Form 990
Department of the Treasury

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



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

Α	For the	e 2010 calendar year, or tax year beginning ${ m APR}1$, 2010 and ending	<u>M</u> AR 31, 2011						
B	Check if applicabl	C Name of organization D Employer identification number							
	Addre chang	CONSERVATION NORTHWEST							
	Name Chang		94-3091547						
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s							
	Termir ated								
X	Amenoreturn		G Gross receipts \$	2,188,098.					
		^{a-} BELLINGHAM, WA 98225	H(a) Is this a group r						
	pendir	F Name and address of principal officer: MITCH FRIEDMAN for affiliates?							
		SAME AS C ABOVE	H(b) Are all affiliates in						
1	Tax-exe	empt status: 🚺 501(c)(3) 🛄 501(c) () ◀ (insert no.) 🛄 4947(a)(1) or 🛄		a list. (see instructions)					
		te: CONSERVATIONNW.ORG	H(c) Group exemption						
ĸ	Form of	organization: X Corporation Trust Association Other ► L		M State of legal domicile: WA					
Pa		Summary							
	1	Briefly describe the organization's mission or most significant activities: FOCUS RE	SOURCES ON EN	VIRONMENTAL					
Activities & Governance		PROTECTION ISSUES.							
sr né	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of I	nore than 25% of its net a	ssets.					
0 Ne	3	Number of voting members of the governing body (Part VI, line 1a)		13					
ত		Number of independent voting members of the governing body (Part VI, line 1b)		13					
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	20					
iviti	6	Total number of volunteers (estimate if necessary)	6	100					
Acti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12							
_	b	Net unrelated business taxable income from Form 990-T, line 34		0.					
			Prior Year	Current Year					
e	8	Contributions and grants (Part VIII, line 1h)	1,774,809.						
Revenue	9	Program service revenue (Part VIII, line 2g)	0.						
Bev		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,202.	<870.>					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,849.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,792,860.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.						
		Benefits paid to or for members (Part IX, column (A), line 4)	0.						
ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	985,465.						
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 277, 392.	712 040	751 110					
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	713,849. 1,699,314.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	93,546.						
	19	Revenue less expenses. Subtract line 18 from line 12							
ts o			Beginning of Current Year 1,063,632.	End of Year 1,326,270.					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	87,781.						
let ∕ ind	21	Total liabilities (Part X, line 26)	975,851.	,					
	art II	Net assets or fund balances. Subtract line 21 from line 20		1,204,1/3.					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and st	atements and to the hest of n	w knowledge and belief it is					
UIIU	iei hella	nices of perjury, i declare that i have examined this return, including accompanying schedules and st	מופווופוונס, מווע נט נוופ שפטנ טו וו	iy kilowleuye allu bellel, il is					

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MITCH FRIEDMAN, EXECUT Type or print name and title	IVE DIRECTOR	Date	3			
Paid	Print/Type preparer's name JACK W. CURNOW	Preparer's signature	Date	Check PTIN if self-employed			
Preparer	Firm's name 🕨 CURNOW & CURNOW,	PLLC	Firm	n's EIN 🕨			
Use Only	Firm's address 🕨 1720 IOWA ST						
	BELLINGHAM, WA 9	8229-4702	Pho	ne no. 360-676-6655			
May the IF	May the IRS discuss this return with the preparer shown above? (see instructions)						
032001 02-2	D32001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)						

Form	1 990 (2010) CONSERVATION NORTHWEST	94-3091547	Page 2
Ра	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	<u></u>	<u> L </u>
1	Briefly describe the organization's mission: <u>CONSERVATION NORTHWEST PROTECTS AND CONNECTS OLD-GROWT</u>		
	OTHER WILD AREAS FROM THE WASHINGTON COAST TO THE BC R	OCKIES: VITAL	то
	A HEALTHY FUTURE FOR US, OUR CHILDREN, AND WILDLIFE.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 000 or 000 FZ2	Vec	XNo
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service		XNo
Ū	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	-	
4a	(Code:) (Expenses \$ 1,370,766. including grants of \$ 75,851.))
	WE CONTINTUED TO WORK FOR AND SECURE CONSERVATION EASE		
	COLUMBIA HIGHLANDS; AN AREA IN NORTHEAST WASHINGTON WH		
	WORKING IN PARTNERSHIP WITH TIMBER INDUSTRY LEADERS, P		
	LANDOWNERS, SMALL BUSINESS OWNERS, PUBLIC AGENCIES, CO		
	RECREATION GROUPS, AND COMMUNITY LEADERS TO CONSERVE T OF WILDLIFE HABITAT ON BOTH PUBLIC AND PRIVATE LANDS.	HOUSANDS OF A	CRES
	OF WILDLIFE HABITAT ON BOTH POBLIC AND PRIVATE LANDS.		
4b		(Revenue \$)
	WE CONTINUE TO PROTECT OLD-GROWTH FORESTS ON STATE AND		
	AND FOCUS THE FOREST SERVICE ON PRACTICES THAT RESTORE PLANTATIONS WHILE GENERATING SOCIAL BENEFITS.	HABITAT VALU	E TO
	PLANTATIONS WHILE GENERATING SOCIAL BENEFITS.		
4c	(Code:) (Expenses \$including grants of \$) WE MADE STRIDES TO HELP WOLVES GAIN ACCEPTANCE AROUND)
	HELPED DESIGN A STATE WOLF PLAN WHICH WAS ADOPTED BY T		
	FISH AND WILDLIFE COMMISSION. WE HOSTED A STANDING ROO		ORUM
	IN SEATTLE, AND OTHER EVENTS IN ELLENSBURG, YAKIMA, WE		
	BC, FEDERAL WAY, BELLINGHAM, AND NORTH BEND. OUR EXPER	=	
	FOR A GREAT EXHIBIT AT THE BURKE MUSEUM. FINALLY, OUR	WOLF PROGRAM	
	DIRECTOR JASMINE MINBASHIAN HELPED FILM A BBC SPECIAL	ON THE RETURN	OF
	WOLVES. BE ON THE LOOKOUT FOR IT ON THE DISCOVERY CHAN	INEL IN SPRING	
	2012.		
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 1,370,766.)	
		Form 9 9	90 (2010)

