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## Form 990

**Return of Organization Exempt From Income Tax** 

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

OMB No 1545-0047 2009

Department of the Treasury

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_		2009 calend	lar year, o					, 20	09, and e	ndin	g	D. Empley	Ida	mtufumation at		
В		applicable	Please use	C Name	-									ntification Nu	ımber	
	Addr	ess change	IRS label or print					OUP, INC.						2511		
	Nam	e change	or type. See	1		-		not delivered to stree	t addr) R	oom/s	uite	E Telepho				
	Initia	il return	specific Instruc-			TH STREE	CT	·				(25	<u>3)</u>	761-94	22	
	Tern	nination	tions.		own or co	untry		Sta			•					
	Ame	nded return		TACOM	IA			W	A 984	06				s \$ 106	,406.	
	Appl	ication pending		and address							H(a) Is this				Yes	X
						N 24th	St Ta	coma	<u>WA 940</u>	6	H(b) Are all If 'No,'			nstructions)	Yes	L
<u> </u>	Tax-e	exempt status	s X 501	(c) (3		(insert no		4947(a)(1) or	527	7			•	•		
J_	Webs		w.nwes		rs.or	<u>:g</u>					H(c) Group		umber	<u> </u>		
<u>K</u>		f organization	X Corpora	ation	Trust	Association	Oth	er 🏲	L Year of F	orma	tion 2000	) M:	State o	f legal domic	ie WA	
Pa	rt I	Summa														
	1 B	riefly describ	oe the org	janızatıor	n's miss	ion or most	signific	ant activities:	TO PROVID	E_A_I	FORUM FOR	EXCHANGE C	OF KNO	OWLEDGE, TH	CHNIQUE,	<u>, p</u>
,	_		. <b></b> .				_ <b></b> .	- <b></b>								
au	_							- <b>-</b>								
E	_		<del>-</del> -					<del></del> -								- –
Activities & Governance								operations or dis	posed of	mor	e than 259	% of its a				
8		lumber of vo							o 16)				4	8		_
ies		otal number				_	enning L	ody (Part VI, lin	e 10)				5	0		—
Ę.		otal number							•				6	40		_
Ac	l .						'III. Icol	umn (C), ine 12					7			_
		let unrelated											71			_
				•							Р	rior Year		Cur	rent Yea	— ar
4	<b>8</b> C	Contributions	and gran	ts (Part \	/III. line	1h)							200		· · · · · · · · · · · · · · · · · · ·	18
Revenue								•	-			91,5		<del></del>	106,	
š	10 lr	Investment income (Part Hit) (6 Lum (A), lines 3, 4, and 7d)													20	
ď	11 C	ther revenue	(Park 12	H. Colum	n-(A), Ti	nest, 6d, 80	c, 9c, 1	Oc, and 11e) .					0			
	12 Total revenue = add lines 8 through 11 (must equal Part VIII, column (A), line 12) 92, 229.														106,	4 (
	1 <b>3</b> G	rants and s	milar ame	pµnt∯pali	d//Plat	IX 👸 umn (	A), line	s 1-3)								
	14 E	enefits paid	∯o\or for i	members	(Part-l	X, column (A	A), line	4)								
,	<b>15</b> S	alaries, othe	er comper	sation, e	mploye	e benefits (F	Part IX,	column (A), line	s 5-10)				0			
3Se	16a F	rofessional,	undraisin	g fees (F	Part IX,	column (A),	line 11	e)								
ē		1														
ũ		Total fundraising expenses (Part IX, column (D), line 25) ► 0.  Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)														1 5
								nn (A), line 25)	• •	•	<b></b>	42,			170,	
										•		50,0				
	13 1	Revenue less	expense	s. Subila	ct iiie i	o irom line	14 .	·			<del> </del>				-63,°	
Net Assets or Fund Balancos			'D	16							Begir	ning of \			d of Yea	_
Bal	1	'otal assets ( 'otal liabilitie:		•				•				94,	583	•	30,	8.3
Net				•												_
		et assets or			ubtract I	ine 21 from	line 20					94,	583	<u></u>	30,	8.
Га	rt II	Signati	ure Bloc	CK				<del> </del>								_
		Under penaltie true, correct, a	s of perjury, and complete	l declare the Declaration	nat I have on of prepa	examined this re arer (other than i	eturn, incl officer) is	uding accompanying based on all informat	schedules a	and sta h prep	itements, and arer has any	to the best knowledge	of my	knowledge ar	nd belief, it	IŞ
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		Type of pr	int name an	u iiie				<del> </del>	Ta :				—r	Propagata id	2015.00.00	
D-3	:				AZ	P 02	R		Date			neck if elf-	550	Preparer's ide (see instruction	ons)	21111
Pai Pre		Preparer's	_	7780	750	- Landa					er	nployed P	· 🛛			
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On		employed), address, and	<u>▶ PO</u>	Box 1	838						E	<u>N</u> ▶				
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		1														_

