## 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

Department of the Treasury ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

Open to Public Inspection

A F	For the 2	1006 calendar year, or tax year beginning	and er	nding		
	Check if applicable	Please C Name of organization use IRS	D Employer iden	itification number		
	Addres change	s label or print or NORTHWEST INTERPRETIVE ASSOCI	ATION	· · · · · · · · · · · · · · · · · · ·	91-092	1955
	Name change	type   Number and street (or P O. box if mail is not delivered to street	address)	Room/suite	E Telephone nur	nber
	initial return	Specific 164 SOUTH JACKSON STREET			(206)	220-4245
	Final return	Instruc- tions City or town, state or country, and ZIP + 4			F Accounting method	Cash X Accrual
X	Amend return	SEATTLE , WA 98104	Other (specify)			
	Applica pending	<ul> <li>Section 501(c)(3) organizations and 4947(a)(1) nonexempt chariful must attach a completed Schedule A (Form 990 or 990-EZ)</li> </ul>	table trusts	H and I are not app H(a) Is this a group r		n 527 organizations ? Yes X No
		▶WWW.NWPUBLICLANDS.COM		H(b) If "Yes," enter no	umber of affiliates	
		tion type (check only one) $\blacktriangleright$ $X$ 501(c) (3) $\blacktriangleleft$ (insert no) 4947(a)(		H(c) Are all affiliates		'A Yes No
Κ (	Check he	ere $\blacktriangleright$ if the organization is not a 509(a)(3) supporting organization <b>an</b>	<b>d</b> its gross	(If "No," attach a   H(d) Is this a separat	e return filed by a	n or
	•	are normally <b>not</b> more than \$25,000. A return is not required, but if the organ	uzation	ganization cove	red by a group rul	ing? Yes X No
	chooses	to file a return, be sure to file a complete return		I Group Exemption		N/A
						is <b>not</b> required to attach
			<u>4,777.</u>		90, 990-EZ, or 990	)-PF).
Pa	art I	Revenue, Expenses, and Changes in Net Assets or	Fund Bala	nces		<u> </u>
	1	Contributions, gifts, grants, and similar amounts received:	i	i	3 %	
	a	Contributions to donor advised funds	1a			
	Ь	Direct public support (not included on line 1a)	1b	85,3	93.	
	С	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	е	Total (add lines 1a through 1d) (cash \$ 85,393. no	) 1e	85,393.		
	2	Program service revenue including government fees and contracts (from Pa	2	361,708.		
	3	Membership dues and assessments	3	302/.000		
	4	Interest on savings and temporary cash investments	4	18,411.		
	5	Dividends and interest from securities			5	10,411.
	6 a	Gross rents	6a	]	- 3	
					<u> </u>	
	b	Less: rental expenses	_6b		<del></del>	
e	C	Net rental income or (loss) Subtract line 6b from line 6a			6c	····
Revenue	7	Other investment income (describe			) 7	
è	8 a	Gross amount from sales of assets other (A) Securitie	i	(B) Other		
		than inventory	8a			
	b	Less: cost or other basis and sales expenses	8b 8c			
	C	Gain or (loss) (attach schedule)	i i			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)		( <del></del>	8d	
	9	Special events and activities (attach schedule). If any amount is from gamin	ng, check here 🕽	<b>&gt;</b>		
	a	Gross revenue (not including \$ of contributions reported on line	e 1b) <b>9a</b>			
	b	Less: direct expenses other than fundraising expenses	9b		& & & &	
	С	Net income or (loss) from special events. Subtract line 9b from line 9a	1	1	9c	
	10 a	Gross sales of inventory, less returns and allowances	65.			
	b	Less: cost of goods sold	43.			
	С	Gross projit or (1988) from sales of invented (attach schedule). Subtract lin	e 10b from line	10a STMT	1 10c	1,245,522.
	11	Other revenue (from Part VII, line 103)			11	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 60, 8d, 9c, 10c, and 11			12	1,711,034.
	13	Program services (item Tine 44, column (B))	13	1,474,944.		
Ses	14	Management and general (from line 44, column (C))	14	392,324.		
Expenses	15	Fundraising (from line 44, column (D))			15	12,906.
ᄶ	16	Payments to affiliates (attach schedule)	16			
_	17	Total expenses Add lines 16 and 44, column (A)	17	1,880,174.		
	18	Excess or (deficit) for the year Subtract line 17 from line 12		<del></del>	18	-169,140.
ats	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	1,730,365.
Net ssets	20	Other changes in net assets or fund balances (attach explanation)			20	0.
⋖	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	1,561,225.
6230		1 HA For Privacy Act and Panerwork Reduction Act Notice son the cons			41	Eorm 000 (2006)

Form 990 (2006) NORTHWEST INTERPRETIVE ASSOCIATION 91-0921955 Part II Statement of All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) **Functional Expenses** and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Do not include amounts reported on line (B) Program (C) Management (A) Total (D) Fundraising 6b, 8b, 9b, 10b, or 16 of Part I services and general 22a Grants paid from donor advised funds (attach schedule) 0 \_ noncash \$ If this amount includes foreign grants, check here 22b Other grants and allocations (attach schedule 0 • noncash \$ If this amount includes foreign grants, check here 23 Specific assistance to individuals (attach schedule) 24 Benefits paid to or for members (attach 24 schedule) 25a Compensation of current officers, directors, key 70,000. employees, etc. listed in Part V-A STMT 3 35,000 35,000 25a **b** Compensation of former officers, directors, key 0. 0 0 0. employees, etc. listed in Part V-B 25b c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c 26 Salaries and wages of employees not 235,264. 117,632. 117,632. included on lines 25a, b, and c 26 27 Pension plan contributions not included on 15,744. 7,872. 7,872. lines 25a, b, and c 27 28 Employee benefits not included on lines 13,835 27,671. 13,836 28 25a - 27 18,637 37,274. 18,637 29 Payroll taxes 29 12,906. 12,906 30 30 Professional fundraising fees 27,111. 27,111 31 Accounting fees 31 32 4,792. 4,792. 32 Legal fees Supplies 33 33 1,151 1,151 Telephone <u>5,6</u>36. 5,636. 35 35 Postage and shipping 31,800. 36 Occupancy 36 31.800. 37 16,034. 16,034. Equipment rental and maintenance 37 38 Printing and publications 38 23,681 4,435 19,246 39 39 3,590. 3,590 Conferences, conventions, and meetings 40 40 46 46. Interest 41 42 Depreciation, depletion, etc. (attach schedule) 42 32.612 32,612 Other expenses not covered above (itemize) 43a 43b 43d 43e 43f 277,487. SEE STATEMENT 2 334,862. 57,375 44 Total functional expenses Add lines 22a through 43g (Organizations completing columns (B)-(D), 392,324. 12,906. carry these totals to lines 13-15) 1,880,174. 1,474,944. Joint Costs. Check ▶ ☐ If you are following SOP 98-2 ► Yes X No Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ; (ii) the amount allocated to Program services \$ If "Yes," enter (i) the aggregate amount of these joint costs \$ 906. (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

623011 01-23-07

Form 990 (2006)