	990 (2010) CONSERVATION NORTHWEST 94-3092	1547
Pa	t IV Checklist of Required Schedules	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	
	If "Yes," complete Schedule A	1
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	
	public office? If "Yes," complete Schedule C, Part I	3
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	
	during the tax year? If "Yes," complete Schedule C, Part II	4
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	
	Schedule D, Part III	8
9	Did the organization report an amount in Part X, line 21; 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	9
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	
	If "Yes," complete Schedule D, Part V	10
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	
	as applicable.	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	
	Part VI	11a
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	11b
С	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	11c
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 IX	11d
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-
L	Schedule D, Parts XI, XII, and XIII	12a
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b 13
13 14a		13 14a
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	148
b	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 "
10	1c and 8a? If "Yes," complete Schedule G, Part II	18
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	
	complete Schedule G, Part III	19

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

operate one or more hospitals must attach audited financial statements (see instructions)

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that

Page 3

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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete	07		x
00	Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
U		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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Pa						
	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	20			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	anization solicit			
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute		-			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?					X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required					
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e		L
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1	1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	1			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			46		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	I			X
				14a	<u> </u>	<u> </u>
a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	чU		14b	1	1

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X Own website

CONSERVATION NORTHWEST Form 990 (2010) Part VI Check if Schedule O contains a response to any question 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 1a **b** Enter the number of voting members included in line 1a, above, who are independent 1h 2 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? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 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? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons?..... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the 9 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 Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a 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. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization h If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for 18 public inspection. Indicate how you make these available. Check all that apply.

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Governance, N	lanagement, and	Disclosure For each	h "Yes" r	esponse to lines 2	through 7b below,	and for a "N	o" response
to line 8a, 8b, or 10l	b below, describe the c	ircumstances, process	es, or ch	anges in Schedule	O. See instruction	S.	

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No Х

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Yes

19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial
	statements available to the public.

20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
	THE ORGANIZATION - (360)671-9950
	1208 BAY STREET NO 201 BELLINGHAM WA 98225

X Upon request

Another's website

Page 6

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7a

7b

8a

8b

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10a

10b

11a

12a

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Yes

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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
1a Complet	e 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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.

L Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)		(D)	(E)	(F)			
Name and Title	Average hours per	(cl		Pos < all 1		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for		the	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
HEIDI WILLS PRESIDENT	1.00	x		x			0.	0.	0.
MICHEL GIRARD									
VICE PRESIDENT	1.00	x		X			0.	0.	0.
JENNIFER MERKEL									
SECRETARY	1.00	x		х			0.	0.	0.
BILL DONNELLY									
TREASURER	1.00	Х		Х			0.	0.	0.
EMILY BARNETT									
DIRECTOR	1.00	Х					0.	0.	0.
TOM CAMPION									
DIRECTOR	1.00	х					0.	0.	0.
HILARY FRANZ									
DIRECTOR	1.00	Х					0.	0.	0.
RON JUDD	1 00								0
DIRECTOR	1.00	X					0.	0.	0.
ALEXANDRA LOEB	1.00	x					0.	0.	0.
DIRECTOR JOHN MAGOTEAUX	1.00	<u> </u>					0.	0.	0.
DIRECTOR	1.00	x					0.	0.	0.
PEGGY PRINTZ									
DIRECTOR	1.00	Х					0.	0.	0.
FLOYD ROGERS									
DIRECTOR	1.00	X					0.	0.	0.
MITCH FRIEDMAN									
EXECUTIVE DIRECTOR	40.00			X			83,302.	0.	0.

Form 990 (2010) CONSERVA	TION NO	RTI	IWE	SS	C				94-3	091	547	Pa	ge 8
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
(A) Name and title	(B) Average			(C Pos	itior			(D) Reportable	(E) Reportable		Es	(F) timated	b
	hours per week (describe hours for related organizations in Schedule O)	stee or director	Institutional trustee	Officer Officer	that Key employee	Highest compensated de employee	-	compensation from the organization (W-2/1099-MISC)	compensatic from relatec organization (W-2/1099-MIS	l s	com fro orga and	iount c other oensat om the anizatio I relate nizatio	ion on ed
1b Sub-total		<u> </u>						83,302.		0.			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A					Z		0. 83,302.		0.			0.
2 Total number of individuals (including but r						e) wl	no re),000 in reportabl	-			0
compensation from the organization			7							r		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s								nighest compensated er			3		х
4 For any individual listed on line 1a, is the su and related organizations greater than \$15		le co	ompe	ensa	atior	n and	d otl	her compensation from	the organization		4		x
 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," corr</i> 	accrue compe	nsat	ion f	rom	any	/ uni	elat	ed organization or indiv	idual for services				x
Section B. Independent Contractors		01	01 30		pers	5011					5		
1 Complete this table for your five highest co the organization. NONE	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of con	npens	ation f	rom	
(A) Name and business	address							(B) Description of s	ervices	С	(C omper	;) nsation	I
2 Total number of independent contractors (ncluding but n	ot li	miter	d to	tho	se li	sted	above) who received m	ore than				
2 Total humber of independent contractors (•	III	me	u 10		0							

2	I otal number of independent contractors (includir	ng but no	t limited to those	listed above)
	\$100,000 in compensation from the organization		0	