3	990 (2009) NORTHWEST GIS USER GROUP, INC.	82-0	5225	<u> </u>		Page
art						
	Briefly describe the organization's mission:			a.		
-	TO PROVIDE A FORUM FOR EXCHANGE OF KNOWLEDGE, TECHNIQUE, DATA A	MONG USER	S OF	GTS :	SOFT	WAR
-						
-						
	Did the organization undertake any significant program services during the year which were not listed	on the prior	_			
	Form 990 or 990-EZ?			Yes	X	No
	If 'Yes,' describe these new services on Schedule O.		_			
	Did the organization cease conducting, or make significant changes in how it conducts, any program	services?		Yes	X	No
	If 'Yes,' describe these changes on Schedule O					
	Describe the exempt purpose achievements for each of the organization's three largest program servi and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants expenses, and revenue, if any, for each program service reported.	ices by expens and allocation	ses. Sec s to oth	tion 50 ers, th	)1(c)(3 e total	3)
		) (Revenue			6,0	20.
_	ORGANIZATION PROVIDES FORUM FOR EXCHANGE OF KNOWLEDGE, TECHNI	QUE, AND	DATA			
_	AMONG USERS OF GIS SOFTWARE. ANNUAL MEETING IS ATTENDED BY 1	80 WHERE				
	IDEAS ARE EXCHANGED AND TRAINING IS OFFERED					
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ь	(Code ) (Expenses \$ including grants of \$	) (Revenue	\$			
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1c -	(Code:) (Expenses \$including grants of \$					
1c -	(Code:) (Expenses \$including grants of \$					
- - - -						
- - - - - - -	Other program services. (Describe in Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue)					

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	,	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	_3		Х_
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III.	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7_		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		х
10	'Yes,' complete Schedule D, Part V	10		<u>x</u>
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		x
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
•	<ul> <li>Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII</li> </ul>			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX .		:	
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	; \$	1	
•	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If Yes, complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х_
12/	A Was the organization included in consolidated, independent audited financial statement for the tax  Yes No	,		
12	year in res, completing Schedule D, Farts Al, Alli Alli Is Optional .	12		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  a Did the organization maintain an office, employees, or agents outside of the United States?	13	-	X
	b Did the organization maintain an office, employees, or agents outside of the officed states?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14a 14b		x
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		x
20	complete Schedule G, Part III  Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X

Form 990 (2009) NORTHWEST GIS USER GROUP, INC.

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J </i>	23		_x_
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		_X_
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	<b>*</b> ,\		,
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		x
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I .	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		х_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	х	
RAA		Earn	aan /	ronnar

	The statements regulating out of the finings and tax compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S. Information Returns Enter -0- if not applicable	Ē		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	За		Х
b	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If 'Yes,' enter the name of the foreign country.	Ì		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
b	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	- 7a	-	X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	If 'Yes,' indicate the number of Forms 8282 filed during the year		-	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7 g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? .	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	- R		- v
9	Sponsoring organizations maintaining donor advised funds.	-		Λ
	Did the organization make any taxable distributions under section 4966?	9a		X
	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	1		
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- 1		
	Section 501(c)(12) organizations. Enter			
	Gross income from other members or shareholders .   11 a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