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

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

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) 4947(a) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  a OPERATED 131 EDUCATIONAL BOOKSTORES IN VISITOR INFORMATION CENTERS IN FEDERAL, STATE AND LOCAL PUBLIC LANDS. PROVIDED STAFF AND VOLUNTEERS TO ASSIT WITH VISTOR ORIENTATION FOR 10 MILLION ANNUAL PUBLIC LANDS VISITORS.	d for 501(c)(3) ) orgs., and (1) trusts, but I for others )
CENTERS IN FEDERAL, STATE AND LOCAL PUBLIC LANDS. PROVIDED STAFF AND VOLUNTEERS TO ASSIT WITH VISTOR ORIENTATION FOR 10 MILLION ANNUAL PUBLIC LANDS VISITORS.  (Grants and allocations \$ ) If this amount includes foreign grants, check here \( \bigcup \) 1,2  b ASSISTANCE TO THE NATIONAL PARK SERVICE, USDA FOREST SERVICE, ARMY CORPS OF ENGINEERS AND WASHINGTON STATE PARKS IN CONDUCTING INTERPRETIVE PROGRAMS AND RESEARCH.  (Grants and allocations \$ ) If this amount includes foreign grants, check here \( \bigcup \) 1  C PUBLISHED BOOKS, BROCHURES, MAPS AND NEWSPAPERS TO SUPPORT EDUCATION AND INCREASED KNOWLEDGE OF NORTHWEST PUBLIC LANDS.  (Grants and allocations \$ ) If this amount includes foreign grants, check here \( \bigcup \) 1  (Grants and allocations \$ ) If this amount includes foreign grants, check here \( \bigcup \) 1  (Grants and allocations \$ ) If this amount includes foreign grants, check here \( \bigcup \) 1  (Grants and allocations \$ ) If this amount includes foreign grants, check here \( \bigcup \) 1	
b ASSISTANCE TO THE NATIONAL PARK SERVICE, USDA FOREST  SERVICE, ARMY CORPS OF ENGINEERS AND WASHINGTON STATE PARKS  IN CONDUCTING INTERPRETIVE PROGRAMS AND RESEARCH.   Grants and allocations \$ ) If this amount includes foreign grants, check here ▶  C PUBLISHED BOOKS, BROCHURES, MAPS AND NEWSPAPERS TO SUPPORT  EDUCATION AND INCREASED KNOWLEDGE OF NORTHWEST PUBLIC LANDS.  Grants and allocations \$ ) If this amount includes foreign grants, check here ▶  GRAISED FUNDS AND IN KIND SERVICES TO SUPPORT THE CUTTING AND	
C PUBLISHED BOOKS, BROCHURES, MAPS AND NEWSPAPERS TO SUPPORT EDUCATION AND INCREASED KNOWLEDGE OF NORTHWEST PUBLIC LANDS.  (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ □  d RAISED FUNDS AND IN KIND SERVICES TO SUPPORT THE CUTTING AND	03,207.
d RAISED FUNDS AND IN KIND SERVICES TO SUPPORT THE CUTTING AND	74,085.
	80,252.
(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐ 1  e Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here ▶ ☐	17,400.
Fo	74,944.

Form **990** (2006)