Form 990 (20			CONSERV
Part VIII	State	ement of	Revenue

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			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue excluded fror
				exempt function revenue	business revenue	tax under sections 512 513, or 514
1 a	Federated campaigns 1a					
1 a b c d e f						
c	Fundraising events 1c	20,485.				
d	Related organizations 11					
e	Government grants (contributions) 1e					
f	All other contributions, gifts, grants, and					
	similar amounts not included above If 2 , 0	65,055.				
g	Noncash contributions included in lines 1a-1f: \$	99,872.				
h h	Total. Add lines 1a-1f	►	2,085,540.			
	В	usiness Code				
2 a						
b						
c						
d						
2 a b c d e						
f	All other program service revenue					
g	Total. Add lines 2a-2f					
3	Investment income (including dividends, interest					
	other similar amounts)	►	1,014.	1,014.		
4	Income from investment of tax-exempt bond pro	ceeds 🕨				
5	Royalties	►	414.	414.		
	(i) Real	(ii) Personal				
6 a	Gross Rents					
b						
c	Rental income or (loss) 5,142.					
d	Net rental income or (loss)		5,142.	5,142.		
7 a	Gross amount from sales of (i) Securities	(ii) Other				
	assets other than inventory 20,000.					
b	Less: cost or other basis					
	and sales expenses					
c	Gain or (loss) <1,884.>					
	Net gain or (loss)		<1,884.	> <1,884.	>	
	Gross income from fundraising events (not including \$ 20,485. of					
	contributions reported on line 1c). See					
		73,901.				
Ь		89,896.				
	· · · · · · · · · · · · · · · · · · ·	>	<15,995.	>		<15,99
	Gross income from gaming activities. See		-			
_	Part IV, line 19 a					
b	Less: direct expenses b					
	Net income or (loss) from gaming activities	>				
	Gross sales of inventory, less returns					
	and allowances a					
b	Less: cost of goods sold b					
	Net income or (loss) from sales of inventory	•				
		usiness Code				
11 a		900099	2,117.	2,117.		
b		900099	<30.		>	
c b						1
d	All other revenue					1
e			2,087.			
1 e	Total revenue. See instructions.		2,076,318.	6,773.	0.	<15,99

	All other organizations must comp	olete column (A) but are		e columns (B), (C), and (D).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	83,301.	58,311.	4,165.	20,825.
~	trustees, and key employees	05,501.	J0,JII.	4,105.	20,023.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	A = A = A = A = A = A = A = A = A = A =				
7	Other salaries and wages	767,036.	538,367.	68,495.	160,174.
7 8	Pension plan contributions (include section 401(k)				
0	and section 403(b) employer contributions)	21,136.	14,821.	2,051.	4,264,
9	Other employee benefits	85,786.	61,958.	6,605.	<u>4,264</u> . 17,223.
10	Payroll taxes	79,625.	56,711.	6,451.	16,463.
11	Fees for services (non-employees):			•,-•=•	_ ,
''a	Management				
b	Legal	9,455.	9,455.		
	Accounting	7,756.		7,756.	
	Lobbying	2,700.	2,700.	,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	322,804.	283,553.	3,862.	35,389.
12	Advertising and promotion	11,338.	11,085.		253.
13	Office expenses	149,274.	72,524.	5,160.	71,590.
14	Information technology	24,764.	18,806.	2,750.	3,208.
15	Royalties				
16	Occupancy	106,579.	74,272.	11,445.	20,862.
17	Travel	44,852.	59,655.	<18,844.>	4,041.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,501.	2,970.		531.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20,785.	2,916.	17,869.	
23	Insurance	12,133.		12,133.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
_	amount, list line 24f expenses on Schedule 0.)	75,851.	75,851.		
a h	BANK FEES	10,737.	1,201.	683.	8,853.
b	DUES AND SUBSCRIPTIONS	3,065.	2,770.	159.	136.
c d	AWARDS	738.	555.	93.	90.
u e	SPECIAL EVENT ALLOCATIO	<89,896.			<89,896.
f	All other expenses	34,674.	22,285.	9,003.	3,386.
25	Total functional expenses. Add lines 1 through 24f	1,787,994.	1,370,766.	139,836.	277,392.
2 <u>5</u> 26	Joint costs. Check here if following SOP	, . ,	, ,	,	
_0	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
					E

CONSERVATION NORTHWEST

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r ai	ιΛ	Dalance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			705,495.	2	515,732.
	3	Pledges and grants receivable, net			92,682.	3	388,718.
	4	Accounts receivable, net			53,720.	4	24,655.
	5	Receivables from current and former officers, di					
		employees, and highest compensated employee		· •			
		of Schedule L		5			
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c)					
		employers and sponsoring organizations of sect		-			
		employees' beneficiary organizations (see instru				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			10,687.	8	24,172.
•	9	Prepaid expenses and deferred charges			15,150.	9	29,441.
	10a	Land, buildings, and equipment: cost or other					-
		basis. Complete Part VI of Schedule D	10a	277,666.			
	b	Less: accumulated depreciation	10b	90,459.	59,585.	10c	187,207.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			126,313.	15	156,345.
	16	Total assets. Add lines 1 through 15 (must equa			1,063,632.	16	1,326,270.
	17	Accounts payable and accrued expenses			87,781.	17	62,095.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability. Complete I				21	
abilities	22	Payables to current and former officers, director	s, truste	ees, key employees,			
abi		highest compensated employees, and disqualifi	ed pers	ons. Complete Part II			
5		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			87,781.	26	62,095.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
es		lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			767,613.	27	1,112,843.
Bal	28	Temporarily restricted net assets			208,238.	28	151,332.
na	29					29	
Ľ		Organizations that do not follow SFAS 117, cl	neck he	ere 🕨 🛄 and			
Net Assets or Fund Balances		complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
let	32	Retained earnings, endowment, accumulated in				32	
<	33	Total net assets or fund balances			975,851.	33	1,264,175.
	34	Total liabilities and net assets/fund balances			1,063,632.	34	1,326,270.

