5 Potu	1,991,3	63.
	Complete if the organization answered "Yes" to Form 990, Part IV, line	10a	ryhenses her	netu	m.	
1	Total expenses and losses per audited financial statements	124.			2 100 7	70
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			1	2,108,7	<u>/y.</u>
а	Donated services and use of facilities	2a	1 611			
b	Prior year adjustments	2b	1,611.			
C	Other losses	20				
d	Other (Describe in Part XIII.)	2c	95,941.			
е	Add lines 2a through 2d	20	33,341.		07 5	r 0
3	Subtract line 2e from line 1			2e	97,5	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	*******************	***************************************	3	2,011,2	41.
а	Investment expenses not included on Form 990, Part VIII, line 7b	40				
b	Other (Describe in Part XIII.)	48				
C	Add lines 4a and 4b					0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	2.011.2	0.
Par	t XIII Supplemental Information.			5	4,011,2	4/.
Provi	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I	Part IV lines 1h a	and 2h: Part V line 4	l Part \	Y line 2: Part VI	
ines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	ation	r, reur.	Λ, 1110 ∠, ΓαΓί Λί,	
			across.			
		00	N MA			
		6				
Par	t XI, Line 4b - Other Adjustments:					
<u>Eve</u>	nt expenses netted against Form 990 reve	enue			-95-94	11.
					,,,,,,	
?ar	t XII, Line 2d - Other Adjustments:					
<u>?un</u>	draising event expenses netted to revenu	ie on For	m 990		95,94	1.
			-			
32054						
4000						

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

Co	nservation N	orthwest				04 2004 =	
P	art I General Info	ormation on /	Activities Ou	tside the United States. Comp	lata if the armon	94-309154	17
	Form 990, Part	IV, line 14b.		Total Grates: Comp	ete ir the organ	ization answered "	Yes" on
1	For grantmakers. Doe	s the organizatio	n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance	
	the grantees' eligibility	for the grants or	assistance, and	the selection criteria used to award the	e grants or assi		Yes X N
2	For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	her assistance out	side the
3	Activities per Region. (1	The following Par	t I, line 3 table c	an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activise a prog describe	rity listed in (d) gram service, specific type e(s) in region	(f) Total expenditures for and investments in region
				COPY	7		
3 a	Sub-total	0	0				
b	Total from continuation						0.
	sheets to Part I	0	0				0.
C	Totals (add lines 3a and 3b)	0	0				
HA	For Paperwork Reduction	on Act Notice, s		ons for Form 990.		Schedule F (Fe	0.

332071 10-03-13

Schedule F (Form 990) 2013

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

ယ	Ю		T	T			
							(a) Name of organization
e grantee or counsel ther organizations or	cipient organizations						(b) IRS code section and EIN (if applicable)
has provided a section	listed above that are				North America	North America	(c) Region
the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter Enter total number of other organizations or entities	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by				Conservation of wildlife and forests.	Conservation of wildlife and forests.	(d) Purpose of grant
	oreian country				500.	5,500.	(e) Amount of cash grant
	ecognized as tax-axi						(f) Manner of cash disbursement
	mpt by	-			0	0	(9) Amount of non-cash assistance
							(h) Description of non-cash assistance
2							(i) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

94-3091547

Page 3

Part III Grants and Other Assistance to Individuals Outside the United States, Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

				(a) Type of grant or assistance (b) Region
				(b) Region
				c) Number of recipients
				(d) Amount of cash grant
				(e) Manner of cash disbursement
				(f) Amount of non-cash assistance
				(g) Description of non-cash assistance
				(h) Method of valuation (book, FMV, appraisal, other)

Sched Part	IV Foreign Forms	94-3091547	Page 4
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes [X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes [X No
	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes [X No
	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No



Schedule F (Form 990) 2013

Part V	Comervation Northwest	94-3091547	Page 5
rait v	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account	nting method: amounts of	
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)	many metrica, amounts of	
	(accounting methods); Part III (accounting method); Part III (accounting method);	nod); and Part III, column (c)
	(estimated number of recipients), as applicable. Also complete this part to provide any additional info	rmation.	
		-	

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public Inspection

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

Name of the organization **Employer identification number** Conservation Northwest 94-3091547 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations a Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (i) Name and address of individual (vi) Amount paid (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) or entity (fundraiser) have custock fundraiser or control of contributions from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-12-13

