Form 990

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)

OMB No 1545-0047

2003

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements For the 2003 calendar year, or tax year beginning 2003, and ending D Employer Identification Number Check if applicable NORTHWEST INTERPRETIVE ASSOCIATION 91-0921955 Address change or print or type. See 909 FIRST AVENUE E Telephone number Name change SEATTLE, WA 98104-1060 specific instruc-Initial return Accounting method: Final return Other (specify) Amended return Section 501(c)(3) organizations and 4947(a)(1) nonexempt H and I are not applicable to section 527 organizations Application pending charitable trusts must attach a completed Schedule A |X|**H (a)** Is this a group return for affiliates? (Form 990 or 990-EZ). H (b) If 'Yes,' enter number of affiliates G Web site: ► N/A H (c) Are all affiliates included? Organization type (If 'No.' attach a list. See instructions." 3 ◀ (insert no) 4947(a)(1) or (check only one) H (d) Is this a separate return filed by an If the organization's gross receipts are normally not more than organization covered by a group ruling? \$25,000 The organization need not file a return with the IRS, but if the organization Group Exemption Number received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. M Check ► X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). **►** 3,181,680 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) Contributions, gifts, grants, and similar amounts received 89,531 1a a Direct public support 1b **b** Indirect public support 1 c c Government contributions (grants) Total (add lines 1a through 1c) (cash \$ 89,531 89,531. noncash \$ 1 d 3 2 185,533 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 3 Membership dues and assessments 9,479 4 Interest on savings and temporary cash investments 4 5 Dividends and interest from securities 6a 6a Gross rents 6b **b** Less: rental expenses c Net rental income or (loss) (subtract line_6b from line 6a) 6c 7 Other investmer PECE (\$100) (B) Other (A) Securities 8a Gross amount from sales of assets of 8a than invelotion 8Ь b Less cost c Gain or (loss) (attach schedule) 8c d Net gain or (loss) (Gon Fire line \$7 columns (A) and (B)). 8d schedule). If any amount is from gaming, check here 9 Special dvents and activities of contributions a Gross revenue (not including 9a reported on line 1a) 9Ь **b** Less, direct expenses other than fundraising expenses 9с c Net income or (loss) from special events (subtract line 9b from line 9a) 2,897,137 10a 10a Gross sales of inventory, less returns and allowances 10b 1,685,491 b Less: cost of goods sold 1,211,646. Statement 10c c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a). 11 Other revenue (from Part VII, line 103) 11 1,496,189. 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 13 456,184. Program services (from line 44, column (B)) 13 324,524. 14 Management and general (from line 44, column (C)) 14 15 Fundraising (from line 44, column (D)) 16 16 Payments to affiliates (attach schedule) 17 780,708. 17 Total expenses (add lines 16 and 44, column (A)) Excess or (deficit) for the year (subtract line 17 from line 12) 18 715,481. 18 1,822,999. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 -788,569. See Statement 2 20 20 Other changes in net assets or fund balances (attach explanation) 1,749,911 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

Form 990 (2003)

Form 990 (2003) NORTHWEST INTERPRETIVE ASSOCIATION 91-0921955

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

E	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch)		***************************************			
	(cash \$					
	non-cash \$)	22				
23	Specific assistance to individuals (att sch)	23				
24	Benefits paid to or for members (att sch)	24	60 155	<u>.</u>		
25	Compensation of officers, directors, etc	25	62,177.	157 011	62,177.	
26	Other salaries and wages	26	252,445.	157,311.	95,134.	
27	Pension plan contributions	28	31,483.	15,742.	15,741.	
28	Other employee benefits	29	E7 010	20 610	20 (00	
29	Payroll taxes		57,219.	28,610.	28,609.	
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32	00.064	22.264		
33	Supplies	33	29,064.	29,064.		
34	Telephone	34				
35	Postage and shipping	35				· · · · · · · · · · · · · · · · · · ·
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39	21,855.	21,855.		
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc (attach schedule)	42	24,291.		24,291.	
43	Other expenses not covered above (itemize)					
a	See Statement 3	43 a	302,174.	203,602.	98,572.	
Ŀ	 	43 b				
C		43 c				
C	 	43 d				
. е		43 e				
44	Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	780,708.	456,184.	324,524.	0.
Join	Costs. Check If you are following	SOP 9		· · ·		
Are a	any joint costs from a combined education	al can	paign and fundraising s	olicitation reported in (I	3) Program services?	► Yes X No
	es,' enter (i) the aggregate amount of thes		costs \$; (ii) the a	mount allocated to Proc	ram services
\$_	; (iii) the amount al	located	to Management and ge	neral \$, and (iv) th	e amount allocated
	indraising \$					
	Statement of Program Serv					
Wha	is the organization's primary exempt pur	pose?	See Statemer	nt 4		Program Service Expenses
All o clien	rganizations must describe their exempt p ts served, publications issued, etc. Discus ons and 4947(a)(1) nonexempt charitable	urpose s achi	e achievements in a clea evements that are not m	r and concise manner easurable (Section 50)	State the number of	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
ızatı	ons and 4947(a)(1) nonexempt charitable	trusts	must also enter the amo	unt of grants & allocati	ons to others.)	optional for others)
a	PROVIDE INFORMATION ABOUT	<u>NAT</u>	<u> IONAL PARKS AND</u>	THE FORESTS TO	O_THE	
	PUBLIC.					
			(Grants and	allocations \$)	456,184.
t						
						