Form **990** (2010)

art X Balance Sheet

Form	990	(2010)

Par			1547	Paç	ge 12
	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,076		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,78		
3	Revenue less expenses. Subtract line 2 from line 1	3			24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	975	5,8	51.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,264	1,1	75.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	• O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?		_ 2b	Х	
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ie audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		_ 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	<u></u>	. 3b		
			Form 9	9 90 (2	2010)



032021	12-21-10

Total

		Comple	te il the organization is	a section	1 50 1(0)(3)	organiza	lion or a s	ection				
	of the Treasury		4947(a)(1) no							Open to Public		ic
Internal Reve			tach to Form 990 or Fo	rm 990-E	Z. 🕨 See	separate	instructio				ection	
Name of	the organizati		ATION NORTHW	EST				E		ridentificati 4-3091		mber
Part I	Reason		ity Status (All organiz		st complet	te this par	t.) See inst	tructions.				
The organ			because it is: (For lines 1									
1 🗂			s, or association of chur									
2			'0(b)(1)(A)(ii). (Attach Sc				(-/(-//-//-//-//-//-//-//-//-//-//-//-//					
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
•	city, and stat	-			1			(- <i>N</i> - <i>N</i> - <i>N</i> -	.,			-,
5			benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental un	it describ			
	-	(b)(1)(A)(iv). (Comple	-	,	i	,	5					
6			ent or governmental unit	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7		-	eives a substantial part of					or from the	e general	public desc	ribed i	n
		b)(1)(A)(vi). (Comple				9			9	[
8	-		section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X			eives: (1) more than 33 1			rom contri	butions. m	nembersh	ip fees. a	and aross re	ceipts	from
			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete						, ,			,	
10			perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	4).				
11 🗌	-	•	perated exclusively for th					-	ry out the	e purposes (of one (or
	more publicly	supported organiza	ations described in section	on 509(a)(⁻	1) or section	on 509(a)(2	2). See sec	tion 509	(a)(3). Ch	ieck the box	that	
			organization and comple				,					
	а 🗌 Туре I				e III - Func		egrated		d] Type III - (Other	
е 🗌			at the organization is not					r more dis	qualified	persons ot	her tha	n
			han one or more publicly									
f			ten determination from t									
		ganization, check th										
g	Since August	17, 2006, has the c	organization accepted ar									
			lirectly controls, either al							Ι,	Yes	No
			upported organization?									
			n described in (i) above?									
			person described in (i) o									
h			about the supported or									
				-				-				
(i) Name	of supported	(ii) EIN			organization	(v) Did you	u notify the	(vi) (organizati	s the	(vii) Ar	nount of	f
org	anization		(described on lines 1-9		sted in your document?		ion in col. support?	(i) organi	zed in the	sup	port	
			above or IRC section			., .		U.S				
			(see instructions))	Yes	No	Yes	No	Yes	No			
										<u> </u>		
			1	1	1		1	1	1	1		

Public Charity Status and Public Support

Openalists if the presented E04(-)(0)

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

Schedule A (Form 990 or 990-EZ) 2010

Δ		
~	Duk	olic Charit
	Ful	nic Ghant

SCHEDULE

(Form 990 or 990-EZ)	
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OMB No. 1545-0047 2010

Schedule A (Form 990 or 990-EZ) 2010

Concaulo	
Part II	Sup

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	The portion of total contributions						
Ŭ	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.						
	ndar year (or fiscal year beginning in) 🕨	(-) 0000	(1-) 0007	(1)0000	(-1) 0000	(-) 0010	(f) T-+-!
		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	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						
	Gross receipts from related activities,		,			12	
13	First five years. If the Form 990 is for						
0	organization, check this box and stop	here					
	tion C. Computation of Public						
	Public support percentage for 2010 (I		•	()/		14	%
	Public support percentage from 2009					15	%
16a	33 1/3% support test - 2010. If the or	•				•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2009. If the or						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	t - 2010.If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ices" test, check	this box and stop I	here. Explain in Pa	art IV how the orgar	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	d organization		▶∟
b	10% -facts-and-circumstances test	t - 2009. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is [.]	10% or
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the						
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	licly supported org	anization	►
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	6a, 16b, 17a, or 17	b, check this box	and see instruction	s ►

Schedule A (Form 990 or 990-EZ) 2010

SCHEDULE C Political Campaign and Lobbying Activities				OMB No. 1545-0047			
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527			2010				
Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. See separate instructions.					EZ. Open to Public Inspection		
If the organization ans	wered "Yes," to	Form 990, Part IV, line 3, or Fo		ne 46 (Political Campaign	Activities), then		
 Section 501(c)(3) org 	ganizations: Con	nplete Parts I-A and B. Do not co	mplete Part I-C.				
 Section 501(c) (othe 	r than section 50	01(c)(3)) organizations: Complete	Parts I-A and C belov	v. Do not complete Part I-B			
 Section 527 organization 	ations: Complete	e Part I-A only.					
		Form 990, Part IV, line 4, or Fo					
	,	have filed Form 5768 (election u	()/	•			
		have NOT filed Form 5768 (elect					
-		Form 990, Part IV, line 5 (Prox	y Tax), or Form 990-E	z, Part V, line 35a (Proxy	Tax), then		
Name of organization), or (6) organiza	tions: Complete Part III.		Emr	loyer identification number		
5	CONSERV	ATION NORTHWEST			94-3091547		
Part I-A Comple		anization is exempt und	er section 501(c)	or is a section 527			
1 Provide a description	on of the organiz	ation's direct and indirect politic	al campaign activities	in Part IV.			
2 Political expenditur	es			▶:	§		
3 Volunteer hours							
		·					
		anization is exempt und			<u></u>		
		incurred by the organization unc			\$		
3 If the organization i	n any excise lax	incurred by organization manage n 4955 tax, did it file Form 4720	for this year?		P Yes └─ No		
b If "Yes," describe in							
		anization is exempt und	er section 501(c)	, except section 501	(c)(3).		
1 Enter the amount d	irectly expended	d by the filing organization for se	ction 527 exempt fund	ction activities	6		
		ization's funds contributed to ot					
exempt function ac	tivities			►:	§		
	-	s. Add lines 1 and 2. Enter here a					
		1120-POL for this year?					
		nployer identification number (El tion listed, enter the amount pai		-			
		omptly and directly delivered to a					
		additional space is needed, prov			5 5		
(a) Name	9	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political		
				filing organization's	contributions received and		
				funds. If none, enter -0-	promptly and directly delivered to a separate		
					political organization.		
					If none, enter -0		
For Paperwork Reduct	ion Act Notice	see the Instructions for Form 9	90 or 990- F7	Schedula (C (Form 990 or 990-EZ) 2010		