Part V-II   Other Information (See the instructions)   None   Part V-II   Other Information (See the instructions)   None   Repair (A)   Name and address   None	Form 990 (200		E ASSOCIATION		<u>91-0921</u>		Page	_	
b Are any officers, directors, trustees, or key employees listed in Form 950, Part VA or highest compensated employees listed on Schedule A, Part I, or highest compensated professional and other independent contractors listed on Schedule A, Part I and Pit, Pistato to each other through family or business relationships ("I" Yes," attach a statement that identifies the individuals and explains the relationships ("I" Yes," attach a statement that dentifies listed in Schedule A, Part I is relationships ("I" Yes," attach a statement that dentifies listed in Schedule A, Part I is relationships ("I" Yes," attach a statement that dentifies listed in Schedule A, Part I is relationships ("I" Yes," attach a statement that reludes the information described in the naturctors of the definitions for the definitions for the definitions of "related organization" see the instructions of the definitions for the definitions for the definitions for the definitions or of the trust of the part of t	<u> </u>		<del></del>					<u> </u>	
Part II A or II-B, related to each other through family or business relationships? If Yes, "attach a statement that identifies the individuals and explains the relationships."  c Do any officers, directors, frustees, or key employees listed in Form 990. Part VA, or highest compensated employees listed on Schedule A, Part II to highest compensated professional and other independent contractors totated in Schedule A, Part II to highest compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organizations of the too the organization have a written confact of intensit policy."  Partial Part III and a statement that includes the information dissorbed in the instructions.  If "Yes," attach a statement that includes the information dissorbed in the instructions.  Partial III and promor officer, director, frustees, and Key Employees received compensation or other benefits dissorbed below of during the year, let that person below and entire the amount of compensation or other benefits of dissorbed below of during the year, let that person below and entire the amount of compensation or other benefits of dissorbed below of during the year, let that person below and entire the amount of compensation or other benefits of dissorbed below of during the year, let that person below and entire the amount of compensation or other benefits of dissorbed below of during the year, let that person below and entire the amount of compensation or other benefits of dissorbed below of during the year.  (A) Name and address  (A) Name and address  (B) Leans and Advances  (B) Leans and Advances  (A) Did the organization nake a change in its activities or other benefits of the year.  Yes No  To Did the organization make a change in its activities or other benefits of the year.  Yes a possible of the person of the year of year and year of year and year of year and year of year year year.  Year any Change make an the organization person of			to vote on organization bus	siness at board	I	X. XX.   7.			
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V.A. or highest componisated employees ised in Schedule A, Part I. or highest compensated professional and other independent contractors listed in Schedule A, Part II. Aor II.B., racewo compensation from any other organizations, whether tax expension of taxable, that are related to the organization? See the instructions for the definition of "tested organization" in "Yes," statistic as statement that includes the information described in the instructions  d Does the organization have a written conflict of interest policy?  Part IV.B. Tomer Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, trustee, or key employee received compensation or other benefits described below) during the year; list that person below and enter the amount of compensation or other benefits described below) during the year; list that person below and enter the amount of compensation or other benefits described below) during the year; list that person below and enter the amount of compensation or other benefits described below) during the year; list that person below and enter the amount of compensation or other benefits described below) during the year is the properties of the instructions.  (A) Name and address  (B) Loans and Advances  (B) Loans and Advances  (C) Compensation (C) Commensation (C) C	listed in	Schedule A, Part I, or highest compensated professional and	d other independent contr	actors listed in Sch	nedule A,				
isted in Schedule A. Part I, or highest compensated professional and other independent contractors listed in Schedule A. Part II A. of IB, deserve compensation from any other organizations, whather tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"  4. Does the organization have a written conflict of interest policy?  Part IV — B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any forms officer, director, trustees, and Key Employees That Received Compensation or Other Benefits (if any forms officer, director, trustees, and Key Employees That Received Compensation or Other Benefits (if any forms officer, director, trustees, and Key Employees That Received Compensation or Other Benefits (if any forms officer, director, trustees, and Key Employees That Received Compensation or Other Benefits (if any forms officer, director, trustees, and Key Employees That Received Compensation or Other Benefits (if any forms officer, director, trustee), and the properties of the compensation or other benefits in the appropriate color of the compensation or other benefits in the appropriate color of the compensation or other benefits in the appropriate color of the compensation or other benefits in the appropriate color of the compensation or other benefits in the appropriate color of the compensation or other benefits in the appropriate color of the compensation or other benefits in the appropriate color of the compensation or other benefits in the appropriate color of the compensation or other benefits described to the life of the compensation o	the indi	viduals and explains the relationship(s)				75b	X	_	
d. Dees the organization have a written conflict of interest policy?    Part VI   Primer Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (if any former officer, director, fusites, or key employee received compensation or other benefits (described below) during the year, is that person below and enter the amount of compensation or other benefits (described below) during the year, is that person below and enter the amount of compensation or other benefits (described below) during the year, is that person below and enter the amount of compensation or other benefits in the appropriation (0) Compensation	listed in Part II-A	Schedule A, Part I, or highest compensated professional and or II-B, receive compensation from any other organizations,	d other independent contr whether tax exempt or tax	actors listed in Sci	nedule A, ed to the				
Part VI.   Other Information (See the instructions)   Yes   No.			in the instructions		i		·		
Rant VI   Other Information (See the instructions)   Yes   No		Former Officers, Directors, Trustees, and Ke Benefits (If any former officer, director, trustee, or key en	nployee received compens	sation or other ben	efits (described	r Othe below)	er during		
Part VI Other Information (See the instructions)  76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  77 Were any changes made in the organizing or governing documents but not reported to the IRS?  78 If "Yes," attach a conformed copy of the changes  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year covered by this return?  80 If "Yes," has if filed a tax return on Form 990-T for this year?  81 If 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?  81 If the organization related (other than by association with a statewide or nationwide organization?  81 If the organization related (other than by association with a statewide or nationwide organization?  81 If the organization related (other than by association with a statewide or nationwide organization?  81 If the organization related (other than by association with a statewide or nationwide organization?  81 If the organization related (other than by association with a statewide or nationwide organization?  82 If the organization related (other than by association with a statewide or nationwide organization?  83 If the organization related (other than by association with a statewide or nationwide organization?  84 If the organization related (other than by association with a statewide or nationwide organization?  85 If the organization related (other than by association with a statewide or nationwide organization?  86 If the organization related (other than by association with a statewide or nationwide organization?  87 If the organization related (other than by association with a statewide or nationwide organization?  88 If the organization related (other than by association with a statewide or nationwide organization?  89 If the organization related (other		(A) Name and address		(C) Compensation (if not paid,	(D) Contributions t	o (E) l	xpense ount and		
Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76								_	
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Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change  76	Dart VI 4	Other Information (Conthe antended)					OC NI	_	
statement of each change  Were any changes made in the organizing or governing documents but not reported to the IRS?  If "Yes," attach a conformed copy of the changes  78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  Was the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  b If "Yes," enter the name of the organization \rightarrow N/A  and check whether it is exempt or nonexempt  B1 a Enter direct or indirect political expenditures (See line 81 instructions)  81 b Did the organization file Form 1120-POL for this year?			onducting activities? If "Ve	s." attach a detaile	ed			€.	
If "Yes," attach a conformed copy of the changes  78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has it filed a tax return on Form 990-T for this year?  N/A  78b  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  80 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?  b If "Yes," enter the name of the organization \( N/A \)  and check whether it is \( \) exempt or \( \) nonexempt  81 a Enter direct or indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81b X	stateme	ent of each change	_			76	x		
b If "Yes," has it filed a tax return on Form 990-T for this year?  79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement  80 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 b If "Yes," enter the name of the organization  N/A  and check whether it is exempt or nonexempt  81 a Enter direct or indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81 b X	If "Yes,"	attach a conformed copy of the changes	·			, ,	,		
80 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?    b   If "Yes," enter the name of the organization   N/A   and check whether it is exempt or nonexempt   e			o or more during the year	coverea by this ret		78b			
membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?  b If "Yes," enter the name of the organization		•			i i				
and check whether it is exempt or nonexempt  81 a Enter direct or indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81 b X	membe	rship, governing bodies, trustees, officers, etc., to any other					<u> </u>		
81 a Enter direct or indirect political expenditures (See line 81 instructions)  b Did the organization file Form 1120-POL for this year?  81b X	b If "Yes,"	enter the name of the organization N/A	and check whether it is	exempt or	nonexemnt			, t	
	81 a Enter di	rect or indirect political expenditures (See line 81 instruction	-		· · · · · · · · · · · · · · · · · · ·			\$160-All.	
	<b>b</b> Did the	organization file Form 1120-POL for this year?					<u>X</u>	61	

Forr	orm 990 (2006) NORTHWEST INTERPRETIVE ASSOCIATION 91-0921955							
Pa	art VI Other Information (continued)		Yes	No				
82 a	a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at subs	tantially						
	less, than fair rental value?	82a	X					
b	b If "Yes," you may indicate the value of these items here. Do not include this							
	amount as revenue in Part I or as an expense in Part II							
	(See instructions in Part III ) 23	3,643.						
83 a	a Did the organization comply with the public inspection requirements for returns and exemption applications?							
b	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х					
84 a	a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X				
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts well	re not		* 1				
	tax deductible? N/	'A 84b		]				
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/	'A 85a						
Ь	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	'A 85b						
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization receive	da 🔨	450	13/2				
	waiver for proxy tax owed for the prior year	- Ž.		\ '				
С	c Dues, assessments, and similar amounts from members 85c N/	Ά.		;				
d	d Section 162(e) lobbying and political expenditures 85d N/	'A	` , '	, the state of the				
е	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/	Ά		***				
f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f N/	'A	. Marian.					
g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/	'A 85g	<u> </u>					
h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f							
	to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the							
	following tax year? N/							
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on	3.7						
	line 12 86a N/	Α	13600					
b	b Gross receipts, included on line 12, for public use of club facilities 86b N/		'	33,				
87	501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/	A	- King					
þ	b Gross income from other sources (Do not net amounts due or paid to other sources		1	:				
	against amounts due or received from them)  87b  N/		1.	,				
88 a	a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnershi	p,						
	or an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3?		Sal	!				
	If "Yes," complete Part IX	88a	├	X				
b	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of	<b>I</b>						
	section 512(b)(13)? If "Yes," complete Part XI	<b>▶</b> 88b	1.,-	X				
89 a	a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under		1, 2, 1	36				
	section 4911 ▶ <u>0 · ; section 4912 ▶</u>	<u> </u>	13	ĭ,				
U	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	· '	1	30.				
	transaction during the year or did it become aware of an excess benefit transaction from a prior year?		a'	X				
_	If "Yes," attach a statement explaining each transaction  Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	89b	<del> </del>	3				
Ü	sections 4912, 4955, and 4958	<u> </u>		*				
A	d Enter Amount of tax on line 89c, above, reimbursed by the organization	0.	1					
ه	e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction.			X				
f								
-	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organizations	nization, ,	1 4	X X zd				
•	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	"-	X				
90 a	a List the states with which a copy of this return is filed ►WA							
	Number of employees employed in the pay period that includes March 12, 2006			45				
	a The books are in care of ► NORTHWEST INTERPRETIVE ASSOCIATION Telephone no. ► (	206) 202	2-42					
		P+4 ► 9810						
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X				
	If "Yes," enter the name of the foreign country ▶ N/A							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank							
	and Financial Accounts		<u> </u>					
		Form	1 <b>990</b>	(2006)				

