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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No 1545-0047

**2007****Open to Public  
Inspection**

<b>A For the 2007 calendar year, or tax year beginning</b> 10/1/2007 <b>, and ending</b> 9/30/2008				
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; vertical-align: top;">           Please use IRS label or print or type. See Specific Instructions.         </td> <td style="width:55%;"> <b>C Name of organization</b>            Northwest Cooperative Development Center            Number and street (or P O box if mail is not delivered to street address) Room/suite            1063 South Capital Way #211            City or town State or country ZIP + 4            Olympia WA 98501         </td> <td style="width:30%;"> <b>D Employer identification number</b>            91-1355457  <b>E Telephone number</b>            360-943-4241  <b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual  <input type="checkbox"/> Other (specify) ▶         </td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> Northwest Cooperative Development Center Number and street (or P O box if mail is not delivered to street address) Room/suite 1063 South Capital Way #211 City or town State or country ZIP + 4 Olympia WA 98501	<b>D Employer identification number</b> 91-1355457 <b>E Telephone number</b> 360-943-4241 <b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> Northwest Cooperative Development Center Number and street (or P O box if mail is not delivered to street address) Room/suite 1063 South Capital Way #211 City or town State or country ZIP + 4 Olympia WA 98501	<b>D Employer identification number</b> 91-1355457 <b>E Telephone number</b> 360-943-4241 <b>F Accounting method</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶		
<b>G Website:</b> ▶ <a href="http://www.nwcdc.coop/">http://www.nwcdc.coop/</a>				
<b>J Organization type</b> (check only one) ▶ <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>K Check here</b> ▶ <input type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.				
<b>L Gross receipts</b> Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 277,852				
<b>M Check</b> ▶ <input checked="" type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)				

**H and I are not applicable to section 527 organizations**

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included? ☐ Yes ☐ No  
(If "No," attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

**I** Group Exemption Number ▶

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

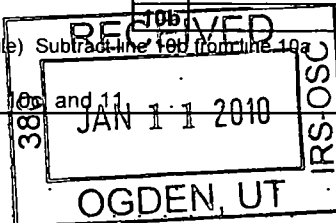
<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received				
		<b>a</b> Contributions to donor advised funds	<b>1a</b>		0	
		<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		29,936	
		<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		0	
		<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		213,622	
		<b>e Total</b> (add lines 1a through 1d) (cash \$ 243,558 noncash \$ 0)	<b>1e</b>		243,558	
		<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		34,022	
		<b>3</b> Membership dues and assessments	<b>3</b>		0	
		<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		272	
		<b>5</b> Dividends and interest from securities	<b>5</b>		0	
<b>Revenue</b>		<b>6a</b> Gross rents	<b>6a</b>			
		<b>b</b> Less rental expenses	<b>6b</b>			
		<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>		0	
		<b>7</b> Other investment income (describe ▶)	<b>7</b>		0	
		<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		<b>b</b> Less cost or other basis and sales expenses	<b>8a</b>	0	0	
		<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>	0	0	
		<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8c</b>	0	0	
		<b>8d</b>			0	
		<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
<b>Revenue</b>		<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1b)	<b>9a</b>		0	
		<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>		0	
		<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a	<b>9c</b>		0	
		<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		0	
		<b>b</b> Less cost of goods sold	<b>10b</b>		0	
		<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>		0	
		<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		0	
		<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>		277,852	
	<b>Expenses</b>		<b>13</b> Program services (from line 44, column (B))	<b>13</b>		195,904
			<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		83,868
		<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		6,873	
		<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		0	
		<b>17 Total expenses.</b> Add lines 16 and 44, column (A)	<b>17</b>		286,645	
<b>Net Assets</b>		<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>		-8,793	
		<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		43,555	
		<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		131,009	
		<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>		165,771	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2007)

(HTA)