**BAA** Form **990** (2009)

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A.	Governing	Body a	nd Mar	nagen	nent									<del></del>			
																	Yes	No
1 a	Enter the	number of voti	ing membe	ers of the	e goveri	rning t	body					1a	8					1
b	Enter the	number of voti	ing membe	ers that a	are inde	epend	lent					1 b	8					
2	Did any o	officer, director, irector, trustee	, trustee, o or kev em	r key em	nployee	e have	a fam	uly relat	ionship	or a busii	ness rela	ations	hip with	any oth	er	2		<b>X</b>
3	Did the o	rganization dele	egate cont	rol over	manage	gemen	t duties	s custon	marily pe	erformed	by or un	der th	e direc	t supervi	sion	3		
4		s, directors or t rganization mal		_				-	•	•	er persor	1;		•		4	_	<u>X</u>
		prior Form 990					•										_	
5	Did the o	rganization bed	come awar	e during	the yea	ar of a	a mate	rial dive	ersion of	the orga	nızatıon'	's ass	ets?			5		Х
6	Does the	organization ha	ave memb	ers or st	tockholo	ders?				_						6	х	
7 a	Does the	organization had body?	ave memb	ers, stoc	kholde	ers, or	other	persons	who ma	ay elect c	one or m	ore m	embers	of the		7a	х	
b	_	decisions of the	e governing	body su	ubject to	to app	roval b	y memt	bers, sto	ockholder	s, or oth	er per	sons?			7b	Х	
8	Did the o	rganization con	ntemporan	eously d	ocumer	nt the	meetır	ngs held	l or writt	en action	is undert	taken	during	the year	by	Ŷ.		į
а	The gove	rning body?														8a	X	
	•	nmittee with au	thority to a	act on be	half of	the a	overnir	na bodvi	?							8b	X	
	Is there a	iny officer, dire	ctor or trus	stee. or l	kev emi	olove	e listec	d in Part	t VII. Se	ction A, v	who can	not be	reache	d at the		9		x
Sec			(This Se							-	_	reau	ired b	v the li	nternal			
	nue Code		(11113 00	CHOIL	requ	10313	"""	matioi	i abou	i ponen	03 1101	requ	"Cu D	y tiic ii	Kerriai			
			•														Yes	No
10 a	Does the	organization ha	ave local o	hapters,	, branch	hes, o	or affilia	ates?								10a		X
b	If 'Yes,' c	loes the organiz	zation have	e written ations ar	policie re consi	es and	d proce	dures g	overning	g the acti	vities of	such	chapter	s, affilia	tes,	10 b		
11		organization pro	-						_			efore 1	filina th	e form?		11	Х	
		ın Schedule O		. •					-				•					
		organization ha		-		_	_									12a	X	
b	Are office	ers, directors or ts?	r trustees,	and key	employ	yees r	require	d to disc	close an	nually in	terests t	hat co	uld give	e rise		12b		x
С	Does the	organization re	egularly an <i>done</i>	nd consis	stently r	monito	or and	enforce	complia	ance with	the poli	cy? If	'Yes,' d	describe	ın	12 c		x
13		organization ha		en whist	leblowe	er poli	ıcv?			•						13		X
		organization ha				•	-	destruc	tion poli	cv?						14		X
		rocess for dete							•	•	w and a	pprov	al by ın	depende	nt			
		nization's CEO,								beration	aria acci	31011				15a		X
	_	cers of key em				-	nagenn	Citt Oille	, iui							15b		X
_		line 15a or 15	•	•			edule C	) (See	instructi	ons.)	•							
16 a		rganization inve	•	•				•		•	sımılar a	arrang	ement	with a ta	xable			
	entity dui	ring the year?	•		•	•	•		•			•				16a		X
D	in joint ve	has the organiza enture arranger th respect to su	ments und	er applic	able fe	ederal	tax lav	w, and ta	aken ste	ps to saf	eguard t	he org	ganizati	on's exe	mpt	16b		·
Sec		Disclosure							·····									
		tates with whic		of this Fo	rm 990	) is re	quired	to be fil	led ►									
18	Section 6	5104 requires at n Indicate how	ın organıza v you make	ition to n	nake its ivailable	s Forn le. Che	ns 102 eck all	3 (or 10 that app	24 if app ply									blic
	_	website	· —	other's w				_ ``	n reques	st								
19		in Schedule O	whether (a				_		-		g docume	ents, d	conflict	of intere	st policy	, and	fınanc	ıal
	State the	name, physica	al address,		-						s the bo	oks a	nd reco	rds of th	e organı	zation	:	
<b>&gt;</b>	JOANN	E_MARKERT		481	<u>3 N_2</u>	24TH	STR	EET	TACOM	<u>A</u>	<u>W</u>	<u>A</u>	9840	6	(2	53)_7	61-9	9422