			(Grants and	allocations \$	<u>)</u>	
C						
						
			(Grants and	allocations \$)	
C	 					
			(Grants and	allocations \$)	
	Other program services			allocations \$)	
f	Total of Program Service Expenses (sho	ould ed	ual line 44, column (B),	Program services)	· · · · · · ·	456,184.

Balance Sheets (See Instructions)

Note	: Wh	nere required, attached schedules and amounts within lumn should be for end-of-year amounts only	n the descripti	ion	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing			554,324.	45	-22,547.
	46	Savings and temporary cash investments .			563,802.	46	1,160,411.
	47 a	Accounts receivable	47a	37,147.			
		Less allowance for doubtful accounts	47 b		64,571.	47 c	37,147.
		Pledges receivable	48a				
ł		Less allowance for doubtful accounts	48b			48c	
	49	Grants receivable .		-		49	
ASSETS	50	Receivables from officers, directors, trustees, and keemployees (attach schedule)	ey	ļ		50	
Ĕ	51 a	Other notes & loans receivable (attach sch)	51 a				
Ś		Less allowance for doubtful accounts .	51 b			51 c	
		Inventories for sale or use		<u> </u>	706,219.	52	700,180.
		Prepaid expenses and deferred charges	. —			53	250.
		Investments – securities (attach schedule)	—	Cost FMV		54	
İ	55 a	Investments - land, buildings, & equipment basis	55 a				
	b	Less: accumulated depreciation (attach schedule)	55 b			55 c	
	56	Investments – other (attach schedule)				56	
	57 a	Land, buildings, and equipment basis	57a	504,539.			
	b	Less accumulated depreciation (attach schedule) Statement 5	57b	406,652.	69,559.	57 c	97,887.
		Other assets (describe)		58	
_		Total assets (add lines 45 through 58) (must equal	line 74)	-	1,958,475.	59	1,973,328.
		Accounts payable and accrued expenses		-	135,476.	60	223,417.
ţ	61	Grants payable		<u> </u>		61	
βļ		Deferred revenue	la a alba alba la N	ŀ		62	
Ļ		Loans from officers, directors, trustees, and key employees (attack	n screaule)	}		63 64a	
LIABILITIES		I Tax-exempt bond liabilities (attach schedule) Mortgages and other notes payable (attach schedule)		-		64b	
Ė		Other liabilities (describe		,		65	
1		Total liabilities (add lines 60 through 65)		'	135,476.	66	223,417.
-	-		nd complete I	ines 67			
N E		through 69 and lines 73 and 74					
- 1	67	Unrestricted			1,697,010.	67	1,639,259.
Š	68	Temporarily restricted		Ī	125,989.	68	110,652.
ANOH-N	69	Permanently restricted				69	
)rgan	izations that do not follow SFAS 117, check here ▶	and co	mplete lines			
		70 through 74					
FUZD	70	Capital stock, trust principal, or current funds]		70	
	71	Paid-in or capital surplus, or land, building, and equ	•	<u> </u>		71	
£	72	Retained earnings, endowment, accumulated incom	ne, or other fu	nds		72	
路々しる之い正 の	73	Total net assets or fund balances (add lines 67 thro 72; column (A) must equal line 19; column (B) must	ough 69 or lin st equal line 2	nes 70 through	1,822,999.	73	1,749,911.
-	74	Total liabilities and net assets/fund balances (add	lines 66 and 7	73)	1,958,475.	74	1,973,328.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