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

Par	t II-A Complete if the organization (election under section 501	on is exempt under section 501(c)(3) and fi (h)).	led Form 5768	
	neck ▶	gs to an affiliated group. ed box A and "limited control" provisions apply.		
		oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence pub	lic opinion (grass roots lobbying)	164.	
b	Total lobbying expenditures to influence a leg	gislative body (direct lobbying)	34,311.	
с	Total lobbying expenditures (add lines 1a and	d 1b)	34,475.	
d			1,753,519.	
е		s 1c and 1d)	1,787,994.	
f	Lobbying nontaxable amount. Enter the amo		239,400.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
[Over \$17,000,000	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% o	f line 1f)	59,850.	
h	Subtract line 1g from line 1a. If zero or less, e	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j	If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?		L	Yes No
		4-Year Averaging Period Under Section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4- Teal Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount	235,131.	414,204.	234,966.	239,400.	1,123,701.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					1,685,552.
c Total lobbying expenditures	22,052.	19,850.	10,103.	34,475.	86,480.
d Grassroots nontaxable amount	58,783.	103,551.	58,742.	59,850.	280,926.
e Grassroots ceiling amount (150% of line 2d, column (e))					421,389.
f Grassroots lobbying expenditures	562.	1,042.	352.	164.	2,120.

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010 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)).

		(a)		(b)	
		Yes	No	Amo	ount
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
g					
•	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities? If "Yes," describe in Part IV				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(5) or or	ation	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).		(5), or se	ction	
	561(6)(6).			Yes	No
4	Ware substantially all (00% as more) dues resained randodustible by members?		1	103	
1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
2			2		
3 Par	Did the organization agree to carryover lobbying and political expenditures from the prior year? t III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	-	ction	
ı u	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part				I
	"Yes."	, ., .			
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
с					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Pa	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; ar	nd Part II-B,	line 1i. Also	, complete	this part
	ny additional information.				
PA	RT I-A, LINE 1:				

N/A

SCHEDULE D)
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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 1 **Open to Public** Inspection

Nam	e of the organization CONSERVATION NORTHWEST		Employer identification number 94-3091547
Pa	rt I Organizations Maintaining Donor Advised Fund	Is or Other Similar Funds or /	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	A agregate grante from (during voor)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing th	at the assets held in donor advised fu	nds
	are the organization's property, subject to the organization's exclusive		
6	Did the organization inform all grantees, donors, and donor advisors i		
	for charitable purposes and not for the benefit of the donor or donor		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization		
1	Purpose(s) of conservation easements held by the organization (chec	k all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of an historica	Ily important land area
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	ervation contribution in the form of a c	onservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с			2c
d	Number of conservation easements included in (c) acquired after 8/12	7/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the orga	nization during the tax
	year ►		
4	Number of states where property subject to conservation easement is	s located	
5	Does the organization have a written policy regarding the periodic mo	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing		
8	Does each conservation easement reported on line 2(d) above satisfy		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation easer	-	
	include, if applicable, the text of the footnote to the organization's fina	ancial statements that describes the or	ganization's accounting for
Da	conservation easements. rt III Organizations Maintaining Collections of Art, F	listorical Traccuras, or Other	Similar Assots
Га	Complete if the organization answered "Yes" to Form 990, Par	-	Similar Assets.
4.			
Ia	If the organization elected, as permitted under SFAS 116 (ASC 958),		
	historical treasures, or other similar assets held for public exhibition, e the text of the footnote to its financial statements that describes thes		r public service, provide, in Part XIV,
h	If the organization elected, as permitted under SFAS 116 (ASC 958),		balance sheet works of art historical
U	treasures, or other similar assets held for public exhibition, education		
		, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items: (i) Revenues included in Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treasures, c	or other similar assets for financial gain	
2	the following amounts required to be reported under SFAS 116 (ASC		, provido
а	Revenues included in Form 990, Part VIII, line 1		► \$
	Assets included in Form 990 Part X		▶ \$ ▶ \$