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22 a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b> 0	0		
<b>22 b</b>	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b> 0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b> 0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b> 0	0		
<b>25 a</b>	Compensation of current officers, directors, key employees, etc. listed in Part V-A	<b>25a</b> 82,814	44,814	38,000	0
<b>b</b>	Compensation of former officers, directors, key employees, etc. listed in Part V-B	<b>25b</b> 0	0	0	0
<b>c</b>	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)	<b>25c</b> 0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 124,626	100,763	18,984	4,879
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 0			
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b> 0			
<b>29</b>	Payroll taxes	<b>29</b> 0			
<b>30</b>	Professional fundraising fees	<b>30</b> 0			
<b>31</b>	Accounting fees	<b>31</b> 8,859		8,859	
<b>32</b>	Legal fees	<b>32</b> 2,400		2,400	
<b>33</b>	Supplies	<b>33</b> 0			
<b>34</b>	Telephone	<b>34</b> 0			
<b>35</b>	Postage and shipping	<b>35</b> 569		569	
<b>36</b>	Occupancy	<b>36</b> 7,113	6,402	711	
<b>37</b>	Equipment rental and maintenance	<b>37</b> 980		980	
<b>38</b>	Printing and publications	<b>38</b> 0			
<b>39</b>	Travel	<b>39</b> 17,036	17,036		
<b>40</b>	Conferences, conventions, and meetings	<b>40</b> 0			
<b>41</b>	Interest	<b>41</b> 1,828		1,828	
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b> 0	0	0	0
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	See attached statement	<b>43a</b> 40,420	26,889	11,537	1,994
<b>b</b>		<b>43b</b> 0	0	0	0
<b>c</b>		<b>43c</b> 0	0	0	0
<b>d</b>		<b>43d</b> 0	0	0	0
<b>e</b>		<b>43e</b> 0	0	0	0
<b>f</b>		<b>43f</b> 0	0	0	0
<b>g</b>		<b>43g</b> 0	0	0	0
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	<b>44</b> 286,645	195,904	83,868	6,873

**Joint Costs.** Check ☐ if you are following SOP 98-2Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_



**Part IV Balance Sheets** (See the instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>45</b> Cash—non-interest-bearing	90	<b>45</b>	
	<b>46</b> Savings and temporary cash investments	39,383	<b>46</b>	22,249
	<b>47 a</b> Accounts receivable	<b>47a</b> 14,808		
	<b>b</b> Less allowance for doubtful accounts	<b>47b</b> 0	5,635	<b>47c</b> 14,808
	<b>48 a</b> Pledges receivable	<b>48a</b> 0		
	<b>b</b> Less allowance for doubtful accounts	<b>48b</b> 0	0	<b>48c</b> 0
	<b>49</b> Grants receivable		<b>49</b>	
	<b>50 a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	<b>50a</b> 0
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			<b>50b</b>
	<b>51 a</b> Other notes and loans receivable (attach schedule)	<b>51a</b> 0		
	<b>b</b> Less allowance for doubtful accounts	<b>51b</b> 0	0	<b>51c</b> 0
	<b>52</b> Inventories for sale or use		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges	7,309	<b>53</b>	1,929
	<b>54 a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54a</b>	0
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54b</b>	0
	<b>55 a</b> Investments—land, buildings, and equipment basis	<b>55a</b> 0		
	<b>b</b> Less accumulated depreciation (attach schedule)	<b>55b</b> 0	0	<b>55c</b> 0
	<b>56</b> Investments—other (attach schedule)		0	<b>56</b> 0
	<b>57 a</b> Land, buildings, and equipment basis	<b>57a</b> 11,301		
<b>b</b> Less accumulated depreciation (attach schedule)	<b>57b</b> 10,770	2,359	<b>57c</b> 531	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> White Creek cooperative energy contract )	0	<b>58</b>	142,321	
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58	54,776	<b>59</b>	181,838	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses	11,221	<b>60</b>	16,067
	<b>61</b> Grants payable		<b>61</b>	
	<b>62</b> Deferred revenue		<b>62</b>	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule)	0	<b>63</b>	0
	<b>64 a</b> Tax-exempt bond liabilities (attach schedule)	0	<b>64a</b>	0
	<b>b</b> Mortgages and other notes payable (attach schedule)	0	<b>64b</b>	0
	<b>65</b> Other liabilities (describe <input type="checkbox"/> )	0	<b>65</b>	0
<b>66 Total liabilities.</b> Add lines 60 through 65	11,221	<b>66</b>	16,067	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.</b>			
	<b>67</b> Unrestricted	10,067	<b>67</b>	145,986
	<b>68</b> Temporarily restricted	33,488	<b>68</b>	19,785
	<b>69</b> Permanently restricted		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
	<b>70</b> Capital stock, trust principal, or current funds		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
	<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	43,555	<b>73</b>	165,771
<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	54,776	<b>74</b>	181,838	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	289,157
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify) <u>Net assets release from restriction</u>	<b>b4</b>	11,305	
	<u>In-kind</u>			
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	11,305
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	277,852
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	277,852