and the	Financ	nciliation of Reven cial Statements wi eturn (See ınstruct	th Revenue	rat	Reconcili Financial per Retur	ation of Expens Statements wit n	es h E	per Audited xpenses
а	Total revenue, gains, per audited financial	, and other support statements.	a 1,496,189.	а	Total expenses and financial statements	l losses per audited	a	780,708.
b	Amounts include not on line 12, F			b	Amounts included on line 17, Form 99			
(1)	Net unrealized gains on investments	\$		(1)) Donated serv- ices and use of facilities	\$		
(2)	Donated serv- ices and use of facilities .	\$		(2)	Prior year adjust- ments reported on line 20, Form 990	\$_		
(3)	Recoveries of prior year grants	\$		(3)	Losses reported on line 20, Form 990	5		
(4)	Other (specify)			(4)	Other (specify).	·		
		\$				\$		
	Add amounts on line	· · · · · · · · · · · · · · · · · · ·	b		Add amounts on lines (1)) through (4)	Ь	
С	Line a minus line	e b . ►	c 1,496,189.	С	Line a minus line b	•	C	780,708.
d	Amounts include Form 990 but no			d	Amounts included of Form 990 but not of			
(1)	Investment expenses not included on line 6b, Form 990	Ś		(1)	Investment expenses not included on line 6b, Form 990.	\$		
(2)	Other (specify)			(2)	Other (specify)	·		
								grand de la companya
	Add amounts on	.Ş lines (1) and (2) ►	d		Add amounts on lin	es (1) and (2)	d	
е	Total revenue pe 990 (line c plus	er line 12, Form	e 1,496,189.	е	Total expenses per 990 (line c plus line		е	780,708.
Pat	List of C	Officers, Directors	Trustees, and Key E		oyees (List each or	ne even if not comp	eņsa	ted, see instructions)
	(A) Name	and address	(B) Title and average ho per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benef plans and deferr compensation	it	(E) Expense account and other allowances
<u>See</u>	<u>Statement</u>	6						
			4		62 177	4,45	. 0	0
					62,177.	4,4		0.
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75	than \$100,000 \$10,000 was p	r, director, trustee, or k from your organization provided by the related schedule — see instru		gate ons, o	compensation of moi of which more than	re	▶ [Yes X No

	Other Information (See instructions.)		Yes No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X
• •	If 'Yes,' attach a conformed copy of the changes		
78;	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
	o If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	N/A
/9	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement .	79	X
00.			
002	a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80 a	X
ŀ	of 'Yes,' enter the name of the organization > N/A		
	and check whether it is exempt or nonexempt		
81 a	Enter direct and indirect political expenditures. See line 81 instructions . 81a 0.		
	Did the organization file Form 1120-POL for this year?	81 b	X
92.	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at		
02 (substantially less than fair rental value?	82a	X
	If 'Yes,' you may indicate the value of these items here. Do not include this amount as		
•	revenue in Part I or as an expense in Part II. (See instructions in Part III.)	į	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	Х
t	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
ŀ	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were		
•	not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85 a	N/A
t	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85 b	N/A
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a		
	waiver for proxy tax owed for the prior year		
C	Dues, assessments, and similar amounts from members 85c N/A		
	Section 162(e) lobbying and political expenditures 85d N/A		
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	İ	
	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
ç	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	_N/A
ŀ	1 If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of	25.	AT / 73
00	dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
00	501(c)(7) organizations Enter a Initiation fees and capital contributions included on		
L	line 12 Cross recents, updated on line 12 for public use of slub feedlines.		
	Gross receipts, included of fine 12, for public use of club facilities		
ı	oGross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them). 87b N/A		
QC.	· · · · · · · · · · · · · · · · · · ·		
00	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?		
	If 'Yes,' complete Part IX .	88	X
89 a	a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under		
	section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.		
k	501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement		
	explaining each transaction	89b	X
(Enter Amount of tax imposed on the organization managers or disgualified persons during the		. —
	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
	List the states with which a copy of this return is filed None		
	Number of employees employed in the pay period that includes March 12, 2003 (See instructions)	90 b	29
91	The books are in care of ► NORTHWEST INTERPRETIVE ASSOC. Telephone number ► 206-220-414		
••	Located at ► 909 FIRST AVE, SUITE 630, SEATTLE WA ZIP + 4 ► 98104		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here	N/.	لببا
D A A	and enter the amount of tax-exempt interest received or accrued during the tax year 92	Ea	N/A
BAA		rorm	990 (2003)