Part IIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (maintain that apply): a Phole exhibition d Loan or exchange programs b Scholary research c Other c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 Using the searching of the organization's collection? Yes No Part VI Description of norgenetization solic or receive donations of art, historical treasures, or other similar assets to be soid to rate funds rather than to be maintained as and other organization collection? Yes No Part VI Escrow and Custodial Arrangements. Complete if the organization's collection? Yes No b If Yes No If Yes No b If Yes No If Yes No b Other organization include an amount on Form 930, Part X, line 21? Yes No b Other organization include an amount on Form 930, Part X, line 21? Yes No b Other organization include an amount on Form			ATION NORT						7 Page 2
e Loan or exchange programs e Other b Scholarly research e Other c Previde a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization is collections and explain how they further the organization assets to be soft or raise funds rather than to be maintained as part of the organization collection? yes No Part W Escrow and Custodial Arrangements. Complete if the organization collection? yes No Part W Escrow and Custodial Arrangement in Part XIV and complete the following table: Amount 16 c Beginning balance Image: Complete if the organization anagement in Part XIV and complete the following table: Amount 16 c Beginning balance Image: Complete if the organization anaswerd 'Yes' to Form 990, Part X, line 21? Yes No b If 'Yes', "explain the arrangement in Part XV. Image: Complete if the organization anaswerd 'Yes' to Form 990, Part Y, line 10. Part W Endowment Funds. Complete if the organization anaswerd 'Yes' to Form 990, Part Y, line 10. Image: Complete if the organization anaswerd 'Yes' to Form 990, Part Y, line 10. Pastif Yes to balance Image: Comp	Pa	t III Organizations Maintaining C	Collections of A	t, Historical Tr	easures, or	Other S	imilar Asse	ts (cont	inued)
a Public exhibition d Lean or exchange programs b Scholarly research c future generations c Preventation of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. 5 During the year, did the organization solic of a cache donations of art, historical ressures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part X, line 21. Ta Is the organization an agent, frustee, custodian or other infermediary for contributions or other assets not included on Form 990, Part X? Ta Is the organization an agent, frustee, custodian or other infermediary for contributions or other assets not included on Form 990, Part X? Ta Is the organization an agent, frustee, custodian or other infermediary for contributions or other assets not included on Form 990, Part X? Ta Is the organization angent, the Part XIV and complete the following table: C Beginning balance C Beginning balance C Beginning of year balance Ta Is the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part X, line 21 Ta Beginning of year balance C Onthorizons C Net investment samings, gains, and losses C Onthorizons C Net investment as indicate an amount to Form 990, Part X, line 21? C Net investment as cholarships C Onthorizons C Net investment as cholarships C Thermedowment } Part V Lendowment Funds not in the possession of the organization that are held and administered for the organization D contributions C Thermedowment Funds not in the possession of the organization that are held and administered for the organization D escription of investment D escription of investment D escription of investment D escription of investment D	3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that a	are a signifi	cant use of its	collectio	n items
b Scholary research e Other									
c □ Preservation for future generations 4 Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets □ Ves No 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets □ Ves No Cent W Excrow and Custodial Arrangements. Complete if the organization answerd "Yes" to Form 990, Part V, line 9, or reported an anount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Is the organization and the paragement is Part XV. 2 Did the organization include an amount on Form 990, Part X, line 21. Is the organization and the paragement is Part XV. Is the organization and the organization answered "Yes" to Form 990, Part X, line 10. Part V Endowment Funds, complete if the organization answered "Yes" to Form 990, Part X, line 10. Is the organization include an amount on Form 990, Part X, line 21. Is add (g) Thr	а	Public exhibition	d						
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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. Ia Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIV and complete the following table:	5							-	
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on Form 990, Part X? Yes No b If 'Yes,'' explain the arrangement in Part XIV and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No b If 'Yes,'' explain the arrangement in Part XIV. Part X Feed organization answered 'Yes' to Form 990, Part IV, line 10. Ta Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back a Contributions (a) Current year (b) Prior year (c) Two years back (e) Four years back a Grants or scholarships (b) Cortino years (c) Two years back (e) Four years back a dradingrame (b) Prior year (c) Two years back (e) Four years back a dradingrame (b) Prior year (c) Two years back (e) Four years back b Contributions (b) Cortino years (c) Two years back (e) Four years back b Contributions (c) Prior year (d) Three years back (e) Four years c Not investment amings		reported an amount on Form 990, Pa	rt X, line 21.						
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f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Ves No b f*es, "explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (e) Four years back b Contributions (a) Current year (b) Prior year (c) Two years back (c) Three years back (e) Four years back c Net investment amings, gains, and losses (a) Current year (b) Prior year (c) Two years back (c) Two years back (c) Two years back (c) Four years back c Net investment amings, gains, and losses (c) Current year (c) Two years back (c) Two years back <t< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th>1d</th><th></th><th></th></t<>							1d		
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b If "Yes," explain the arrangement in Part XIV. Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions (b) Prior year (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Two years back (d) Three years back (e) Four years back e Other expenditures for facilities (c) Administrative expenses (c) Administrative expenses (c) Administrative expenses g End of year balance (c) Administrative expenses (c) Administrative expenses (c) Four years back g Ford of year balance (c) Administrative expenses (c) Four years back (c) Administrative expenses g Ford of year balance (c) Administrative expenses (c) Four years back (c) A		Ending balance				L		1	
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Iwo years back (d) Three years back (e) Four years back 1a Beginning of year balance (b) Prior year (c) Iwo years back (d) Three years back (e) Four years back b Contributions (c) Current year (c) Iwo years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (b) Prior year (c) Iwo years back (d) Three years back (e) Four years back c Net investment earnings, gains, and losses (c) Iwo years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Iwo years back (c) Iwo years back <td< th=""><th></th><th></th><th></th><th>21?</th><th></th><th></th><th>L</th><th>Yes</th><th>└── No</th></td<>				21?			L	Yes	└── No
(a) Current year (b) Prior years back (c) Two years back (c) Three years back (e) Four years back 1a Beginning of year balance (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back b Contributions (c) Two years back (d) Three years back (e) Four years back c Other expenditures for facilities (c) Two years back (c) Four years back									
1a Beginning of year balance Image: Contributions b Contributions Image: Contributions c Net investment earnings, gains, and losses Image: Contributions d Grants or scholarships Image: Contributions e Other expenditures for facilities Image: Contributions and programs Image: Contributions Image: Contributions f Administrative expenses Image: Contributions g End of year balance Image: Contributions Image: Contributions	Pa	Endowment Funds. Complete							
b Contributions			(a) Current year	(b) Prior year	(c) Two years i	bacк (d) I	nree years back	(e) Fou	r years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs									
d Grants or scholarships									
e Other expenditures for facilities and programs									
and programs									
f Administrative expenses g End of year balance 2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶ % b b Permanent endowment ▶ % c Term endowment ▶ % 3a Are there endowment ▶ % b interve endowment ▶ % 3a Are there endowment ▶ % (i) unrelated organizations (ii) unrelated organizations (iii) related organizations (iii) related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) basis (other) depreciation 126, 619. 1a Land 126, 619. b Buildings	е								
g End of year balance									
2 Provide the estimated percentage of the year end balance held as: a Board designated or quasi-endowment ▶									
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % c Term endowment ▶ % 3a Are there endowment Indus not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) unrelated organizations	-			A					
b Permanent endowment ▶% c Term endowment ▶% 3a Are there endowment I unds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated (d) Book value (d		,	ar end balance neid a						
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by: (i) unrelated organizations (ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other (b) Cost or other (c) Accumulated (d) Book value 4, 586. 4, 586. 4, 586. (d) Book value (d) Book value (e) Cost or other (f) Cost or oth				ation that are hold a	nd administers	d for the o	ranization		
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(ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. (c) Accumulated depreciation Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 126,619. 126,619. 126,619. b Buildings 4,586. 4,586. c Leasehold improvements 4,586. 4,586. d Equipment 146,461. 90,459. 56,002. e Other 0ther 0ther 0ther 0ther		-						20(1)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 126,619. 126,619. b Buildings 4,586. 4,586. c Leasehold improvements 4,586. 4,586. d Equipment 146,461. 90,459. 56,002. e Other 0ther 0ther 0ther 0ther									
4 Describe in Part XIV the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 126,619. 126,619. b Buildings 4,586. 4,586. c Leasehold improvements 4,586. 4,586. d Equipment 146,461. 90,459. 56,002.	h	If "Vee" to 22(ii) are the related organization	a listed as required a	n Sahadula D2					
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 126,619. 126,619. b Buildings 126,619. 126,619. c Leasehold improvements 4,586. 4,586. d Equipment 146,461. 90,459. 56,002.	4							30	
Description of investment(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land126,619.126,619.126,619.b Buildings4,586.4,586.4,586.c Leasehold improvements146,461.90,459.56,002.e Other0000	Pa								
basis (investment) basis (other) depreciation 1a Land 126,619. 126,619. b Buildings 4,586. 4,586. c Leasehold improvements 146,461. 90,459. 56,002. e Other 0 0 0	1 4			· · · · ·	or other		aulated	(d) Roo	
1a Land 126,619. 126,619. b Buildings		Description of investment						(u) 600	K Value
b Buildings 4,586. c Leasehold improvements 4,586. d Equipment 146,461. 90,459. e Other 0	10	Land		,	. ,			12	6.619.
c Leasehold improvements 4,586. 4,586. d Equipment 146,461. 90,459. 56,002. e Other					-,				
d Equipment 146,461. 90,459. 56,002.					4.586				4.586.
e Other						90	459		
					-,		,		-,
	-			X, column (B). line 1	0(c).)			18	7,207.