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	287,566
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>	921	
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	921
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	286,645
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	286,645

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>Maura Schwartz</u> Str <u>150 SE 16th St</u>	Title <u>Director</u>			
City <u>Madras</u> ST <u>OR</u> ZIP <u>97741</u>	Hr/WK <u>1</u>	<u>36,826</u>	<u>0</u>	<u>0</u>
Name <u>Mark Johnson</u> Str <u>1561 Skyline Ridge L</u>	Title <u>Director</u>			
City <u>Tumwater</u> ST <u>WA</u> ZIP <u>98572</u>	Hr/WK <u>1</u>	<u>7,988</u>	<u>0</u>	<u>0</u>
Name <u>Art Siegal</u> Str <u>1110 W. Howe St 10</u>	Title <u>Secretary</u>			
City <u>Seattle</u> ST <u>WA</u> ZIP <u>98119</u>	Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>John Annaloro</u> Str <u>33320 9th Ave S</u>	Title <u>Director</u>			
City <u>Federal Way</u> ST <u>WA</u> ZIP <u>98003</u>	Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Leslye Teuber</u> Str <u>4200 194th SW</u>	Title <u>President</u>			
City <u>Lynnwood</u> ST <u>WA</u> ZIP <u>98036</u>	Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Dan Coyne</u> Str <u>9103 Chestnut Hill Ln</u>	Title <u>Director</u>			
City <u>Olympia</u> ST <u>WA</u> ZIP <u>98513</u>	Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Ken Duft</u> Str <u>801 Brayton Rd</u>	Title <u>VP</u>			
City <u>Pullman</u> ST <u>WA</u> ZIP <u>99163</u>	Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Dave Howard</u> Str <u>38281 Mountain Hom</u>	Title <u>Director</u>			
City <u>Lebanon</u> ST <u>OR</u> ZIP <u>97355</u>	Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Dave Warren</u> Str <u>120 Union Ave SE 2</u>	Title <u>Treasurer</u>			
City <u>Olympia</u> ST <u>WA</u> ZIP <u>98501</u>	Hr/WK <u>1</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Diana Gasaway</u> Str <u>3230 Fishtrap Loop N</u>	Title <u>Executive Directo</u>			
City <u>Olympia</u> ST <u>WA</u> ZIP <u>98506</u>	Hr/WK <u>40</u>	<u>38,000</u>	<u>0</u>	<u>0</u>

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (continued)

	Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">9</span>		
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, 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 relationship(s)	<b>75b</b>	X
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" <span style="float: right;">▶</span> If "Yes," attach a statement that includes the information described in the instructions	<b>75c</b>	X
<b>d</b> Does the organization have a written conflict of interest policy?	<b>75d</b>	

**Part V-B Former 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 in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				

**Part VI Other Information** (See the instructions.)

	Yes	No
<b>76</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>76</b>	X
<b>77</b> 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	<b>77</b>	X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>	X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b>	N/A
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	X
<b>80 a</b> 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>80a</b>	X
<b>b</b> If "Yes," enter the name of the organization <span style="float: right;">▶</span> _____ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
<b>81 a</b> Enter direct and indirect political expenditures (See line 81 instructions) <span style="float: right;"><b>81a</b> 0</span>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	X