Analysis of Income Producing Activities (See instructions). Note: Enter gross amounts unless otherwise indicated Program service revenue 39. Program service revenue 3 Misc. Program Rental b Pass and Fee Programs c d d f Medicare/Medicaid payments grea & contacts from government appace 94. Membership dues and assessments 95. Membership dues and assessments 96. Dividends & interest from socurities 97. Net retail income of ((iss) from sale solds a dolt-financed property 10. Belated or exempt function income (income of (iss) from pass great 10. Belated or exempt function income (income of (iss) from pass great 10. Belated from government appace 97. Membership dues and assessments 98. Net retail income of ((iss) from pass great 10. Belated (iss) from pass g		0 (2003) NORTHWEST INTERPR				91-0921	.955 Page 6
Note: Enter gross amounts unless otherwise discrete descriptions and service revenue a Misc. Program service revenue a Misc. Program Rental b Pass and Fee Programs c	at dire	Analysis of Income-Produ		· · · · · · · · · · · · · · · · · · ·		. 510 510 514	
a Misc. Program Rental b Pass and Fee Programs c d file Medicare/Medicard payments grees & contracts from ownment agencies file Medicare/Medicard payments grees & contracts from ownment agencies file Medicare/Medicard payments grees & contracts from ownment agencies file Medicare/Medicard payments grees & contracts from ownment agencies file Medicare/Medicard payments grees & contracts from ownment agencies file Medicare/Medicard payments fil			(A)	(B)	(C)	(D)	Related or exempt
b Pass and Fee Programs c d d Medicare/Medicard payments g Fee & contracts from government agences 94 Membership dues and assessments 95 Interest or saying & temporary cath memits 96 Dividends & interest from securities 97 Net tendial income or (loss) from red etable: a debt-frameded property b not debt-financed property b not d							20 701
d f Medicare/Medicaid payments g Fess & contracts from government ageods the misses of samps & temporary cash infernits for power samps & temporary cash							
Membership dues and assessments f Membership dues and assessments f Membership dues and assessments f Membership dues and assessments f Membership dues and assessments f Membership dues and assessments f Membership dues and assessments f Membership dues and assessments f Membership dues and assessments f Membership dues and assessments f Membership dues and assessments f Membership dues and assessments f Membership dues (on a separate death of the death of	_						,
f Medicare/Medicard payments grees & contracts from government agencies 9 Membership dues and assessments 55 Interest on saving & temporary cash invinitis 9 Dividence of closely from securities 97 Net rental income of (close) from securities 98 Net rental income of (close) from securities 99 Net rental income of (close) from per prop 99 Other investment income 100 Gan or (close) from special events 1010 Gones potal or (close) from special events 102 Gross potal or (close) from special events 103 Other revenue a 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 106 Total (add line 104, columns (B), (D), and (E)) 107 Total (add line 104, columns (B), (D), and (E)) 108 Total (add line 104, columns (B), (D), and (E)) 109 Total (add line 104, columns (B), (D), and (E)) 109 Total (add line 104, columns (B), (D), and (E)) 109 Total (add line 104, columns (B), (D), and (E)) 109 Total (add line 104, columns (B), (D), and (E)) 100 Total (add line 104, columns (B), (D), and (E)) 101 Total (add line 104, columns (B), (D), and (E)) 102 Total (add line 104, columns (B), (D), and (E)) 103 Cherrevenue a 104 Subtotal (add columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 106 Total (add line 104, columns (B), (D), and (E)) 107 Total (add line 104, columns (B), (D), and (E)) 108 Total (add line 104, columns (B), (D), and (E)) 109 Total (add line 104, columns (B), (D), and (E)) 109 Total (add line 104, columns (B), (D), and (E)) 100 Total (add line 104, columns (B), (D), and (E)) 101 Total (add line 104, columns (B), (D), and (E)) 102 Total (add line 104, columns (B), (D), and (E)) 103 Total (add line 104, columns (B), (D), and (E)) 104 Total (add line 104, columns (B), (D), and (E)) 105 Total (add line 104, columns (B), (D), and (E)) 106 Total (add line 104, columns (B), (D), and (E) 107 Total (add line 104, columns (B), (D), and (E) 108 Total (add line 104, columns (B), (D), and (E) 109 Total (add line 104, column					ļ		