,	n 990 (2			ERPRE	TIVE ASSOC	OITAL	N 91-	0921955 Page <b>8</b>
Pa	rt VI	Other Information (co.	ntınued)					Yes No
С	At any	y timè during the calendar yea	r, did the organiz	ation main	itain an office outsid	le of the Ur	nited States?	91c X
	If "Ye	s," enter the name of the forei	gn country 🕨		N/A			
92	Section	on 4947(a)(1) nonexempt charr	table trusts filing	Form 990	in lieu of Form 1041	I- Check h	ere	▶ □
	and e	nter the amount of tax-exempt	t interest received	d or accrue	ed during the tax ye	ar	▶ 92	N/A
Pa	rt VII	Analysis of Income-F	Producing Ac	tivities (	See the instructions	:)		
No	te: Ente	r gross amounts unless otherw	vise		ed business income		led by section 512, 513, or 514	(E)
	ıcated	ŭ		(A)	(B)	(C) Exclu-	(D)	Related or exempt
93	Progra	m service revenue		Business   code	Amount	sion	Amount	function income
а	•	C PROGRAM INCOM	Œ _	-	· · · · · · · · · · · · · · · · · · ·			206,203.
h		S & FEE PROGRAM		-				155,505.
c	-							
ď				· · · · · · · · · · · · · · · · · · ·				
-								
f	Medica	are/Medicaid payments						<del></del>
		nd contracts from government	t agencies				-	
-		ership dues and assessments		-				
		on savings and temporary cash in		"		14	18,411.	
96		nds and interest from securitie						
97		ntal income or (loss) from real		<b>W</b>		√  √  √  √  √  √  √  √  √  √  √  √  √	TO SERVICE THE SERVICE	Y 1988
-		nanced property					· · ·	<u> </u>
		bt-financed property	<u> </u>					
		ntal income or (loss) from perse	onal property				<del></del>	
99		nvestment income	orial property					
		r (loss) from sales of assets			-			
100		han inventory						
101		come or (loss) from special eve	nte –					
		profit or (loss) from sales of inv						1,245,522.
102		, , ,	ventory					1,243,322.
103		revenue.						
a								
D								
C		<del></del>						
a								
e		1/ 11 1 (D) (D) 1/		2 4		0.	10 411	1 607 220
		al (add columns (B), (D), and (	· · · -	-		0.	18,411.	1,607,230.
		add line 104, columns (B), (D), 105 plus line 1e, Part I, should		t on line 1	2 Port I		▶.	1,625,641.
		Relationship of Activ				mnt Dur	DOCOC (Coo the restrict	
·		······································					·	<del></del>
LIN		Explain how each activity for whice exempt purposes (other than by p				outea impori	antly to the accomplishment	of the organization's
93	A I	RAIL GUIDES AND	RENTAL	PROGR	AMS USED I	N THE	NATIONAL PAR	KS & FORESTS
93	в С	OLLECTION OF FE	EES FROM	VISIT	ORS TO NAT	IONAL	PARKS & FORE	STS
10	2 E	DUCATIONAL & IN	NTERPRETI	VE IN	V THAT PRO	MOTES	NATIONAL PAR	KS & FORESTS
					·			
Pa	rt IX	Information Regarding	ng Taxable Si	ubsidiar	ies and Disrega	arded Er	ntities (See the instructio	ons)
-LLL	ama ada	(A)	(B) Percentage of		(C)		(D)	(E)
	partner	dress, and EIN of corporation, ship, or disregarded entity	ownership interest		Nature of activities		Total income	End-of-year assets
			%					
	N/A %							
			%				<del></del>	
		I Indonesia i Directi	%	A = - ·	And with Di		Et O to	<u> </u>
	rt X	Information Regarding	<del></del>				<del>'</del>	
		e organization, during the year, rec	- ·	-		-		Yes X No
• •	•	e organization, during the year, pay		•	• • • •	fit contract?		Yes X No
_No	ote: /f *	es" to (b), file Form 8870 and	Form 4720 (see	instruction	ns)			
								Form <b>990</b> (2006)

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## **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Supplementary Information-(See separate instructions.)

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

2006

Name of the organization NORTHWEST INTERPRET	אל ידונים	COCTATION		91 09219	
Part I Compensation of the Five Highest I (See page 2 of the instructions. List each one. If there	Paid Emp	oloyees Other Than	Officers, Dire	<del></del>	
(a) Name and address of each employee paid more than \$50,000	,	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE					
	·				
Total number of other employees paid over \$50,000	<b>•</b>	0			
Compensation of the Five Highest I (See page 2 of the instructions. List each one (wheth		•		ional Servic	es
(a) Name and address of each independent contractor	paid more tha	an \$50,000	(b) Type of s	service	(c) Compensation
NONE					
Total number of others receiving over \$50,000 for professional services	•	0			
Part II-B Compensation of the Five Highest I (List each contractor who performed services other t firms. If there are none, enter "None." See page 2 of tl	han professio	onal services, whether individ		ervices	· · · · · · · · · · · · · · · · · · ·
(a) Name and address of each independent contractor	•		(b) Type of	service	(c) Compensation
NONE					
	·		· · · · · · · · · · · · · · · · · · ·		
Total number of other contractors receiving over			<u> </u>	*	
\$50,000 for other services	<b>&gt;</b>	0	, , ,		

d Enter the total number of donor advised funds owned at the end of the tax year

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts

Schedule A (Form 990 or 990-EZ) 2006

N/A

N/A

Par	Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions )								
5 6 7 8 9	A school Section 170(b)(1)(A)(II). (Also complete Part V.)  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(III).  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 name, city, and state								
10 11a 11b 12		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv).  (Also complete the <b>Support Schedule</b> in Part IV-A.)  An organization that normally receives a substantial part of its support from a governmental unit or from the general public.  Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)  A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)  An organization that normally receives. (1) <b>more than 33 1/3%</b> of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) <b>no more than 33 1/3%</b> of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired							
13	by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  Type II Type III-Functionally Integrated  Type III-Other								
		Provid	e the following information at	out the supported organ	nizations (See page 7 of	the instruction	ons.)		
		(a) Name(s) of supported o	rganization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	organization the sup	ipported on listed in porting zation's documents?	(e) Amount of support	
		(a)	rganization(s)	Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organi	ipported on listed in porting zation's	Amount of	
	NOI	(a)		Employer identification	Type of organization (described in lines 5 through 12 above	Is the su organization the sup organic governing	opported on listed in porting zation's documents?	Amount of	
NAT		(a) Name(s) of supported o		Employer identification	Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organic governing	opported on listed in porting zation's documents?	Amount of	
US	FOR	(a) Name(s) of supported o	7ICE	Employer identification	Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organic governing	ipported on listed in porting ration's documents?	Amount of	
US BUF	FOR	(a) Name(s) of supported o  AL PARK SERV  EST SERVICE  OF LAND MAN	7ICE	Employer identification	Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organic governing	ipported on listed in porting ration's documents?	Amount of	
US BUF	FOR REAU ARM	(a) Name(s) of supported o  AL PARK SERV  EST SERVICE  OF LAND MAN  Y CORP OF EN	VICE NAGEMENT	Employer identification	Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organic governing	pported on listed in porting ration's documents?  No  X  X	Amount of	
US BUF US	FOR REAU ARM	(a) Name(s) of supported o  AL PARK SERV  EST SERVICE  OF LAND MAN  Y CORP OF EN	VICE NAGEMENT	Employer identification	Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organic governing	pported on listed in porting ration's documents?  No  X  X  X	Amount of	

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return Do not include these grants in line 15.