**Part VI Other Information (continued)**

Yes No

<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	X	
<b>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.)	<b>82b</b>		921
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	X	
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	<b>83b</b>	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	N/A	
<b>85</b>	<b>501(c)(4), (5), or (6)</b> Were substantially all dues nondeductible by members?	<b>85a</b>	N/A	
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	<b>85b</b>	N/A	
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	N/A	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	N/A	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	N/A	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	N/A	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	<b>85g</b>	N/A	
<b>h</b>	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?	<b>85h</b>	N/A	
<b>86</b>	<b>501(c)(7) orgs</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
<b>87</b>	<b>501(c)(12) orgs</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>		
<b>88 a</b>	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	<b>88a</b>		X
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	<b>88b</b>		X
<b>89 a</b>	<b>501(c)(3) organizations</b> Enter: Amount of tax imposed on the organization during the year under section 4911 <b>▶</b> N/A, section 4912 <b>▶</b> N/A, section 4955 <b>▶</b> N/A			
<b>b</b>	<b>501(c)(3) and 501(c)(4) orgs</b> 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	<b>89b</b>		X
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>▶</b> N/A			
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>▶</b> N/A			
<b>e</b>	<b>All organizations</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	<b>89e</b>		X
<b>f</b>	<b>All organizations</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?	<b>89f</b>		X
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>89g</b>	N/A	
<b>90 a</b>	List the states with which a copy of this return is filed <b>▶</b>	<b>90b</b>		4
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)			
<b>91 a</b>	The books are in care of <b>▶</b> Name <u>NWCDC % Diane Gasaway</u> Telephone no. <b>▶</b> <u>360-943-4241</u> Located at <b>▶</b> <u>1063 South Capital Way #211</u> City <u>Olympia</u> ST <u>WA</u> ZIP + 4 <b>▶</b> <u>98501</u>			
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>▶</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>	<b>91b</b>		X



**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year ▶

92 N/A

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E)
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
93 Program service revenue					
a Contract income			03		32,643
b Miscellaneous			01		1,379
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					272
96 Dividends and interest from securities					
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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	34,294
105 Total (add line 104, columns (B), (D), and (E))					34,294

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93-a	To provide training, educational and professional development for cooperative members
93-b	miscellaneous income
95	interest income

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

Yes ☐ No ☒

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Yes ☐ No ☒

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI**

**Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				0

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
<b>Totals</b>				0

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

**Please  
Sign  
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

*Diane Gasaway*  
Signature of officer

12/29/09  
Date

*Diane Gasaway, Executive Director*  
Type or print name and title

**Paid  
Preparer's  
Use Only**

Preparer's signature	Blue Goulding <i>Blue Goulding</i>	Date	12/28/2009	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	561-64-5936
Firm's name (or yours if self-employed), address, and ZIP + 4	Blue Goulding, LLC 830 Rhoades Rd, Winlock, WA 98596			EIN	45-64-5936		
				Phone no	360-480-6475		

**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.)**

OMB No 1545-0047

**2007**

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

Name of the organization

Northwest Cooperative Development Center

Employer identification number

91-1355457

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶

0

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of others receiving over \$50,000 for professional services ▶

0

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		

Total number of other contractors receiving over \$50,000 for other services ▶

0

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2007**

(HTA)

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ \_\_\_\_\_ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

**a** Sale, exchange, or leasing of property?

2a X

**b** Lending of money or other extension of credit?

2b X

**c** Furnishing of goods, services, or facilities?

2c X

**d** Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? Part V Form 990

2d X

**e** Transfer of any part of its income or assets?

2e X

- 3 a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a

**b** Did the organization have a section 403(b) annuity plan for its employees?

3b X

**c** Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement.

3c X

**d** Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

- 4 a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g.