g Fee & contract from government agencies M Membership dues and assessments Dividends & interest from securities Dividends & interest from securities Dividends & interest from securities Net retail income or (loss) from real estate: a debt-financed property Bit for the first income or (loss) from per prop Other investment income Gam or (loss) from sales of assets other finan inventory Interest or (loss) from sales of assets other finan inventory Other investment income Interest or (loss) from sales of assets other finan inventory Interest or (loss) from sales of assets other finan inventory Interest or (loss) from sales of aventory Interest or (loss) from per property Interest or (loss) f		ledicare/Medicaid payments			1	***************************************	
95 Interest on savings & temporary cash immints 96 Dividend& interest from securities 97 Net rental income or (loss) from real estate: a debt-financed property bind debt-financed property 98 Net rental income or (loss) from pear prop 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 101 Net income or (loss) from spacial events other than inventory 102 Gross profit or (loss) from spacial events other than inventory 103 Other revenue a 104 105 Total (add line 104, columns (B), (D), and (E)) 106 Total (add line 104, columns (B), (D), and (E)) 107 Total (add line 104, columns (B), (D), and (E)) 108 Subbtal (add columns (B), (D), and (E)) 109 Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's evempt purposes (Other than by providing funds for such purposes) 93a Collection of fees from visitors to National Parks and Forests. 93b Trail Guides showing established trails in the National Parks & Forests. 102 Inventory contains info & educational materials re: National Parks & Forests 1102 Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 120 And the organization's evene approach of the provisitors of the provisitor of the provisitors of the provisitors of the provisitors of the provisitors of the provisitors of the provisitors of the provisitors of the provisitor of the provisitors of the provisitor of the provisitors of the provisitor of the provisitor of the provisitor of the provisitor of the provisitor of the pr		· -					
96 Dividends & interest from securities 97 Net rental income or (loss) from real estate: a debt-financed property b not debt-finance		•		· ·-· · · · · · · · · · · · · · · · · ·			
97 Net rental income or (loss) from real estate: a debt-financed property b not debt-financed property 98 Net rental income or (loss) from party prop 99 Other investment income 100 Gain or (loss) from sales of assets other than inventory 1101 Net income or (loss) from special events 102 Gains price from possible investory 1103 Other revenue a 1104 Setutorial (add columns (8), (0), and (5)) 1105 Total (add line 104, columns (8)), (0), and (5)) 1106 Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions) 1108 Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I 1109 Part I 1109 Part I Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions) 1109 Total (add line 104, columns (8)), (0), and (6)) 1109 Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions) 1100 Part I line No. 1100 Total (add line 104, columns (8)), (10), and (6)) 1101 Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions) 1102 Instruction of fees from visitors to National Parks and Forests. 1103 Collection of fees from visitors to National Parks and Forests. 1103 Instruction of fees from visitors to National Parks and Forests. 1102 Inventory contains info & educational materials re: National Parks & Forests 1104 Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions) 1108 Part I linformation Regarding Transfers Associated with Personal Benefit Contracts (See instructions) 1109 Percentage of ownership interest income income Information of which prepare assets assets 1109 Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions) 1101 Part I linformation Regarding Transfers Associated with Personal Benefit Contracts (See instructions) 1102 Part I linformation Regarding Transfers Associated with Personal Benefit Contracts (See instructions) 1103 Part I linformation Regarding Transfers Associated with Personal Benefit Contracts (See ins		. ,			14	9,479.	
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Name, address, and EIN of corporation, percentage of ownership interest N/A Recentage of ownership interest Nature of activities Total income End-of-year assets	Part	Information Regarding Tax	able Subsi	diaries and Disrec	arded Entitie	S (See instructions)	
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b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions) Under penalties of period, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and compared become contract. By 4-04 Date Example Vil Pilot.							
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Exyclo Vilaredo	Diagon	true, correct and consister personal or pr	erarer (other than	officer) is based off all finority	ation or willon prepare	R~4~04	
•				Exic	1. Vilva I	Date	
				7.790	······································		