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B) Average	Boo	ition :		<b>c)</b>	hat app	lιΑ	(D)	(E)	(F)
Name and Title	hours per week	or director	unstitutional forstee	Offi-er	a key employee	High est commensated	runer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
PAUL FERRO PRESIDENT		х		х						
WENDY CORBIN VICE-PRESIDENT-PRES ELECT		Х		х						
LINDA DAVIS SECRETARY				х						
JOANNE MARKERT CFO/TREASURER				х						
MARK BOSWORTH DIRECTOR		х								
IAN VON ESSEN DIRECTOR		х								
KEITH MASSIE DIRECTOR		х								- · · · · ·
BART BUTTERFIELD DIRECTOR		х								
			_							

Part VII   Section A. Officers, Directors, Trus	(B)	<u>tey</u>	EII		bye c)	es,	anı	(D)	(E)	(F)
Name and Title	Average				k all t			· · ·		Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
			L							
			L							
			L							
			L							
	<u> </u>									
1 b Total							<b>•</b>			<u> </u>
2 Total number of individuals (including but not limited from the organization	to those	e lis	ted a	abov	/e) \	who	rece	eived more than \$	100,000 in reportab	le compensation
nom the diganization				-						Yes No
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in</li> <li>4 For any individual listed on line 1a, is the sum of representation and related organizations greater the individual</li> </ul>	<i>dıvıdual</i> oortable	com ),00(	ipen 0? <i>li</i>	satı f 'Ye	on a	ind o	othei	r compensation fro	om	3 X
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	mnensa	ation	froi	m aı	וו עם	nrel		organization for s	services	. 5 X
Section B. Independent Contractors										
Complete this table for your five highest compensate compensation from the organization	ed indep	ende	ent c	cont	ract	ors t	that	received more tha	n \$100,000 of	
(A) Name and business addres	s							(B Description	) of Services	(C) Compensation
									<del></del>	<del></del>
		_								
2 Total number of independent contractors (including I \$100,000 in compensation from the organization ►	out not l	ımıte	:a to	o tho	se I	iste	a ab	ove) wno received	more than	

	CVIII) Statement of Nevenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c       d Related organizations     1d       e Government grants (contributions)     1e				
CONTRIBUTIC AND OTHER	f All other contributions, gifts, grants, and similar amounts not included above  g Noncash contribns included in lns 1a-1f. h Total. Add lines 1a-1f	180.			
EVENUE	2a CONFERENCE REG. & TRAINING 611710	106,020.	106,020.	0.	0.
PROGRAM SERVICE REVENUE	b NA NA d NA	0.	0.	0.	0.
PROGRAM	f All other program service revenue g Total. Add lines 2a-2f	0. 106,020.	0.	0.	0.
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	206.	206.	0.	0.
	For a Royalties  (i) Real (ii) Personal  6a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses c Gain or (loss)  d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less. direct expenses b	, 5,			·
,	c Net income or (loss) from fundraising events .   9a Gross income from gaming activities. See Part IV, line 19			- 10	
	b Less: direct expenses b  c Net income or (loss) from gaming activities				'
	10a Gross sales of inventory, less returns and allowances				:
	Miscellaneous Revenue Business Code			-	
	c d All other revenue	0.	0.	0.	0.
	e Total. Add lines 11a-11d	0. 106,406.	106,226.	0.	0.