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2013

Sc P	hedu art	lle G (Form 990 or 990-EZ) 2013 Conserval Fundraising Events. Complete if the of fundraising event contributions and g	he organization answere	d "Yes" to Form 990. Par	rt IV. line 18. or reporte	-3091547 Page 2 d more than \$15,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
Θŗ			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through			>	
Pa	irt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	ne 3, column (d) answered "Yes" to Form	990, Part IV, line 19, or r	reported more than	
9		,	(a) Bingo	(b) Pull tabs/instant	(-) Other	(d) Total gaming (add
Revenue			(a) Dirigo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Ä	1	Gross revenue	6			
ses		Cash prizes		20PY	7	
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes% No	Yes %	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
•						
		er the state(s) in which the organization operat ne organization licensed to operate gaming act		tates?		Yes No
b	If "N	lo," explain:				NO
		e any of the organization's gaming licenses reves," explain:		minated during the tax ye	ear?	Yes No
3208	2 09-	12-13			Schodule C/F	m 990 or 990 E71 9042

Schedule G (Form 990 or 990 EZ) 2013 Conservation Northwest	94-30	0915	47 Page 3
11 Does the organization operate gaming activities with nonmembers?		V	es No
			CS NO
to administer charitable gaming?	1		es 🔲 No
i and a second discount of the second			esNO
a The organization's facility b An outside facility		120	0.4
		12h	%
14 Enter the name and address of the person who prepares the organization's gaming/special events books a	and records:	IOU J	%
Name >			
Address 15a Does the organization have a contract with a third party from whom the organization receives gaming rever			
		Ye	s No
b If "Yes," enter the amount of gaming revenue received by the organization > \$ and	the amount		
or garriary revenue retained by the third party			
c If "Yes," enter name and address of the third party:			
Name >			
Address >			
16 Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
a is the organization required under state law to make charitable distributions from the garning proceeds to			
retain the state garning licenses?		٦.,	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or		Yes	No.
organization's own exempt activities during the tax year	spent in the		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v.	and Part III lines	0.05	105 455
15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see in	nstructions).	9, 90,	100, 150,
2083 09-12-13			

Part IV Supplemental Information (continued)	Northwest	94-3091547 Page
cappioniental information (continued)		
	@ @ Eng	
	-	

SCHEDULE I (Form 990)

Internal Revenue Service Department of the Treasury

Name of the organization

Conservation Northwest

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

► Attach to Form 990.

➤ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013

Open to Public inspection

Employer identification number

Part General Information on Grants and Assistance	TOD NOTER	West					94-3091547
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility	o substantiate th	e amount of the grants	or assistance, the	orantees' eligibilit	of for the grants of see		5
	tance?				io alo gigino	on the grante of assistance, and the selection	¥ Y
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	cedures for moni	toring the use of grant	funds in the United	d States.			
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organizations in the United States. Complete if the organization is needed.	lovernments an 5,000. Part II can	d Organizations in the	e United States. C	omplete if the orga	anization answered "Y	nization answered "Yes" to Form 990, Part IV, line 21, for any	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Choose Outdoors			74.250.	0			Capitol Xmas Tree
		Ad (
			300	0.			Wildlife protection.
DePaul University			800.	0.			Ed Melillo auction
			# A	0.			NPLCC Transboundary work,
Wilderness Awareness School			5,000.	0			Suppport for Wilderness
Okanogan Land Trust			15 111	0			Stewardship fee for
	government org	anizations listed in the	line 1 table	<			Gotham,
3 Enter total number of other organizations listed in the line 1 table	sted in the line 1	table					
LIA FOR Paperwork Heduction Act Notice, see the Instructions for Form 990.	ee the Instruction	ons for Form 980.					Schodule I (Ecom pop) (2012)

Schedule I (Form 990) (2013)

Schedule I (Form 990) Conservation Northwest Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Conservation Northwest	West vernments and Orga	nizations in the U	nited States (Sche	dule I (Form 990), Pa		94-3091547 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Orianne Society))	•			
			1	c			Wildlie protection,
USDA Forest Service			3.430.	0			Crawfish Rd
							0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

Schedule I (Form 990)

Schedule I (Form 990) (2013) Conservation Northwest Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (a) Type of grant or assistance (b) Number of recipients (c) Amount of cash assistance (b) Amount of cash assistance (c) Amount of cash assistance (d) Amount of cash assistance (b) Number of cash assistance (b) Number of cash assistance (c) Amount of cash assistance (d) Amount of cash assistance (b) Number of cash assistance (b) Number of cash assistance (c) Amount of cash assistance (d) Amount of cash assistance (b) Number of cash assistance	orthwest nited States, Com (b) Number of recipients	plete if the organiz (c) Amount of cash grant	(d) Amount of non- cash assistance	to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other)	94-3091547 Page (f) Description of non-cash assistance
Part IV Supplemental Information. Provide the information rec					
Part I, Line 2:		and the second s	(b), and any other ad	duonal information.	
Explanation: Grants are disbursed	and monitored	y vd	the Board of	Directors.	