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

2003

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 91-0921955 NORTHWEST INTERPRETIVE ASSOCIATION Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions List each one If there are none, enter 'None') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense employee paid more than \$50,000 hours per week devoted to position account and other allowances compensation None Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services (See instructions List each one (whether individuals or firms) If there are none, enter 'None ') (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation None Total number of others receiving over \$50,000 for professional services

Sche	dul	A (Form 990 or 990-EZ) 2003 NORTHWEST INTERPRETIVE ASSOCIATION 91-092195	5	F	age.
		Statements About Activities (See instructions.)		Yes	No
1	to	ring the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid incurred in connection with the lobbying activities			
		ust equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		X
	Org	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other particular of the bying activities			
2	sul tax	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal neficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions)			
a	Sa	le, exchange, or leasing of property?	2a		X
ŀ	Lei	nding of money or other extension of credit?	2b		Х
	: Fu	rnishing of goods, services, or facilities?	2 c		X
		See Form 990, Part V		,	
C	l Pa	yment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X	
	_				١,,
		Insfer of any part of its income or assets?	2e		X
3 <i>a</i>	Do exi	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an planation of how you determine that recipients qualify to receive payments)	3a		X
t	•	you have a section 403(b) annuity plan for your employees?	3b	Х	
4	Dic on	you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?	4	į	Х
	e v	Reason for Non-Private Foundation Status (See instructions)			
The	orga	nization is not a private foundation because it is. (Please check only ONE applicable box.)	-		
5		A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)			
6	\perp	A school. Section 170(b)(1)(A)(ii) (Also complete Part V)			
7	-	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8 9	\vdash	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's		- oib	
9	L	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital s	s nam	e, city	/,
10		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section (Also complete the Support Schedule in Part IV-A.)	170(b)(1)(A	A)(IV)
11 a		An organization that normally receives a substantial part of its support from a governmental unit or from the general Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)	public		
11 t		A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, an from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A)	of its s	oggue	eipts rt
13	X	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3) (1) section 509(a)(3) (2)	anızat 2) (S	ons e	
		Provide the following information about the supported organizations (See instructions)			
		(a) Name(s) of supported organization(s)	(b) Lii fror	ne nui n abo	mber ve
		See Statement 7			
			•		
14	Г	An organization organized and operated to test for public safety, Section 509(a)(4), (See instructions.)			
		print organization organized and operated to test for public safety, deciron 505(a)(4), (See Instituctions.)		~	

	edule A (Form 990 or 990-EZ) 200		INTERPRETIVE			921955	Page :
100	Support Schedule (Complete only if you	checked a box on li	ine 10, 11, or 12.)	Use cash method o	of accounting	ıg.
Note	: You may use the worksheet in the	ne instructions for coi	verting from the ac	ccrual to the cash n	nethod of accountin	g	
	ndar year (or fiscal year nning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999		(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	N/A					
	Membership fees received						
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose						
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975						
19	Net income from unrelated business activities not included in line 18						
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
22	Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets						
23	Total of lines 15 through 22						
	Line 23 minus line 17			· · · · · · · ·		£ 1.47 A28	**************************************
	Enter 1% of line 23	45 44			1 37/3		
	Organizations described on line			column (e), line 2		26a	
	Prepare a list for your records to show the supported organization) whose total gifts return. Enter the total of all these excess	for 1999 through 2002 exce	eded the amount shown	other than a government in line 26a. Do not file t	his list with your	26b	
	Total support for section 509(a)(•	column (e)		•	26c	79.00
C	Add Amounts from column (e) for	or lines: 18 22		 26b		26d	
	Public support (line 26c minus lir		·				
	Public support percentage (line	•	ded by line 26c (de	nominator))	•		%
	Organizations described on line			,		1	
а	For amounts included in lines 15 name of, and total amounts rece such amounts for each year	, 16, and 17 that were lived in each year from	e received from a 'on, each 'disqualified	disqualified person, d person ' Do not f i	' prepare a list for y ile this list with you	our records ir return. Er	to show the nter the sum of
	(2002)	(2001)	(2000)		(1999)		
	show the name of, and amount r \$5,000. (Include in the list organ computing the difference betwee (the excess amounts) for each ye	eceived for each year izations described in n the amount receive ear	r, that was more tha lines 5 through 11, d and the larger an	an the larger of (1) as well as individua nount described in	the amount on line als.) Do not file this (1) or (2), enter the	e 25 for the s s list with ye sum of thes	year or (2) our return. Afte se differences
	(2002)	(2001)	(2000)		(1999)		
C	(2002) (Add: Amounts from column (e) for	or lines 15 _ 20 _		16 21		27 c	
C	Add Line 2/a total	a	nd line 27b total			2/d	
	Public support (line 27c total mir			j 1	•	1 1	
	Total support for section 509(a)(2						
-	Public support percentage (line	•	-	••		27g	<u>%</u>
r	Investment income percentage (une is committee (f	umeratori divided	DV LIDE 2/1 (GENOM	unatori) 💆	1 //Ni	*

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15 N/A

Private School Questionnaire (See Instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, 30 and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? 21 If 'Yes,' please describe; if 'No,' please explain (If you need more space, attach a separate statement) 32 Does the organization maintain the following 32 a a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially 32b nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 32c with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? 32 d If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement) Does the organization discriminate by race in any way with respect to 33a a Students' rights or privileges? **b** Admissions policies? 33b c Employment of faculty or administrative staff? 33c d Scholarships or other financial assistance? 33 d e Educational policies? 33e f Use of facilities? 33f a Athletic programs? 33 q h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 34a **b** Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.

Lobbying Expenditures by Electing Public Charities (See instructions.)