Schedule D (Form 990) 2010

Schedule D	(Form 990) 2010
Death VIII	luce a stress such a

(a) Description of security or category		2.	(c) Method of valua	ation:
(including name of security)	(b) Book value	Co	ost or end-of-year mai	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
()				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value	Co	(c) Method of valuation of valuation (c) Method of valuation of valuation (c)	
(1)				
(2)				
(3)				
(4)	A			
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line				(1) D + +
	Description			(b) Book value
(1) DEPOSITS				153,000.
(2) MISCELLANEOUS RECEIVABLES				3,345.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	45)			156,345.
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X.			>	100,040.
	line 25.	(b) Amount		
		(b) Amount	-	
(1) Federal income taxes			-	
(2)			-	
(3)			-	
(4)			-	
(5)			-	
(6)			-	
(7)				
(8)				
(9)				
(10)			-	
(11) Tetel (Column (b) must equal Form 000, Part X, col (D) line	25)			
Total. (Column (b) must equal Form 990, Part X, col (b) line Filv 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to Filv 48 (ASC 740).	the organization's financial state	ments that reports the organ	nization's liability for uncerta	in tax positions under
2. FIN 48 (ASC 740).				

Sche	dule D	(Form 990) 2010 CONSERVATION NORTHWEST				94	4-3	3091547	Page 4
Pa	t XI	Reconciliation of Change in Net Assets from Form 990 to A	udite	ed Finan	cial Sta	atem	ent		
1	Total	evenue (Form 990, Part VIII, column (A), line 12)			1			2,076	
2	Total	expenses (Form 990, Part IX, column (A), line 25)			2			1,787	
3	Exces	s or (deficit) for the year. Subtract line 2 from line 1			3			288	,324.
4	Net u	nrealized gains (losses) on investments			4				
5		ed services and use of facilities			5				
6		ment expenses			6				
7		period adjustments			7				
8		(Describe in Part XIV.)			8				
9	Total	adjustments (net). Add lines 4 through 8			9				0.
10		s or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10				,324.
Par		Reconciliation of Revenue per Audited Financial Statement					urn		
1	Total	evenue, gains, and other support per audited financial statements				🖵	1	2,166	,214.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:							
а		nrealized gains on investments	2a			_			
b		ed services and use of facilities	2b			_			
С	Recov	eries of prior year grants	2c						
d	Other	(Describe in Part XIV.)	2d	8	9,896	<u>.</u>			
е		nes 2a through 2d				·· –	le	89	,896.
3	Subtra	act line 2e from line 1				📑	3	2,076	,318.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			_			
b	Other	(Describe in Part XIV.)	4b			_			
С		nes 4a and 4b				·· –	c		0.
5	Total	evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	2,076	,318.
Pai		Reconciliation of Expenses per Audited Financial Statemer					_		
1		expenses and losses per audited financial statements				🖵	1	1,877	,890.
2		nts included on line 1 but not on Form 990, Part IX, line 25:							
а		ed services and use of facilities	2a			_			
b		ear adjustments	2b			_			
С		losses	2c		0 00	_			
d		(Describe in Part XIV.)	2d	8	9,890	_		0.0	000
е		nes 2a through 2d				·· –	?e	89	,896.
3		act line 2e from line 1				📑	3	1,787	,994.
4		nts included on Form 990, Part IX, line 25, but not on line 1:							
а		ment expenses not included on Form 990, Part VIII, line 7b	4a			_			
b		(Describe in Part XIV.)	4b						0
с		nes 4a and 4b					c		0.
5		expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)				!	5	1,787	,994.
Pai	τ ΧΙν	Supplemental Information							

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT DIRECT EXPENSES NETTED FOR TAX PURPOSES

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES NETTED AGAINST REVENUE FOR TAX PURPOSES

SCHEDULE G	
------------	--

Department of the Treasury	
Internal Revenue Service	

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. ► See separate instructions.