N/A

## (To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	.  Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing		Yes	No
	instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues,			
	and other written communications with the public dealing with student admissions, programs, and scholarships?	30	_	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of			
	solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known			· ,
	to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
		_		}
		_		:
		_		
		_	3	23
32	Does the organization maintain the following.	***		F. 4. 1
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		ļ
þ	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	32c		
d		32d		SE
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		-   👸	\$ 7.7%	3.33
		_   🦠	3. 33	
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c	<u> </u>	
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	ł		2 1
		_ },	٠,	<b>\$</b> ;
		_   ,	25	
		_		1. 21
34 a	, , , , , , , , , , , , , , , , , , , ,	34a	ļ	
b	Has the organization's right to such aid ever been revoked or suspended?	34b		98<* t
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		شا	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50,			
	1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	l	

91-0921955 Pa

_	art`VI-A Lobbying Expendi	tures by Electing Public Charities ( an eligible organization that filed Form 5768)				N/A
Che	eck a if the organization belong		if y	you ch	ecked "a" and "limited control	" provisions apply.
		Lobbying Expenditures			(a) Affiliated group	(b) To be completed for all
	(The term "expendit	ures" means amounts paid or incurred )			totals	electing organizations
					N/A	
36	Total lobbying expenditures to influence	public opinion (grassroots lobbying)		36		
37	Total lobbying expenditures to influence	a legislative body (direct lobbying)		37		
38	Total lobbying expenditures (add lines 36	6 and 37)		38		
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add	lines 38 and 39)		40		
41				ż	·	1
	If the amount on line 40 is -	The lobbying nontaxable amount is -		100		
	Not over \$500,000	20% of the amount on line 40	٦.	.ok		
	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		41		
	Over \$1,500,000 but not over \$17,000 000	\$225,000 plus 5% of the excess over \$1,500,000			5 5	17
	Over \$17,000,000	\$1,000,000	J			
42	Grassroots nontaxable amount (enter 25	% of line 41)		42		
43	Subtract line 42 from line 36 Enter -0- if	line 42 is more than line 36		43		
44	Subtract line 41 from line 38. Enter -0- if	ubtract line 41 from line 38. Enter -O- if line 41 is more than line 38				
				. 1	Marie And Co. St. And	190 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Courties If there is an amount on out	har line 42 or line 44 you must file Form 4720		į		L& - 3

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

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

			Lobbying Exp	enditures During 4-Year A	veraging Period	N/A
Calendar year be		(a) 2006	<b>(b)</b> 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying amount	g nontaxable					0.
	g ceiling amount of line 45(e))		\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			0.
47 Total lob expendit	, ,					0.
48 Grassroo	ots nontaxable					0.
	ots ceiling amount of line 48(e))		Transfer To the Barrier			0.
50 Grassroo expendit	ots lobbying tures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the 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.

Yes	No	Amount	
		in Str	late Augus
•			0.

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•					
	VII Information Reg	6 NORTHWEST INTER garding Transfers To and zations (See page 13 of the instri	Transactions and	CIATION 91-0 I Relationships With Noncha	921955 Page 7 ritable
	d the reporting organization d	irectly or indirectly engage in any of t	he following with any other	_	
		section 501(c)(3) organizations) or in ganization to a noncharitable exempt	= :	niicai oi ganizations?	Yes No
•	i) Cash				51a(ı) X
•	i) Other assets ther transactions				a(II) X
-		ets with a noncharitable exempt organ	nization		p(i) X
•	•	noncharitable exempt organization			p(11) X
•	i) Rental of facilities, equipme				b(III) X
(iv	<ul><li>Reimbursement arrangeme</li></ul>	ents			b(iv) X
•	Loans or loan guarantees				b(v) X
•	•	membership or fundraising solicitati			b(vi) X
		mailing lists, other assets, or paid er		always show the fair market value of the	c X
	•	e is tes, complete the following sch given by the reporting organization.	• •		
_		nent, show in column (d) the value of			N/A
(a) Line no.	(b) Amount involved	(c) Name of noncharitable exe		(d) Description of transfers, transactions, an	
					· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·		
					<del></del>
**.*.					
<del></del> -	,				<del></del>
52 a ls	the organization directly or in	directly affiliated with or related to o	ne or more tay-eyempt org	anizations described in section 501(c) of th	Φ
	ode (other than section 501(c)		no or more tax exempt org		Yes X No
	"Yes," complete the following s	• • • •		,	
	(a)	)	_ (b)	(c)	
	Name of org	ganization	Type of organization	Description of relation	iship
	· · · · · · · · · · · · · · · · · · ·				<del></del>
					·
				<u> </u>	

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Current Year Deduction	0	• 0	0.	0.	.0	.0	0.	0.0	0
Current Sec 179	The state of the s		7		and the state of t				;
Accumulated Depreciation	41,326.	11,321.	358.	9,352.	352.	1,248.	800.	2,628.	3,550.
Basis For Depreciation	41,326.	11,321.	358.	9,352.	352.	1,248.	800.	2,628.	3,550.
Reduction In Basis						)			
Bus % Excl									
Unadjusted Cost Or Basis	41,326.	11, 321.	358.	9,352.	352.	1,248.	800.	2,628.	3,550.
No o	16	16 16	16	16	1.0 1.0 1.0 1.0 1.0	0016	16	16 16	16
Life	5.00	10.0016	5.00	5.00	10.0016	10.0016	10.0016	5.00	5.00
Method	TSST TSS	SSL	SL	LST.	SL	SL SL	SL SL	3200DE	200DE
Date Acquired	VARIESEL 0105985L	100178SL 1001831SL	1001828L	100184SL	040187 040187	040187SL	040187SE	040188200DB 100190200DB	100190200DB 100190200DB
Description	1997 KEYSTROKE  TADDITIONS  217" VIEWSONIC MAT URS	3PRE ACRS ASSETS 49/30/82 ASSETS	51983 ASSETS 61984 ASSETS	71985 ASSETS 81986 ASSETS	9MALL UNIT	11CASH REGISTERS 12SALES DISPLAY	13SALES DISPLAY	15MER REI 16CASH REGISTER OL	17CASH REGISTER MISC 18CASH REGISTER ALC
Asset No					ī	ਜ ਜ	H H	नं न	1, 1,