332102 10-29-13

46

Schedule I (Form 990) (2013)

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Conservation Northwest

Employer identification number 94-3091547

	arti Types of Property								•
		(a) Check if applicable	(b) Number of contributions or	Noncash con amounts repo	orted on	Method of	d) determ	nining amou	nts
1	Art - Works of art		items contributed	Form 990, Part	VIII, line 1g				
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous				11/7				
13	Qualified conservation contribution -		(6)	((
	Historic structures				- 11				
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (Auction Items)	Х	215	74.	628.	Fair Market	- 772	1110	
26	Other (Land)	Х	1	69.	513.	Appraisal	- va	.Tue	
27	Other ▶ (Supplies)	X	1		861.	Fair Market	772	1,10	
28	Other (CALL MALINE	<u> </u>	Tue	
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ntributions	<u> </u>				
	for which the organization completed Form 828	3, Part IV, D	onee Acknowledge	ement	29				
								Yes	No
30a	During the year, did the organization receive by	contribution	any property repo	orted in Part I, line	s 1 - 28, th	at it must hold for			140
	at least three years from the date of the initial c	ontribution, a	and which is not re	quired to be use	d for exem	ot numoses for			1
	the entire holding period?	****************		-			30a		x
D	ii res, describe the arrangement in Part II.								
31	Does the organization have a gift acceptance pe	olicy that req	uires the review of	any non-standa	rd contribut	tions?	31		X
32a	Does the organization hire or use third parties o	r related orga	anizations to solici	t, process, or sell	noncash	***************************************	0.		42
	contributions?	-					32a		X
b	If "Yes," describe in Part II.					*********************	UZ.G	$\neg \neg$	-43
33	If the organization did not report an amount in c	olumn (c) for	a type of property	for which colum	n (a) is che	cked.			
	describe in Part II.				(-)	- ,			
LHA	For Paperwork Reduction Act Notice, see to	he Instructio	ons for Form 990.			Schedule M	(Form	990) (2013)

Schedule M	(Form 990) (2013) Conservation Northwest	94-3091547	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a conthis part for any additional information.	3, and whether the organization of both. Also com	tion plete
·			
-			

332142 09-03-13

Schedule M (Form 990) (2013)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990,

Inspection **Employer identification number**

Conservation Northwest	94-3091547
Form 990, Part I, Line 1, Description of Organization Mis	
Rockies: Vital to a healthy future for us, our children as	nd wildlife.
Form 990, Part III, Line 4a, Program Service Accomplishmen	nts:
Columbia Highlands Initiative. Launched the Coast of Case	cades Grizzly
Bear Initiative, a collaborative effort to stem the ongoing	ng loss of
grizzly bears and to promote their recovery in the transbo	oundary
ecosystems of southwest British Columbia and Washington Ca	ascades.
Form 990, Part VI, Section B, line 11:	
Explanation: A copy of Form 990 was provided to each member	er of the Board of
Directors prior to its filing.	
Form 990, Part VI, Section B, Line 12c:	
Explanation: Directors annually read and sign a disclosure	statement.
Form 990, Part VI, Section B, Line 15:	
Explanation: CNW uses salary scales provided by King Count	y, UW, and TREC
surveys for the executive director, and key employees.	
Form 990, Part VI, Section C, Line 19:	
Explanation: The Organization makes its financial statemen	ts available on
its website. All other documents are availalbe to the pub	lic upon request.
Form 990, Part IX, Line 11g, Other Fees:	
Other fees for services.	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization Conservation Northwest	Employer identification number 94-3091547
Program service expenses	
Management and general expenses	
Fundraising expenses	7,550.
Total expenses	245,037.
Total Other Fees on Form 990, Part IX, line 11g, Col A	245,037.
Form 990, Part XII, Line 2c:	
Explanation: Conservation Northwest has a volunteer Finan	
that oversees the audit function. The process has not ch	
the prior year.	anged Since
COPY	/