2010
Open To Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization			
	CONSERVATION	NORTHWEST	

CONSERVATION NORTHWEST					9	4-3091	547		
Part I Fundraising Activities required to complete this part	Complete if the organization answe	ered "ו	/es" to	o Form 990, Part IV,	line 17.	Form 990-EZ	filers are not		
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations g Special fundraising events d 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? 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. 									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have ci or con contribi	ustody itrol of	(iv) Gross receipts from activity	to (or i fui	nount paid retained by) ndraiser d in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No						
			1						

Total

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.

►

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

Pa	τΙ	Fundraising Events. Complete if the of fundraising event contributions and g				
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
e			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	94,386.			94,386.
	2	Less: Charitable contributions	20,485.			20,485.
	3	Gross income (line 1 minus line 2)	73,901.			73,901.
	4	Cash prizes				
ses	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	3,663.			3,663.
Direct	7	Food and beverages	27,216.			27,216.
	8	Entertainment				
	9	Other direct expenses				59,017.
	10	Direct expense summary. Add lines 4 throug	h 9 in column (d)		►	(89,896,
	11		nn (d), and line 10			<15,995.
Pai	πι		answered "Yes" to Form	990, Part IV, line 19, or r	eported more than	
Revenue		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			()
	8	Net gaming income summary. Combine line	1. column d. and line 7		►	
		<u> </u>				•
		ter the state(s) in which the organization oper				
		the organization licensed to operate gaming a	ctivities in each of these s	states?		. La Yes and No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses i	revoked, suspended or te	rminated during the tax y	/ear?	Yes No
b	lf "	Yes," explain:				
U		тсэ, слріант				

032082 01-13-11

Schedule G (Form 990 or 990-EZ) 2010

Sch	edule G (Form 990 or 990-EZ) 2010 CONSERVATION NORTHWEST 94-	3091	547	Page 3
	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	. 🖵	Yes	└── No
	Indicate the percentage of gaming activity operated in:			
	The organization's facility			<u>%</u>
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	. 13b		%
14	Line the name and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
				—
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	└── No
	If $ V_{\alpha \alpha} $ opticy the empirity of coming variance is according by the experimentation \mathbf{b}^{α}			
Ľ	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c	c If "Yes," enter name and address of the third party:			
-				
	Name			
	Address			
10				
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 gaming proceeds to			
	retain the state gaming license?		Yes	└── No
k	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year s Int IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (n) and	Part III
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional informati			

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.

Open to Public Inspection

Employer identification number

94-3091547

OMB No. 1545-0047

Name of the organization

CONSERVATION NORTHWEST

	rt I Types of Property	(a)	(b)	(c)	(d)
		Check if	Number of	Noncash contribution	Method of determining
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	Х		9,887.	FMV - DONOR
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				1
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or				
	trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution -				
	Historic structures				
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 (<u>AUCTION ITEMS</u>)	X	0		FAIR MARKET VALUE PR
26	Other \blacktriangleright ($\overline{COMPUTER SOFT}$)	X	0		FAIR MARKET VALUE PR
27	Other (SERVICES)	X	0		FAIR MARKET VALUE PR
28	Other (ADVERTISING A)	X	0	· · · · · · · · · · · · · · · · · · ·	FAIR MARKET VALUE PR
29	Number of Forms 8283 received by the organi				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29	
					Yes No

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? х 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash х 32a contributions? **b** If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

032141 12-23-10

Page 2

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Part II Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

OFFICE SUPPLIES

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 0

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 1517.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE PROVIDED BY DONOR

SCHEDULE O	
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(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. OMB No. 1545-0047

Employer identification number

CONSERVATION NORTHWEST

94-3091547

FORM 990, PART VI, SECTION B, LINE 11: DRAFT TAX RETURN WAS PRESENTED TO

MANAGEMENT BEFORE FILING.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 990 IS

AVAILABLE UPON REQUEST OR AT THEIR WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING

DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PAGE 5, PART V, LINE 1A

AMENDMENT

THIS RETURN HAS BEEN AMENDED TO PROPERLY REPORT THE NUMBER OF 1099'S

REPORTED ON THE CALENDAR YEAR 2010 FORM 1096.

FORM 990, PAGE 6, LINE 11A

AMENDMENT

THIS LINE HAS BEEN AMENDED TO REPORT THAT THE ORGANIZATION PROVIDES A

COPY OF FORM 990 TO THE GOVERNING BODY BEFORE THE FORM IS FILED.

FORM 990, PAGE 6, LINE 13

AMENDMENT

THIS LINE HAS BEEN AMENDED TO REPORT THAT THE ORGANIZATION DOES HAVE A

WRITTEN WHISTLEBLOWER POLICY.

FORM 990, PAGE 6, LINE 14

AMENDMENT

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization CONSERVATION NORTHWEST	Employer identification number 94-3091547
THIS LINE HAS BEEN AMENDED TO REPORT THAT THE ORGANIZATIO	N MAINTAINS A
RECORDS DESTRUCTION AND RETENTION POLICY.	