628102 07-28-06

(D) - Asset disposed

990

ear	0 0	0 0	0, 0	0 0	0 0	0, 0	0 0	0, 0,	0 0
Current Year Deduction			1 )		to the time to			1	1
Current Sec 179		1	,	1	And the second of the second o	and the second s	*	The state of the s	
Accumulated Depreciation	3,550.	485.	3,799.	883.	36.	111.	245.	1,190.	22.
Basis For Depreciation	3,550.	485.	3,799.	883.	36.	2,604.	245.	1,190.	22.
Reduction In Basis	A Second			A Company					All and the second
Bus % Excl					***************************************				nes C
Unadjusted Cost Or Basis	3,550.	485.	3,799.	883.	36.	111.	245.	1,190.	22.
No	16	16	16	16	16 16	16	16, 16	16	7 ¢ 1
Life	5.00	5.00	5.00	5.00	5.00	5.00	00.	5.00	00
Method	90200DB	90200DB	90200DB	200DB	200DB	91200DB	200DB	91200DB	91200DB
Date Acquired	1001902	100190200DB	1001	033191200DB 033191200DB	033191200DB	033191	SH033191200DB5 SH033191200DB5	SH033191200DB	0331
	SLC	НО	MSC	EUC	EQ HO	EQP HO 033191200DB EQUIP SH033191200DB	EQUIP SI	EQUIP SE	ORE FS
Description	REGISTER REGISTER	REGISTER REGISTER	23CASH REGISTER	25FS1 BOARD HO	27KEYS HO	ARKNG	REGISTER REGISTER	33CASH REGISTER 34CASH REGISTER	REGISTER REGISTER
	19CASH 20CASH	21CASH 22CASH	3CASH 4CASH	25FS1 E	27KEYS 28MONAR	29MONARCH	31CASH 32CASH	3CASH 4CASH	35CASH 36CASH
Asset No	19	21	23	25	27	300	31	336	350

(D) - Asset disposed

990

Asset No	Description	Date Acquired	Method	Life	S S S	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
3.8	37EQUIPMENT SH 033191200DE	033191200DE		5.00	16 16	266.		Jerman Je	266.	266.		0.0
39	39PRICE MRKNG EQMT HO 033191200DB 40CASH REGISTER/BAD OL 033191200DB	033191	48	5.00	16 16	1,630.		***	1,630.	1,630.	1 :	0
41	41CASH REGISTER/BAD OL 033191200DE 42CASH REGISTER/BAD OL 033191200DE	033191200DE		5.00 16	1.6 1.6	5,276.			5,276.	5,276.	2 A A A A A A A A A A A A A A A A A A A	0.0
43. 44.	43LABEL GUN HO 033191200DE 44CASH REGISTER/BAD_HCL_033191200DE	033191200DE		5.00	16 16.	147.			147.	147.	\$	0.
45	45CASH REGISTER/BAD BLD 033191200DB	033191 033191		5.00	16 16	2,576.	18 4		2,576.	2,576.	* *	0.00
47	47CASH REGISTER/BAD WVC 033191200DE	033191 033191		5.00	16 16	1,723.			1,723.	1,723.		0 0
49	49EQUIPMENT HO	063091200DB 081592200DB	200DB	5.00	16 16	3,786.			3,786.	3,786.	A common in contract to the contract to	0
51	51FILE CABINET 52FURNITURE	090392200DE	48	5.00	16 16	108.			108.	108.	* * * * * * * * * * * * * * * * * * * *	0.0
53 54	53DISPLAY FIXTURE 54PRINTER	091793200DB 093093200DB		5.00 5.00	16 16	265.	***	**************************************	265.	265.	1	0

628102 07-28-06

(D) · Asset disposed

990

ar n	0 0	0	0 0	0 0	0, 0	0 0	31.	433.	513. 535.
Current Year Deduction		1		a de lever		,	3 5,3	41,3	1,51
Current Sec 179	2		THE REPORT OF THE PARTY OF THE PARTY.			N. Goldwarden - American A.			,
Accumulated Depreciation	1,846.	1,727.	1,894.	760.	4,171.	1,116.	1,362.	1,299.	4,539.
Basis For Depreciation	1,846.	1,727.	1,894.	760.	4,171.	1,116.	1,901.	2,163.	7,564.
Reduction In Basis			2.4						
Bus % Excl	\$ ************************************		***************************************			,		Agency and the second	*****
Unadjusted Cost Or Basis	1,846.	1,727.	1,894.	760.	4,171.	1,116.	1,901.	2,163.	7,564.
No No	16	16 16	16	16 16	16	16 16	16	16 16	16 16
Life	5.00	5.00	5.00	5.00	5.00	5.00	5.00 16	5.00	5.00
Method	200DE	200DE 200DE	200DE	SL	SL	SI	SL	SL	SL
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Description	55CASH REGISTERS	57CASH REGISTERS	59CASH REG 320-32-50 60FILE CABINET	61FAX MACHINE SERVER UPGRADE 32MB 62MEM	63PORTABLE COMP	65NATBUS REGISTER 66SERVER UPGRADE	67APPLE MAC G4 SOLOMON UPGRADE 68MODULES	69SOLOMON SOFTWARE	71 SOLOMON SOFTWARE DELL POWEREDGE 2600
Asset	5	N N	5	9	9 9	9	9	9	7

628102 07-28-06

(D) · Asset disposed

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Current Year Deduction	1,527.	5,902.	723.	1.064.	325	1 875		7,628	892.	089	), ),	. 29.	120.	498.	i i	0	``		406.	342.		390.
Current Sec 179		* *			P 4 5 5 8 4 4 6	1 %	1 2	-	,		; ;	* !			and a part of the commence of	1 1	,	Agrana				**
Accumulated Depreciation	4,581.	14,804.	1,946.	2.878.	Ĭ !	, , <del>,</del> , <del>,</del>		9	,							3,758.	4,575		**************************************	· · · · · · · · · · · · · · · · · · ·	-	390.
Basis For Depreciation	. 1637.	~29,512.	3,614.	5 320.	٠.	742 0		, 883.		10 890	4	1,036.	1,084.	1,629.	•	3,758.	4.575		2,435.	1,232.	1 257	1,171.
Reduction In Basis	* .	**************************************					and also a distance	A Commence of the Commence of	₹ \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			2			Spragon man dalyge hannan on o	delen en em souspondentes s'enne		without w manageryphogon	Shandadhaanna Virtual Million V			
Bus % Excl	**************************************	**				マシック	and to have been the					* * * * * * * * * * * * * * * * * * * *			men o a company of the state of	,		& fundament	47.00	alk of		
Unadjusted Cost Or Basis	7,637.	29,512.	3,614.	\$ \$5\ 320.	1.625	• • .		7,883.	2,676.	000	~	41.036.	1,084.	N (2)	A CONTRACT OF THE CONTRACT OF	3,758.	4.575	enement "Laborated VIII - a no. " " " - no. " and " no. " no. " and " no. " no. " and " no. " no. " no. " no. "	2,435.	1,232.	1 257	1,171.
Line No	16	16	16	, <u>,</u>	16	, y	) (	ο Τ	16	7	) §	<b>J</b> 0	16	1.6	***	10	<u>.</u> 9	444	16	. 4 9	. v	16
Life	5.00	5.00	5.00			5.00		3.00	3.00	3,00	**	3.00 16	3.00	3.00	and an and an and an and an and an an and an	5.00	5.00		3.00	3.00	1	_
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Date Acquired	1231028L	123103SL	03030381	031 40 3ST	061303SL	T 0630039T.	) 4 ) 4	TSCOOTT	112005	1 2 3 1 0 5 GT.	1	111606SE	908060	012606SL		032598SL	020199SL		061606SL	03020EST	0.70.2999.	080404SL
Description	73SE DELL WORKSTATIONS SOLOMON IMPLEMENT-03	And the second comments are a second of the	SE NETWORK SHARDWARE-CISCO	SE NETWORK	der de dering virtualisten entretariste entretariste van	STALL SET	OWEREDGE 2800		* * *	CONGRUENT SUPPORT	AL	124	3SE DELL LAPTOP	84SE WEBSTORE SOFTWARE			COMPUTER PART MT ST 86HELENS (	CANO CAM EQUIP -	7STARDOT TECHNOLOGY	,		WORKSTATION
Asset No	7.3	74	75	.76	77	7.8			80	α	5 	82	83	84		82	86		87	88	σα	90