4 5

Form 990-T	Exempt Organization Business Income Tax	Return	OMB No. 1545-0687	
	(and proxy tax under section 6033(e))			
	For calendar year 2013 or other tax year beginning APR 1, 2013, and ending MAR 3	1, 2014	2013	
Department of the Treasury Internal Revenue Service	■ Information about Form 990-T and its instructions is available at www.irs.gov/fr	orm990t.	2010	
A Check box if	Do not enter SSN numbers on this form as it may be made public if your organization		Open to Public Inspection 501(c)(3) Organizations C	n for Only
address changed	Name of organization (Check box if name changed and see instructions.)	1 (Employer identification numbe Employees' trust, see	ST.
B Exempt under section	Print Conservation Northwest	l i	nstructions.)	
X 501(c)(3)	Or Number street and room or suite no. If a D.O. box see instructions	151	94-3091547 Invelated business activity co	
408(e) 220(e)	1208 Bay Street	É	See instructions.)	des
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code			
529(a)	Bellingham, WA 98225	5:	31120 5418	0.0
C Book value of all assets at end of year		5.	31120 5418	<u> </u>
1,121,192.	G Check organization type X 501(c) corporation 501(c) trust	401(a) trust	Other trust	
H Describe the organization	n's primary unrelated business activity. > Sub-rent of excess office	0 00000	Outer trust	
I During the tax year, was	the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No	
ir yes, enter the name a	and identifying number of the parent corporation.			
Part I Unrelated	Conservation Northwest Telephone nu	mber ► 360	671-9950	
	Trade or Business Income (A) Income	(B) Expenses	(C) Net	
1a Gross receipts or sale: b Less returns and allow				
3 Gross profit. Subtract	chedule A, line 7) 2 3,000.			
			<540	<u>).</u> >
b Net gain (loss) (Form	e (attach Form 8949 and Schedule D) 4a			
c Capital loss deduction	4797, Part II, line 17) (attach Form 4797) 4b			
5 Income (loss) from na	for trusts 4c			
6 Rent income (Schedule	rtnerships and S corporations (attach statement) 5			
7 Unrelated deht-finance	e C) 6	<u> </u>		
8 Interest annuities rov	allian and sout the second sec			
9 Investment income of	504(A)(3) (0)			
10 Exploited exempt activi				
11 Advertising income (Sc				_
12 Other income (See inst	ructions; attach schedule.) 11 12			_
13 Total. Combine lines 3	3 through 12 13 <540.>			_
Part II Deduction	ns Not Taken Elsewhere (See instructions for limitations on deductions)		<540	<u>.</u> >
(Except for co	ontributions, deductions must be directly connected with the unrelated business incom	ne.)		
14 Compensation of offic	ers, directors, and trustees (Schedule K)	44	T	
15 Salaries and wages		14		_
16 Repairs and maintena	nce	16		_
17 Bad debts	ulo	17		_
in increat (attach scried)	uic)	10		_
19 Tayes and incenses		1 40		_
co ona habie continuitor	is (see itish actions for inhitation rules.)	20		_
z i Depreciation (attach Fo	orm 4562)			_
22 Less depreciation clain	ned on Schedule A and elsewhere on return	22b		
28 Depletion		22		_
- Court manners to delett	ed compensation plans	24		_
rubiosee neticiti bi odi	14115	25		
rveces evenifit exhens	es (ocheuns 1)	96		_
TVC622 Leaner 2111h CO21	is (Schedule 1)	97		_
onioi dedoctions (attat	on scriedule)	1 20		_
.a rotal deductions, A	add lines 14 through 28	90	0.	-
On elated pusiness tax	able income before net operating loss deduction. Subtract line 29 from line 13	20	<540.	
Net operating loss dedi	uction (limited to the amount on line 30)	94		_
Z Unitaleu pusiness laga	able income before specific deduction. Subtract line 31 from line 30	99	<540.	>
a shering acondition (get	nerally \$1,000, but see instructions for exceptions,)	22	1,000.	
TO DISTRIBUTE OF TAX	RADICE INCOME. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of ze	ero or		-
23701 LHA For Bases	pade Deduction Ask Nettern and Language	34	<540.	
2-12-13 LHA FOR Papen	work Reduction Act Notice, see instructions.		Form 990-T (2013)