4a X

**b** Did the organization make any taxable distributions under section 4966?

4b

**c** Did the organization make a distribution to a donor, donor advisor, or related person?

4c

**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 ► \_\_\_\_\_

**f** Enter the total number of separate funds or accounts owned at the end of the tax 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 ► \_\_\_\_\_

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

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  City  ST  Country
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I     
 ☐ Type II     
 ☐ Type III-Functionally Integrated     
 ☐ Type III-Other

**Provide the following information about the supported organizations.** (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
					0
					0
					0
					0
					0
					0
<b>Total</b>					0

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	243,558	422,489	391,362	493,433	1,550,842
<b>16</b> Membership fees received		250	700	1,150	2,100
<b>17</b> 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	32,643	12,010	28,412	132,125	205,190
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	272	113	4	55	444
<b>19</b> Net income from unrelated business activities not included in line 18.					0
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	1,379			974	2,353
<b>23</b> Total of lines 15 through 22	277,852	434,862	420,478	627,737	1,760,929
<b>24</b> Line 23 minus line 17	245,209	422,852	392,066	495,612	1,555,739
<b>25</b> Enter 1% of line 23	2,779	4,349	4,205	6,277	17,410

<b>26 Organizations described on lines 10 or 11:</b>	<b>a</b> Enter 2% of amount in column (e), line 24	<b>26a</b>	31,115
<b>b</b> Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. <b>Do not file this list with your return.</b> Enter the total of all these excess amounts		<b>26b</b>	
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)		<b>26c</b>	1,555,739
<b>d</b> Add: Amounts from column (e) for lines 18 <u>444</u> 19 <u>          </u> 22 <u>2,353</u> 26b <u>          </u>		<b>26d</b>	2,797
<b>e</b> Public support (line 26c minus line 26d total)		<b>26e</b>	1,552,942
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))		<b>26f</b>	99.82%

<b>27 Organizations described on line 12:</b>	<b>a</b> For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." <b>Do not file this list with your return.</b> Enter the sum of such amounts for each year: (2006) <u>                                </u> (2005) <u>                                </u> (2004) <u>                                </u> (2003) <u>                                </u>		
<b>b</b> For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) <b>Do not file this list with your return.</b> After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) <u>                                </u> (2005) <u>                                </u> (2004) <u>                                </u> (2003) <u>                                </u>			
<b>c</b> Add: Amounts from column (e) for lines 15 <u>          </u> 16 <u>          </u> 17 <u>          </u> 20 <u>          </u> 21 <u>          </u>		<b>27c</b>	0
<b>d</b> Add: Line 27a total <u>          </u> and line 27b total <u>          </u>		<b>27d</b>	0
<b>e</b> Public support (line 27c total minus line 27d total)		<b>27e</b>	0
<b>f</b> Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	<b>27f</b>		
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))		<b>27g</b>	0.00%
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		<b>27h</b>	0.00%

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

**Part V****Private School Questionnaire** (See page 9 of the instructions )

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

	Yes	No
<b>29</b> 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?	<b>29</b>	
<b>30</b> 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?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ..... ..... .....	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ..... .....	<b>32d</b>	
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ..... ..... .....	<b>33h</b>	
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☒ **a** ☐ if the organization belongs to an affiliated group Check ☐ **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

		(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	0	0
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	0	0
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table—			
<b>If the amount on line 40 is—</b>	<b>The lobbying nontaxable amount is—</b>		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	0	0
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	0	0
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	0	0

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 13 of the instructions )

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount					0
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0
<b>47</b> Total lobbying expenditures					0
<b>48</b> Grassroots nontaxable amount					0
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0
<b>50</b> Grassroots lobbying expenditures					0

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

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
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0



**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions )

- 51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

- a Transfers from the reporting organization to a noncharitable exempt organization of**

- (i) Cash

- (ii) Other assets

- b Other transactions**

- (i) Sales or exchanges of assets with a noncharitable exempt organization

- (ii) Purchases of assets from a noncharitable exempt organization**

- (iii) Rental of facilities, equipment, or other assets**

- (iv) Reimbursement arrangements

- (v) Loans or loan guarantees**

- (vi) Performance of services or membership or fundraising solicitations

- c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		
a(ii)		
b(i)		
b(ii)		
b(iii)		
b(iv)		
b(v)		
b(vi)		
c		

[illegible]

- 52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

- b** If "Yes," complete the following schedule

[illegible]