Form 990 (2009)

Part IX | Statement of Functional Expenses

BAA

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) Fundraising (A) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Management and Program service Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line  $22^{\circ}$  . Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0. 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) 0. 0 0 0 0. 0. Other salaries and wages ٥. 0. Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits ..... 10 Payroll taxes Fees for services (non-employees) a Management. **b** Legal c Accounting 459 0 459 0. d Lobbying e Prof fundraising svcs. See Part IV, In 17 f Investment management fees **g** Other 50. 50 0. . . . . . . . . 12 Advertising and promotion Office expenses Information technology 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials . 19 Conferences, conventions, and meetings 169,421. 169,421. 0. 0. 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 228. 228. 0. 0. þ f All other expenses 170,158. 169,699 459 25 Total functional expenses. Add lines 1 through 24f 0. Joint costs. Check here ► \_\_\_\_ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

BAA

Part X **Balance Sheet** (B) End of year (A) Beginning of year 72,028 1 10,290. Cash - non-interest-bearing 22,555 2 Savings and temporary cash investments 20,541. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, 5 and highest compensated employees Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 6 ASSETS 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . 10a Land, buildings, and equipment: cost or other basis 10 a Complete Part VI of Schedule D 10 c **b** Less: accumulated depreciation. 10 b 11 Investments - publicly-traded securities 12 Investments - other securities See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets .. . . . .. 15 15 Other assets. See Part IV, line 11 94,583 30,831. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities. Complete Part X of Schedule D... 0. 26 0. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here and complete lines N E T 27 through 29 and lines 33 and 34. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets R Organizations that do not follow SFAS 117, check here X and complete FUZD lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, and equipment fund BALAZOEV 32 Retained earnings, endowment, accumulated income, or other funds 94,583. 32 30,831. 94,583. 33 30,831. 33 Total net assets or fund balances. 34 Total liabilities and net assets/fund balances 94,583 30,831. Form 990 (2009)

TEEA0111 01/30/10

Form 990 (2009) NORTHWEST GIS USER GROUP, INC.	82-0522511	Pa	ge <b>12</b>
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. X Cash Accrual Other			,
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? .	2a		<u> </u>
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
<b>d</b> If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both:	issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audit		