	990-T (COMBETVALI	Lon No	rthwest					94-	30	915	47		Page 2
	35 (Organizations Taxable as Corpo	orations. See	instructions for tax	x comp	utation.								
	(Controlled group members (sect	tions 1561 ar	id 1563) check her	e 🕨 L	See instruc	tions and:					1		
	a E	nter your share of the \$50,000,	, \$ 25,000, an	d \$9,925,000 taxab	le incor	ne brackets (in t	hat order):							
	-	1) \$	(2) \$			(3) \$	_				1			
	b E	inter organization's share of: (1)) Additional 5	% tax (not more th	an \$11,	750) \$			ĺ		İ			
	(1	2) Additional 3% tax (not more	than \$100,00	00)		I.S.			Í			1		
	C II	ncome tax on the amount on line	e 34						ı		950			
	6 T	rusts Taxable at Trust Rates. S	See instructio	ns for tax computa	tion. Inc	ome tax on the	amount on li	no 24 fm			35c	+		0.
		Tax rate schedule or	Schedule I) (Form 1041)		OTHO LESS OF LINE	arnount on III	16 04 111	om.			1		
3	7 P	roxy tax. See instructions						• • • • • • • • • • • • • • • • • • • •			36			
3	8 A	Iternative minimum tax	***************************************		•••••			••••••			37			
3	9 T	Iternative minimum tax	250 or 26 u	diaharas aastas					***************************************	•••••	38			
	t IV	otal. Add lines 37 and 38 to line Tax and Payments	300 01 30, W	micriever applies							39			0.
				440-1 1 11 1-										
	b A	oreign tax credit (corporations a	Illach Form 1	118; trusts attach F	orm 11	16)	40	a						
	b 0	ther credits (see instructions)					401							
	C (d)	eneral business credit. Attach Fo	orm 3800 🔣				40:				7	1		
	u G	east for brior year minimum tax	(attach Form	18801 or 8827)			404				7	i i		
	e IC	July Credits. Add lines 40a throu	ugh 40d			****					40e			
4	1 Sı	ıbtract line 40e from line <u>39</u>	· · · · · · · · · · · · · · · · · · ·					********			41			0.
4:	2 Ot	ibtract line 40e from line 39 her taxes. Check if from: F	Form 4255 [Form 8611 [For	m 8697 🔲 F	orm 8866 T	T) O#h	IRE (attach cohor	dude)	42			0.
4) IU	IDULIDAX, AOO IIDES 41 ANO 42						ou.	ioi (attacii acriac	aulej		-		
4	la Pa	lyments: A 2012 overpayment of 113 estimated tax payments	credited to 20	113			-448				43	 		0.
	b 20	13 estimated tax payments					44b	_			1			
	c Ta	x deposited with Form 8868	• • • • • • • • • • • • • • • • • • • •		, T			_			-			
	d Fo	reign organizations; Tax paid or	withheld at s	nurce (see instruct	ione)		44c	_						
	e Ba	ckup withholding (see instruction	nne)	000 00 (300 11130 001	(פווטו		44d					i		
	f Cri	edit for small employer health in	PEUPARAA REA	niuma (Attack Fa			44e	_				1		
	a Ott	edit for small employer health in ner credits and payments:	isurance prei	IIIUMS (Allach Forn	n 8941)	***************************************	44f							
				Form 2439										
45	Tot	normante Add Gas 44-44		J Ouler		Inta	440							
	Fot	tal payments. Add lines 44a thre	ougn 44g		• • • • • • • • • • • • • • • • • • • •						45	ı		
46		mingroon any housing / acc man first	JUNS). CHECK	II FULIR ZZZU IS ATTA	acned I						46			
47	1 67	r une. Il illie 40 is less man me i	total of lines	43 and 46. enter an	nount o	wed					47			0.
48	OAI	erpayment. II nne 45 is arger to	nan the total (of lines 43 and 46, i	enter an	nount overnaid					48			0.
49	LIII	er une arribulit di lille 48 you wa	ant Gredited	to 2014 estimated	tav l				Andrew death		49			0.
Part		Statements Regardi	ng Certa	in Activities	and (Other Inform	nation (se	e insti	ructions)					
1 A	any ti	me during the 2013 calendar ye	ear, did the o	ganization have an	interes	t in or a signatur	e or other au	thority (over a financis	al acc	ount (h	ank	Tva	N-
SE	curitie	es, or other) in a foreign country	/? If YES, the	organization may h	nave to	file Form TD F 90	1-22 1 Reno	rt of For	einn Rank and	d Eina	noial	arın,	Yes	No
AI	:comm	S. IT YES enter the name of the	foreign cour	tor have				COLLO	orgin Dank and	a 1 11180	HGIAN			-
2 Dt	ring the ES, se	e tax year, did the organization receive e instructions for other forms the orga	e a distribution anization may h	from, or was it the gra	ntor of, o	r transferor to, a for	eign trust?						-	<u>X</u>
<u>3 Er</u>	ter the	e amount of tax-exempt interest	treceived or a	accrued during the	tav vaai	· · · · · · ·			***************************************			•••••	\vdash	X
Sche	dule	A - Cost of Goods S	old. Enter	method of inven	lorv va	luation > 1	N/A							
1 In	entor/	y at beginning of year	1	0.		nventory at end	,							
	rchas		2		1		- ,,,,,,			-	6			0.
3 Co	st of l	abor	3			Cost of goods so								
		section 263A costs (att. schedule)				rom line 5. Enter				L	7		3,00	00.
		sts (attach schedule)	4a	2 000		Do the rules of se							Yes	No
		dd lines 1 through 4b	4b	3,000.		property produce		d for res	sale) apply to					
<u> </u>	- 1	Inder penalties of periup. I dealers the	5	3,000.		he organization?								
ign	0	Inder penalties of perjury, I declare the orrect, and complete. Declaration of p	preparer (other i	ned this return, includi han taxpayer) is based	ng accon I on all in	panying schedules	and statement	ts, and to	the best of my	knowk	edge and	1 belief, it is	true,	
lere		-Ma-1		1.10/	, .				_	May	the IRS	discuss this	o rokum vić	1
		Singsture of officer		10/17	114	Execu	tive :	Dire	ector			shown belo		in
		Signature of officer		Date '		Title					uctions)			No
		Print/Type preparer's name		Preparer's sign	ature	<u> </u>	Date		Check	if	PTIN			140
Paid		Mi in	1	1	11/1	/		1	self- employ		""			
Prepa	arer	Michael R-Sa	nders	Meel	UFA	13	10-13-	14	-en omproy	Vu	חם	1354	QEA	
Use (Firm's name ► Sander	rs & S	anders C	PAs	PS			Firm's EIN	_		-175		
'				ndon Road					THINSEIN		<u> </u>	<u>-1/2</u>	3 T Q 3	
		Firm's address ▶ Beli	fair	WA 98528	-				Dhara	20	0 0	75 ^	001	
				77747					Phone no.	20	<u>U 4</u>	15-0	777	