Form

**4562-FY**

# Depreciation and Amortization

## (Including Information on Listed Property)

OMB No 1545-0172

**2007**

Attachment

Sequence No **67**Department of the Treasury  
Internal Revenue Service

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return Northwest Cooperative Development Center	Business or activity to which this form relates 990	Identifying number 91-1355457
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**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1 Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	125,000
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	0

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	1,828
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

**Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System**

20 a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	1,828
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562-FY (2007)

(HTA)

**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a - Contributions to Donor Advised Funds</b>		
<b>Line 1b - Direct public support</b>		
1 Contributions	29,936	1
2 Membership dues and assessments (contributions from the public)		2
3 Commercial co-venture		3
4 Special events contributions (Line 9 - Special Events)	0	4
5		5
6		6
7		7
8		8
9		9
10 Total	29,936	10 0
<b>Line 1c - Indirect public support</b>		
<b>Line 1d - Government contributions (grants)</b>	213,622	

Line 20 (990) - Other Changes in Net Assets or Fund Balances		131,009
	Description	Total
1	Contract investment from White Creek Energy Sale	141,396
2	Adjustments per audit to bring form 990 into agreement with the audited statements	-10,387
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

**Part II, Line 43 (990) - Other Expenses**

40,420

26,889

11,537

1,994

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Technical assistance (less Maura)	9,007	9,007		
2	Education and development - less inkind	7,226	7,226		
3	Telecommunications	3,610		3,610	
4	Project expenses other	6,322	6,322		
5	Program events	3,112	3,112		
6	Services	2,759		765	1,994
7	Insurance	3,272	1,222	2,050	
8	Copy	1,501		1,501	
9	Office	2,174		2,174	
10	Banking	465		465	
11	Consulting	360		360	
12	Bad debts	356		356	
13	Marketing	188		188	
14	Internet	48		48	
15	License and taxes	20		20	
16		0			
17		0			
18		0			
19		0			
20		0			

**Part IV, Line 47 (990) - Accounts Receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Grants and contracts	1	5,635	14,808		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	5,635	14,808	0	0

**Part IV, Line 57 (990) - Land, Buildings, and Equipment**

Category or Item		Land (net of any amortization)	Buildings and Equipment	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Beginning Balance	Ending Balance
				11,301	8,942	10,770	2,359	531
1	Furniture and equipment		X	11,301	8,942	10,770	2,359	531
2							0	0
3							0	0
4							0	0
5							0	0
6							0	0
7							0	0
8							0	0
9							0	0
10							0	0
11							0	0
12							0	0
13							0	0
14							0	0
15							0	0
16							0	0
17							0	0
18							0	0
19							0	0
20							0	0

Part IV, Line 58 (990) - Other Assets

0 142,321

Description		Beginning	End
1	White Creek cooperative energy contract		142,321
2			
3			
4			
5			
6			
7			
8			
9			
10			



Part IV-A, Line b(4) (990) - Reconciliation of Rev per Audited Financial Stmts

		11,305
Other		Amount
1	Net assets release from restriction	10,384
2	In-kind	921
3		
4		
5		
6		
7		
8		
9		
10		

**Part VII, Line 93 (990) - Program Service Revenue**

		Unrelated business income		Excluded by section 512, 513, or 514		
		(A)	(B)	(C)	(D)	(E)
Program Service Revenue		Business code	Amount	Exclusion code	Amount	Related or exempt function income
a	Contract income			03		32,643
b	Miscellaneous			01		1,379
c						
d						
e						
f						
g						
h						
i						
j						
k						
l						
m						
n						
o						
p						
q						
r						
s						
t						
u						
v						
w						
x						
y						
z						

**Part VIII (990) - Relationship of Activities to the Accomplishment of Exempt Purposes**

	Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
1	93-a	To provide training, educational and professional development for cooperative members
2	93-b	miscellaneous income
3	95	interest income
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

**Part IV-A, Line 22 (Sch A (990/990-EZ)) - Other Income**

Description		(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
1	Misc	1,379			974	2,353
2						0
3						0
4						0
5						0
6						0
7						0
8						0
9						0
10						0
Total of Other Income		1,379	0	0	974	2,353