		(To be completed ONLY by a	ın eligible organization t	hat filed Fo	rm 576	58)			N/A	
Chec	k ► a	if the organization belongs	s to an affiliated group	Check ►	b	ıf you	checke	ed 'a' and 'limited con	trol' provisions app	ıly.
			bbbying Expenditures' means amounts paid of)			(a) Affiliated group totals	(b) To be complete for ALL electin organizations	ng
36	Total lo	bbying expenditures to influer	ice public opinion (grass	sroots lobby	ng)		36		<u> </u>	
37	Total lo	bbying expenditures to influer	ice a legislative body (di	ırect lobbyıı	ng)		37			
38	Total lo	bbying expenditures (add line	s 36 and 37)				38			
39	Other e	xempt purpose expenditures					39			
40	Total e	xempt purpose expenditures (a	add lines 38 and 39)				40			
41	Lobbyir	ig nontaxable amount. Enter t	he amount from the follo	owing table	_					
	If the a	mount on line 40 is —	The lobbying nont	taxable am	ount is	_	72			
	Not ove	er \$500,000 .	20% of the amoun	t on line 40		\neg				
	Over \$500	0,000 but not over \$1,000,000	\$100,000 plus 15% of t	he excess over	\$500,00	10	3 3 30			
	Over \$1,0	00,000 but not over \$1,500,000	\$175,000 plus 10% of t	he excess over	\$1,000,0	ooo ├	41			
	Over \$1,5	00,000 but not over \$17,000,000	\$225,000 plus 5% of th	e excess over	\$1,500,00	00			34	
	Over \$	17,000,000	\$1,000,000	•						
42	Grassro	oots nontaxable amount (enter	25% of line 41).				42			
43	Subtrac	t line 42 from line 36 Enter -0	0- if line 42 is more than	ı lıne 36			43			
44	Subtrac	t line 41 from line 38. Enter -0	0- if line 41 is more than	line 38			44			
	Caution	n: If there is an amount on eitl	ner line 43 or line 44, yo	ou must file	Form 4	4720				
			4 -Year Averaging I				n 501((h)		

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

		Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total			
45	Lobbying nontaxable amount								
46	Lobbying ceiling amount (150% of line 45(e))								
47	Total lobbying expenditures								
48	Grassroots non- taxable amount								
49	Grassroots ceiling amount (150% of line 48(e))								
50	Grassroots lobbying expenditures								

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

N/A

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

- a Volunteers
- **b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements.
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)
 - If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Γ,	Yes	No	Amount
F			
L			0.00
F			
F			
F			
		12 13	

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c)

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

or the	: Code (other than section	1 501 (0)(3) (organizations) or in section 527, rela	ung to political organizations?	r		
a Trans	fers from the reporting o	rganization t	to a noncharitable exempt organizati	on of:		Yes	No
(i) C	ash				51a (i)		<u>X</u>
(ii)O	ther assets				a (ii)		X
	transactions			<u> </u>			
		ets with a n	oncharitable exempt organization		b (i)		Х
1,	urchases of assets from a		, •	<u> </u>	b (ii)	-	X
			· •	-			
	ental of facilities, equipm		r assets .	·	b (iii)		X
	eimbursement arrangeme	ents			b (iv)		X
(v) Lo	oans or loan guarantees			L	b (v)		X
(vi) P	erformance of services or	r membersh	ip or fundraising solicitations		b (vi)		X
c Sharıı	ng of facilities, equipmen	t, mailing lis	sts, other assets, or paid employees		С		X
d If the	answer to any of the abo	ve is 'Yes,'	complete the following schedule. Col	lumn (b) should always show the fair ma	arket valu	e of	
the go any tr	oods, other assets, or ser ansaction or sharing arra	vices given ingement, sl	by the reporting organization. If the control of th	lumn (b) should always show the fair mar organization received less than fair mar oods, other assets, or services received	ket value	ın	
(a)	(b)			(d)			
Line no.	Amount involved	Name of	(c) noncharitable exempt organization	Description of transfers, transactions, and s	haring arrar	gemen	ts
N/A							
N/A				<u> </u>			
							
-							
-							
			·				
			··				-
							
·				<u></u>			
	organization directly or i ibed in section 501(c) of t s,' complete the following		liated with, or related to, one or mor ther than section 501(c)(3)) or in sec	e tax-exempt organizations tion 527?	► Ye:	s X	No
19 (1 1 C)		scriedule.	(h)	(a)			
	(a) Name of organization		(b) Type of organization	(c) Description of relations	ship		
17 / 3			7,1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		· ··r		
N/A							
	· · · · · · · · · · · · · · · · · · 						
		· · · · · · · · · · · · · · · · · · ·					