628102 07-28-06

(D) - Asset disposed

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Curr	1		<b>8</b> ; ,	1 3		,		1	4000
Current Sec 179	,	*	0	***************************************		er east con e es es			
Accumulated Depreciation	1,114.	1,670.	267,520.			and the second s			
Basis For Depreciation	1,554.	3,173.	348,759.						
Reduction In Basis	- 1 26	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	0						
Bus % Excl						A A A A A A A A A A A A A A A A A A A	)		
Unadjusted Cost Or Basis	1,554.	3,173.	348,759.		7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				10 12 18 18 18 18 18 18 18 18 18 18 18 18 18
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Life	5.00	5.00						,	****-
Method	·   ·   ·		24 1.75 2.75						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Date Acquired	060802SL 01022604SL	043003SL		X 34					* ***
Description	GATEWAY WORKSTATION 91MONITOR - OL	S, E	DEPR	以 参 好 /	A Company of the Comp				
Asset	o o	6			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Acceptance of the control of the con	

(D) - Asset disposed

FORM 990	INCOME AND COST OF GOODS SO INCLUDED ON PART I, LINE 1		STATEMENT 1
INCOME			
	DWANCES	2,849,265	2,849,265
	OLD (LINE 13)	1,603,743	1,245,522
7. MERCHANDISE PURC 8. COST OF LABOR 9. MATERIALS AND SU 10. OTHER COSTS	GINNING OF YEAR	712,586 1,499,678	2,212,264
	O OF YEAR	608,521	1,603,743

FORM 990	OTHER	REXPENSES		STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISII	NG.
BAD					
DEBTS, CHARGEBACKS &					
OVER/SHORT	2,804.	2,804.			
BANK CHARGES &					
CREDIT CARD FEES	85,679.	85,679.			
TAXES & LICENSES	15,295.		15,295.		
INSURANCE	11,696.		11,696.		
OFFICE EXPENSES	19,513.		19,513.		
OTHER EXPENSE	6,648.	6,313.	335.		
PROJECT EXPENSE	74,085.	74,085.			
MARKETING/PROMOTION	79.	79.			
STAFF TRAINING	10,878.	342.	10,536.		
PROGRAM EXPENSE	1,108,185.	1,108,185.	,		
TOTAL TO FM 990, LN 43	1,334,862.	1,277,487.	57,375.		

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS		TOTALS
JIM ADAMS	70,000.	4,970.		74,970
A. PROGRAM SERVICES	35,000.			35,000
B. MANAGEMENT AND GENERAL	35,000.			35,000
C. FUNDRAISING				
TOTAL PROGRAM SERVICES				35,000
TOTAL MANAGEMENT AND GENERA	AL			35,000
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPE	NSATION INCLUDE	D ON PART II	, LINE 25A	70,000

## EXPLANATION

<sup>1)</sup> TO COOPERATE WITH THE GOVERNMENTAL AGENCIES WITH WHICH THE ASSOCIATION HAS COOPERATIVE AGREEMENTS INCLUDING THE NATIONAL PARK SERVICE, US ARMY CORPS OF ENGINEERS, BUREAU OF LAND MANAGEMENT AND OTHERS TO PROMOTE THE INTERPRETIVE, EDUCATIONAL, HISTORICAL, CONSERVATION, AND SCIENTIFIC ACTIVITIES OF THE AGENCIES AND THEIR MEMBER AREAS FOR THE BENEFIT AND ENJOYMENT OF THE PUBLIC.

FORM 990 DEPRECIATION C	F ASSETS NOT HELD FOR	INVESTMENT	STATEMENT 5
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
1997 KEYSTROKE ADDITIONS	41,326.	41,326.	0.
17" VIEWSONIC MNT URS	645.	645.	0.
PRE ACRS ASSETS	11,321.	11,321.	0.
9/30/82 ASSETS	1,069.	1,069.	0.
1983 ASSETS	257.	257.	0.
1984 ASSETS	358.	358.	0.
1985 ASSETS	9,352.	9,352.	0.
1986 ASSETS	3,923.	3,923.	0.
WALL UNIT	352.	352.	0.
PORTABLE DISPLAY	3,500.	3,500.	0.
CASH REGISTERS	1,248.	1,248.	0.
SALES DISPLAY	13,111.	13,111.	0.
SALES DISPLAY	800.	800.	0.
EQUIPMENT	744.	744.	0.
MER REI	2,628.	2,628.	0.
CASH REGISTER OL	700.	700.	0.
CASH REGISTER MISC	3,550.	3,550.	0.
CASH REGISTER ALC	3,550.	3,550.	0.
CASH REGISTER SLC	3,550.	3,550.	0.
CASH REGISTER YRC	3,550.	3,550.	0.
CASH REGISTER HO	485.	485.	0.
CASH REGISTER CP	3,153.	3,153.	0.
CASH REGISTER	3,799.	3,799.	0.
CASH REGISTER MSC	426.	426.	0.
FS1 BOARD HO	883.	883.	0.
CASH REGISTER EUC	2,216.	2,216.	0.
KEYS HO	36.	36.	0.
MONARCH MRKNG EQ HO	974.	974.	0.
MONARCH ARKNG EQP HO	111.	111.	0.
CASH REGISTER EQUIP SH	2,604.	2,604.	0.
CASH REGISTER EQUIP SH	245.	245.	0.
CASH REGISTER EQUIP SH	16.	16.	0.
CASH REGISTER EQUIP SH	1,190.	1,190.	0.
CASH REGISTER ORE FS	7,248.	7,248.	0.
CASH REGISTER ORE FS	22.	22.	0.
CASH REGISTER ORE FS	146.	146.	0.
EQUIPMENT SH	266.	266.	0.
PRICE MRKNG EQMT HO	92.	92.	0.
PRICE MRKNG EQMT HO	1,630.	1,630.	0.
CASH REGISTER/BAD OL	3,768.	3,768.	0.
CASH REGISTER/BAD OL	5,276.	5,276.	0.
CASH REGISTER/BAD OL	5,578.	5,578.	0.
LABEL GUN HO	147.	147.	0.
CASH REGISTER/BAD HCL	9,579.	9,579.	0.
CASH REGISTER/BAD BLD	2,576.	2,576.	0.
. Aon realoire/pau più			