BAA

Form **990** (2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of	lame of the organization Employer identification number														
			R GROUP, INC.							22511					
Part	l	Reason for Pu	blic Charity Statu	s (All organizations	must c	omple	te this	part.)	See ii	nstructi	ions				
The or	gar	nization is not a priv	ate foundation becaus	e it is: (For lines 1 through	gh 11, cl	neck onl	y one bo	ox )		_					
1 [		A church, convention	on of churches or asso	ciation of churches descr	ribed in s	section '	170(b)(1	)(A)(i).							
2	╕	A school described	in section 170(b)(1)(A	)(ii). (Attach Schedule E	.)										
3				organization described in		n 170(b)	(1XAYii	i).							
4	╡		•	in conjunction with a ho				•	b¥1¥A¥	iii) Ente	r the hospi	tal's			
٠ ,	_	name, city, and sta	-	. III oonganoton mar a no	opital ac		5551.		~,,,,,,,,	,	. ale nespi	tui 5			
5 [			erated for the benefit of	f a college or university	owned o	r operat	ed by a	governr	nental u	nıt descr	ibed in sec	tion			
6				overnmental unit describ											
7 [	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(bx1xAxvi). (Complete Part II)  A community trust described in section 170(bx1xAxvi). (Complete Part II)														
8 <u>[</u>	= · · · · · · · · · · · · · · · · · ·														
9 [	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 exempt 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). (Complete Part III)														
10	┛	An organization org	ganized and operated o	exclusively to test for pub	lic safet	y See s	ection 5	509(a)(4	).						
11 [	= = = = = = = = = = = = = = = = = = =														
		a Type I	<b>b</b> ∏ Type II	_		-		ed		d $\square$	Type III-	Other			
e [	e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section														
f	509(a)(2)  f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box														
g			006, has the organizat	ion accepted any gift or	contribu	tion fron	n any of	the foll	owing pe	ersons?		· · · · · · · · · · · · · · · · · · ·			
												Yes No			
		(i) a person who below, the go	directly or indirectly controlly of the su	ontrols, either alone or to poorted organization?	ogether v	with pers	sons des	cribed	n (II) an	d (III)	11 g (i)				
		=	ber of a person descr	· · -							11 g (ii)				
		• •	•	described in (i) or (ii) ab	ove?					•	11 g (iii)				
h		• •	• •	ne supported organization		•						<u> </u>			
	(1)	Name of Supported Organization	(ii) EiN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) lorganizat	ls the tion in cold in your trining ment?	(v) Did y the organ col your si	uzation in (i) of	organizat	s the ion in col zed in the 5 ?	(vii) Amour	it of Support			
					Yes	No No	Yes	No	Yes	No					
				· · · · · · · · · · · · · · · · · · ·			ļ	<b></b>							
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Total					<u> </u>	<u> </u>									

b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

**b 10%-facts-and-circumstances test** — **2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I) Section A. Public Support (d) 2008 (b) 2006 Calendar year (or fiscal yr beginning in)▶ (a) 2005 (c) 2007 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 359 200 0. 250 180. 989. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt 13,395. 105,126 134,915 91,555 106,020 451,011. purpose . . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 13,754. 105,126. 135,165. 91,755. 106,200. 6 Total. Add lines 1 through 5. 452,000. 7a Amounts included on lines 1. 2, 3 received from disqualified persons 0. 0. 0. 0. 0. 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0. 0 0 0 0. year . 0 Ο. Ο. Ο. 0 c Add lines 7a and 7b 0. 8 Public support (Subtract line \* **!**(\$ ▓. 7c from line 6) ፠ į 13 452,000. Section B. Total Support (e) 2009 Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (f) Total 105,126. 91,755. 106,200. 9 Amounts from line 6 13,754 135,165. 452,000. 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources 833. 474 206 436 415 2,364. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 436. 415 833. 474. 206. 2,364. 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add Ins 9, 10c, 11, and 12) 454,364. First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 99.48% 16 16 Public support percentage from 2008 Schedule A, Part III, line 15 99.34% Section D. Computation of Investment Income Percentage 0.52% 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A. Part III. line 17 18 0.66% 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form	1 990 or	990-	EZ) 2	2009	NO	RTHV	VEST	GIS	USE	R	GROUP	, II	NC.		82-05	2251	1	Page 4
Part IV	Sup	pleme	ntal	Info	rma	tion.	Corr	plete	this	part :	to	provide	the	exp	olanations red dditional info	quired by	Part	II, line	10;
	Part	II, line	17	a or	17b;	and	l Par	<u>t III, I</u>	ine 1	2. Pr	ovi	ide any	othe	er a	dditional info	rmation.	See i	nstruction	ons.
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#### **SCHEDULE 0** (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Open to Public Inspection

NORTHWEST GIS USER GROUP, INC.  Pt VI-A, Line 6 ORGANIZATIONS HAS MEMBERS	82-0522511
Pt_VI-A, Line 6 ORGANIZATIONS HAS MEMBERS	
Pt_VI-A, Line 7a MEMBERS_ELECT_OFFICERS	
Pt_VI-A, Line 7b MINUTES ARE APPROVED BY OFFICERS AND MEMBERS	
Pt VI-B, Line 11A FORM 990 IS DISTRIBUTED TO OFFICERS BY TREASURER	
Pt_VI-C, Line 19 AVAILABLE ON REQUEST	