2003		Federa	al Stateme	nts		Page 1
Client NWINTRPR	NORTHW	VEST INT	ERPRETIVE AS	SSOCIATION		91-092195
8/02/04	-					02·02PI
Statement 1 Form 990, Part I, Line 10 Gross Profit (Loss) Fron	Sales Of Inven	itory				
EDUCATION PROGRAM					\$	2,897,137.
Gross Sales Less Returns & Allo	vances				\$	2,897,137. 0.
Net Sales Less Cost Of Goods : Gross Profit From Sa		toru			\$	2,897,137. 1,685,491. 1,211,646.
CLOSS LIGHT FIOM SO	TIGG OT THAC	LCOLY			-	1,211,040.
Other Changes in Net As		alances			Total \$	-788,569. -788,569.
Statement 3 Form 990, Part II, Line 43 Other Expenses	1					
			(A)	(B) Program	(C) Management	(D)
			<u>Total</u>	Services		<u>Fundraising</u>
BANK CHGS & CREDIT (BUSINESS TAXES & LIC INSURANCE OFFICE EXPENSE OTHER EXPENSES PROFESSIONAL FEES			87,260. 15,593. 14,333. 40,316. 9,814. 18,516.	87,260.	15,593. 14,333. 40,316. 9,814. 18,516.	
PROJECT EXPENSE PROMOTION STAFF TRAINING		Total	99,430. 5,302. 11,610.	99,430. 5,302. 11,610. \$ 203,602.	\$ 98,572.	<u>\$ 0.</u>

Statement 4 Form 990 , Part III Organization's Primary Exempt Purpose

PROVIDE INFO ABOUT NATIONAL PARKS TO THE PUBLIC.

2003	Federal Statements			Page 2	
ent NWINTRPR NORTHWEST INTERPRETIVE ASSOCIATION				91-0921955	
3/02/04				02:02PN	
Statement 5 Form 990, Part IV, Line 57 Land, Buildings, and Equipment					
Category	Basis	Accı s Depr		Book Value	
Machinery and Equipment	\$ 504,	,539. \$ 40	6,652. \$ 6,652. \$	97,887. 97,887.	
Statement 6 Form 990, Part V List of Officers, Directors, Trustee	es, and Key Employees				
Name and Address	Title and Average Hours Per Week Devoted	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other	
JIM POLLOCK 909 1ST AVENUE SUITE 630 SEATTLE, WA 98104		\$ 0.	\$ 0.	\$ 0.	
DALE POTTER 909 1ST AVENUE SUITE 630 SEATTLE, WA 98104	Board Member 1 HOUR	0.	0.	0.	
WAYNE BROWN 909 1ST AVENUE SUITE 630 SEATTLE, WA 98104	Board Member 1 HOUR	0.	0.	0.	
REED JARVIS 909 1ST AVENUE SUITE 630 SEATTLE, WA 98104	Board Member 1 HOUR	0.	0.	0.	
JOHN OSAKI 909 1ST AVENUE SUITE 630 SEATTLE, WA 98104	Chairman 1 HOUR	0.	0.	0.	
MARJORIE WILLIAMS-WAHENEKA 909 1ST AVENUE SUITE 630 SEATTLE, WA 98104	Board Member 1 HOUR	0.	0.	0.	
JEANETTE HOLMAN 909 1ST AVENUE SUITE 630 SEATTLE, WA 98104	Board Member 1 HOUR	0.	0.	0.	
JIM ADAMS 909 1ST AVENUE SUITE 630 SEATTLE, WA 98104	Executive Direc 40 HOURS	62,177.	4,458.	0.	
DON ROTELL 909 1ST AVENUE SUITE 630 SEATTLE, WA 98104	Board Member 1 HOUR	0.	0.	0.	

2003	Federal Sta	Page 3			
Client NWINTRPR	NORTHWEST INTERPRE	91-0921955			
8/02/04			02 02PI		
Statement 6 (continued) Form 990, Part V List of Officers, Directors, Trustees, and Key Employees					
Name and Add	Title a Average H ess Per Week D	and Hours Compen- evoted sation	Contri- Expense bution to Account/ EBP & DC Other		
BEVERLY VOGT 909 1ST AVENUE SUITE SEATTLE, WA 98104	Board Membe		\$ 0.\$ 0.		
STEPHEN ELMORE 909 FIRST AVE SEATTLE, WA 98104	Board Membe 1 HOUR	er 0.	0. 0.		
		Total \$ 62,177.	<u>\$ 4,458.</u> <u>\$ 0.</u>		
NATIONAL PARK SERVICE	me(s) of Supported Organ	nization(s)	(b) Line # from Above 8		
U.S. FOREST SERVICE BUREAU OF LAND MANAGE	MENT		8		
U.S. ARMY CORP OF ENG			8		
CITY OF SEATTLE			8		