NORTHWEST INTERPRETIVE ASSOCIATION	4		91-0921955
CASH REGISTER/BAD WVC	 1,723.	1,723.	0.
CASH REGISTER/BAD UVC	406.	406.	0.
EQUIPMENT HO	3,786.	3,786.	0.
CASH REGISTER	472.	472.	0.
FILE CABINET	108.	108.	0.
FURNITURE	151.	151.	0.
DISPLAY FIXTURE	265.	265.	0.
PRINTER	2,391.	2,391.	0.
CASH REGISTERS	1,846.	1,846.	0.
CASH REGISTERS	605.	605.	0.
CASH REGISTERS	1,727.	1,727.	0.
MAYNARD SHELVING	482.	482.	0.
CASH REG 320-32-50	1,894.	1,894.	0.
FILE CABINET	345.	345.	0.
FAX MACHINE	760.	760.	0.
SERVER UPGRADE 32MB MEM	465.	465.	0.
PORTABLE COMP	4,171.	4,171.	0.
CASH REGISTER CHELAN	1,240.	1,240.	0.
NATBUS REGISTER	1,116.	1,116.	0.
SERVER UPGRADE	8,474.	8,474.	0.
APPLE MAC G4	1,901.	1,742.	159.
SOLOMON UPGRADE MODULES	26,653.	21,324.	5,329.
SOLOMON SOFTWARE	2,163.	1,732.	431.
SOLOMON SOFTWARE	6,546.	5,236.	1,310.
SOLOMON SOFTWARE	7,564.	6,052.	1,512.
DELL POWEREDGE 2600 SERVER	7,674.	6,140.	1,534.
SE DELL WORKSTATIONS	7,637.	6,108.	1,529.
SOLOMON IMPLEMENT-03 SUPPORT	29,512.	20,706.	8,806.
SE NETWORK HARDWARE-CISCO	3,614.	2,669.	945.
SE NETWORK HARDWARE-DELL	5,320.	3,942.	1,378.
SE SCANNER	1,625.	1,125.	500.
NETWORK INSTALL - SEIT LEEDS	9,374.	6,625.	2,749.
DELL POWEREDGE 2800 SERVER	7,883.	2,628.	5,255.
DELL BACKUP 10D WINDOWS SERVER	2,676.	892.	1,784.
CONGRUENT SUPPORT SOLOMON	2,070.	092.	1,704.
UPGRADE	10,890.	3,630.	7,260.
SE DELL ADDTIONAL WORKSTATION	1,036.	29.	1,007.
SE DELL LAPTOP	1,084.	120.	964.
SE WEBSTORE SOFTWARE	1,629.	498.	1,131.
COMPUTER PART MT ST HELENS	3,758.	3,758.	0.
COMPUTER PART MT ST HELENS	4,575.	4,575.	0.
GP VOLCANO CAM EQUIP - STARDOT	2,2,2,	-,	•
TECHNOLOGY	2,435.	406.	2,029.
KL COMPUTER KIOSKS	1,232.	342.	890.
COMPUTER PARTS MT RAINIER	1,257.	1,257.	0.
MR DELL WORKSTATION	1,171.	780.	391.
GATEWAY WORKSTATION MONITOR -	_,	,	332.
OL	1,554.	1,425.	129.
KEYSTROKE UPGRADE - OL	1,003.	946.	57.
NC/SD WORKSTATIONS, HARDWARE	3,173.	2,305.	868.
FV SAMSUNG REGISTER	1,440.	760.	680.
TOTAL TO FORM 990, PART IV, LN 57	348,759.	300,132.	48,627.

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE
WAYNE BROWN 164 SOUTH JACKSON STREET SEATTLE, WA 98104	CHAIR 1.00	0.	0.	0.
JIM POLLOCK 164 SOUTH JACKSON STREET SEATTLE, WA 98104	VICE CHAIR 1.00	0.	0.	0.
LORI BROCKMAN-TORRES 164 SOUTH JACKSON STREET SEATTLE, WA 98104	BOARD MEMBER 1.00	0.	0.	0.
LORRAINE DENNING 164 SOUTH JACKSON STREET SEATTLE, WA 98104	BOARD MEMBER 1.00	0.	0.	0.
MICK FOY 164 SOUTH JACKSON STREET SEATTLE, WA 98104	BOARD MEMBER 1.00	0.	0.	0.
JEANNETTE HOLMAN 164 SOUTH JACKSON STREET SEATTLE, WA 98104	BOARD MEMBER 1.00	0.	0.	0.
NEIL MASSER 164 SOUTH JACKSON STREET SEATTLE, WA 98104	BOARD MEMBER 1.00	0.	0.	0.
ANGELA OWEN 164 SOUTH JACKSON STREET SEATTLE, WA 98104	BOARD MEMBER 1.00	0.	0.	0.
BOB REYNOLDS 164 SOUTH JACKSON STREET SEATTLE, WA 98104	BOARD MEMBER 1.00	0.	0.	0.
MARK LESTER 164 SOUTH JACKSON STREET SEATTLE, WA 98104	SECRETARY/TREA	SURER 0.	0.	0.
JIM ADAMS 164 SOUTH JACKSON STREET SEATTLE, WA 98104	EXECUTIVE DIRE 40.00		4,970.	0.
TOTALS INCLUDED ON FORM 990, P	ART V-A	70,000.	4,970.	0.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT

## Form **8868**

(Rev April 2007)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return

OMB No 1545-1709

Internal Hev	Prile a Separate application for each return						
<ul><li>If you</li></ul>	are filing for an Automatic 3-Month Extension, complete only Part I and check this box are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of complete Part II unless you have already been granted an automatic 3-month extension on a previous		rm 8868	<b>▶</b> X			
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed)						
Section	501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - chec aplete Part I only	k this box		<b>&gt;</b>			
	corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reque	st an exter	ision of time				
noted be the addr 990-T In	nic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extelow (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Fitional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or istead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more detail wirs gov/efile and click on e-file for Charities & Nonprofits.	orm 8868 e a compos	electronically ite or consol	r if (1) you want idated Form			
Type or	pe or Name of Exempt Organization			Employer identification number			
print	NORTHWEST INTERPRETIVE ASSOCIATION	9	1-0921	955			
File by the due date for filing your return See Polymer See Polyme							
instructions	City, town or post office, state, and ZIP code For a foreign address, see instructions SEATTLE, WA 98104						
Check t	ype of return to be filed (file a separate application for each return)						
Fo	orm 990-BL	m 4720 m 5227 m 6069 m 8870					
• The b	books are in the care of ► NORTHWEST INTERPRETIVE ASSOCIATION	<del></del>	·· ····				
	thone No ► (206) 202-4245 FAX No ►		<del></del>	····			
● If this box ▶	organization does not have an office or place of business in the United States, check this box is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box	of all memb	ers the exte	group, check this			
	AUGUST 15, 2007 , to file the exempt organization return for the organization name for the organization's return for   X calendar year 2006 or tax year beginning , and ending	ned above	The extensi	on			
2 lf 1	this tax year is for less than 12 months, check reason Initial return Final return		 Change in a	ccounting period			
	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any enrefundable credits. See instructions	22	\$				
_	this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	Ψ				
	x payments made Include any prior year overpayment allowed as a credit	3b	\$				
с Ва	posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)						
Se	ee instructions	3c	\$	N/A			
Caution	. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and	orm 8879-	EO for paym	ent instructions			
I HA I	For Drugon, Ast and Denougely Deduction Ast Nation and materiations		Form 0	960 (Pay 4-2007)			

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