323711 12-12-13

Form 990-T (2013) Conse Schedule C - Rent In	ervati come (on Nort	thwes Prope	rtv an	d Persona	l Proper	tv i eas	94-3	091 Prop	547 Page
Description of property						Порог	ty Louis	od With Real	гюр	er (y) (see man actions)
(1)										
(2)										
(3)										
(4)										
		2. Rent receive	ed or accrue	ad .						
(a) From personal proper rent for personal proper 10% but not more	erty is more ti	entage of	(b) F	From real a	nd personal property	exceeds 50%	centage or if	3(a) Deductions of columns	lirectly co 2(a) and 2	onnected with the income in 2(b) (attach schedule)
(1)				Tue ten	t is based on pro	nt or income)				
(2)										
_(3)										
(4)										
Total		0.	Total				0.			
(c) Total income. Add totals of there and on page 1, Part I, line (6. column (a	A)				-	0.	(b) Total deduction Enter here and on pag Part I, line 6, column (6	e 1,	
Schedule E - Unrelate	ed Debt	-Financed	Incom	e (see i	nstructions)		<u> </u>	raiti, iiie o, column (i	2)	0,
					2. Gross in	noomo from		3. Deductions directi	y connec	ted with or allocable
1. Description	of debt-finan	oed property			or allocab	le to debt-	(a)	Straight line depreciation		(b) Other deductions
·					inanced	l property		(attach schedule)	.	(attach schedule)
(1)										
(2)										
(3)										
(4)							+		_	
 Amount of average acquisiti debt on or allocable to debt-finar property (attach schedule) 	on	debt-financ	djusted bas ocable to ced property schedule)		6. Column by coli		0/7	7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				- (1	- (()		₩/_			
(2)						%				
(3)						<u> </u>				
(4)				-		%				
(1)						%			_	
T							Ent Pa	ter here and on page 1, art I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
Totals							-		0.	0.
Total dividends-received deduc	tions inclu	ded in column 8	<u></u>							
Schedule F - Interest,	Annuiti	es, Royaltı	es, and	d Ren	ts From C	ontrolle	d Organ	izations (see i	nstruct	ions)
				Exempt	Controlled C	rganization	ns			
Name of controlled organize	tion	2, Employer ident number			3. elated income e instructions)	Total of	4. specified nts made	Part of column included in the conorganization's gross	itrollina l	6. Deductions directly connected with income in column 5
(1)										
(2)								 		
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income		unrelated income (I see instructions)	oss)	9. Total	of specified payr made	ments 1	in the contro	umn 9 that is included diling organization's ss income	11. c	Deductions directly connected ith income in column 10
(1)										
(2)										
(3)										
			+							
(4)										
							Enter here an	mns 5 and 10. d on page 1, Part i, column (A).		Add columns 6 and 11. here and on page 1, Part I, line 8, column (B).
otais							,	, ,		
23721 12-12-13			***************************************					0.		Form 990-T (2013)

Schedule G - Investm (see ins	structions)	Section 50	л(с)(/), (9), ог ([.]	17) Orga	anization			
1. Des	scription of income		2. Amount of in	come	3. Deductions directly connected	T	4. Set-asides (attach schedule)	5. Total deduction and set-asides
(1)					(attach schedule)	+-	(dissolitorately)	(col. 3 plus col. 4
(2)								
(3)						+-		
(4)								
			Enter here and on					Enter here and on pag
Totals			Part I, line 9, colu	nn (A).				Part I, line 9, column (
**********************			▶	0.				
Schedule I - Exploited (see instri	Exempt Activity uctions)	/ Income, (Other Than Adv	ertising	Income			
		0	4. Net income					
1. Description of exploited activity	Gross unrelated business income from trade or business	3. Expense directly connect with production of unrelated	ted from unrelated to business (column minus column 3	ade or inn 2	5. Gross income from activity that is not unrelated		6. Expenses attributable to	7. Excess exempt expenses (column 6 minus column 5,
	under of odditions	business inco	me gain, compute c through 7.	ols.5	business income		column 5	but not more than column 4).
(1)						+-		
(2)				+-		+		
(3)						+-		+
(4)						-		-
	Enter here and on	Enter here and				1		Enter here and
	page 1, Part I, line 10, col. (A).	page 1, Part I line 10, col. (B						on page 1.
fotals	0.	•	0.					Part II, line 26.
Schedule J - Advertisi	ng Income (see in	astructions)						0
Part I Income From I	Periodicals Repo	orted on a	Consolidated B	asis				
	•			4010				
1. Name of periodical	2. Gross advertising income	3. Dire		minus compute	5. Circulation income	6	. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more
(1)			9/3,5 4/100		7			than column 4).
(2)		-			9 17			
(3)			\			ļ		
(4)								
	<u> </u>					<u> </u>		
otals (carry to Part II, line (5))	▶		0.	- 1				
Part II Income From F	Periodicals Repo	rted on a S	Senarate Basis	(For each				0
columns 2 through 7	7 on a line-by-line bas	is.)	beharate basis	(For each	periodical listed	in P	art II, fill in	
	2. Gross	3. Direc	4. Advertising	gain	F	_		7. Excess readership
Name of periodical	advertising income	advertising	costs col. 3). If a gain, o	ompute	5. Circulation income	0.	Readership costs	costs (column 6 minus column 5, but not more
1)			cols, 5 throug	n /.				than column 4).
2)		-						
3)				·				
4)		+						
tals from Part I	0		0.					0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Par line 11, col.	tl,					Enter here and on page 1, Part II, line 27.
tals, Part II (lines 1-5) chedule K - Compensa	. ► ()	Director	0.					0.
oriedate iz - Compense	audii di Onicers	, Directors	, and I rustees	see instru				
1. Nar	ne		2. Title		3. Percent time devoted business	d to	4. Compens to unrela	ation attributable ted business
)						%		
2)						%		
)						%		
)				- · · · ·		%		
al. Enter here and on page 1, Par	t II, line 14							0.
731							F	orm 990-T (2013)
12-13							-	(=010)

Form 990-T Cost of Goods Sold - Other Costs	Statement 1
Description	Amount
Rent Printing and publishing	3,000.
Total to Form 990-T, Schedule A, line 4b	3,000.



Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868.

		_						
• If you a	tre filing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box	********		X		
• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	ktension,	complete only Part II (on page 2 of t	his form	1).			
Do not co	omplete Part II unless you have already been granted	an autom	atic 3-month extension on a previous	ly filed F	Form 8868.			
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need	a 3-month automatic extension of time	ne to file	(6 months for a corp	oration		
required t	o file Form 990-T), or an additional (not automatic) 3-mc	onth exten	sion of time. You can electronically fil	le Form	8868 to request an e	xtension		
of time to	file any of the forms listed in Part I or Part II with the ex	ception o	f Form 8870, Information Return for T	ransfers	S Associated With Ce	rtain		
Personal	Benefit Contracts, which must be sent to the IRS in par	per format	(see instructions). For more details o	n the ek	ectronic filing of this	form,		
	irs.gov/efile and click on e-file for Charities & Nonprofits							
Part I	Automatic 3-Month Extension of Time							
	tion required to file Form 990-T and requesting an auto							
Part I only								
All other of	orporations (including 1120-C filers), partnerships, REM one tax returns.	IICs, and i	trusts must use Form 7004 to request	t an exte	ension of time			
				Enter filer's identifying number				
Type or	Name of exempt organization or other filer, see instru	ictions.		Employer identification number (EIN) or				
print	Commenced to the state of the s							
File by the	Conservation Northwest			94-3091547				
due date for filing your	Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.	Social s)			
return. See	1208 Bay Street							
instructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	lress, see instructions.					
	Bellingham, WA 98225							
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Application	on .	Return	Application			Return		
ls For		Code	Is For			Code		
Form 990 or Form 990-EZ			Form 990-T (corporation)			07		
Form 990-BL			Form 1041-A					
Form 4720 (individual)			Form 4720 (other than individual)					
Form 990-PF			Form 5227	10				
	Γ (sec. 401(a) or 408(a) trust)	05	Form 6069		11			
-orm 990-	(trust other than above)	06	Form 8870	12				
	Conservation No							
	oks are in the care of 1208 Bay Street	: - Be	ellingham, WA 98225	<u> </u>				
	ne No. ► <u>360 671-9950</u>		Fax No.					
If the or	ganization does not have an office or place of business	in the Un	ited States, check this box					
IT THIS IS	for a Group Return, enter the organization's four digit (Group Exe	mption Number (GEN) If	this is fo	or the whole group, cl	neck this		
XX 🕨 L	. If it is for part of the group, check this box	and atta	ch a list with the names and EINs of a	all memb	pers the extension is	for.		
ા ireq	uest an automatic 3-month (6 months for a corporation	required t	o file Form 990-T) extension of time u	ntil				
	November 15, 2014, to file the exempt	organizat	ion return for the organization named	above.	The extension			
IS TO	the organization's return for:							
	calendar year or							
	tax year beginning <u>APR 1, 2013</u>	, and	d ending <u>MAR 31, 2014</u>		<u>01</u>			
2 If the	described antoned in the difference than do not be							
2 11 11 16	tax year entered in line 1 is for less than 12 months, ch	ieck reasc	on: Initial return Fi	nal retur	m			
On If this	Change in accounting period							
	application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any					
	efundable credits. See instructions.			3a	\$	0.		
	application is for Forms 990-PF, 990-T, 4720, or 6069,					_		
	ated tax payments made. Include any prior year overpa			3b	\$	0.		
	nce due. Subtract line 3b from line 3a. Include your pay					_		
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ 0 aution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment seems and the second seco								
structions). Journal of the make an electronic funds withdrawal (uirect deb	with this Form 8868, see Form 845	ාර-EO ar	nd Form 8879-EO for	payment		
	<u> </u>							

LHA 323841 12-31-13 For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2014)

Unrelated Business Income

CARRYOVER DATA TO 2014

Name Conservation Northwest Employer Identific 94-3091							ation Number		
Based on the infor	mation pro	ovided with this retur	n, the following as	re possible carry	yover amounts t	next year.			
		perating L						54	0.
Federal A	MT N∈	et Operati	ng Loss					1,02	<u>7.</u>
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