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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form 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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **JANUARY 01**, 2010, and ending **DECEMBER 31**, 2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization
NORTHWEST HERITAGE RESOURCES

Number & street (or P.O. box, if mail is not delivered to street addr) Room/suite
3505 NE 187TH STREET

City or town, state or country, and ZIP + 4
Lake Forest Park WA 98155

D Employer identification number
94-3245133

E Telephone number
(206) 306-1181

F Group Exemption Number. ▶

G Accounting Method. Cash Accrual Other (specify) ▶

H Check if organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **N/A**

J Tax-exempt status (check only one) -- 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

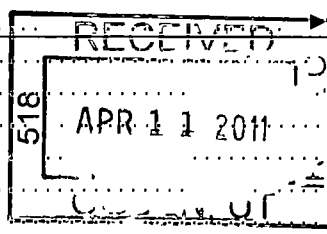
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . ▶ \$ **131,242**

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

Check if the organization used Schedule O to respond to any question in this Part I

| | | | |
|---|---|----------------|----------------|
| REVENUE | 1 Contributions, gifts, grants, and similar amounts received | 1 | 84,400 |
| | 2 Program service revenue including government fees and contracts | 2 | 40,890 |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | 306 |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000). | 6b | |
| c Less: direct expenses from gaming and fundraising events | 6c | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | 5,390 | |
| b Less: cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a). | 7c | 5,390 | |
| 8 Other revenue (describe in Schedule O) | 8 | 256 | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 131,242 | |
| EXPENSES | 10 Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | 36,000 |
| | 13 Professional fees and other payments to independent contractors | 13 | |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | 498 |
| | 16 Other expenses (describe in Schedule O) | 16 | 64,138 |
| 17 Total expenses. Add lines 10 through 16 | 17 | 100,636 | |
| NET ASSETS | 18 Excess or (deficit) for the year (Subtract line 17 from line 9). | 18 | 30,606 |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 113,061 |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 143,667 |



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2010)

14 67

SCANNED APR 20 2011

Part V Other Information (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V.

| | | Yes | No |
|--|------------|-----|----|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | | X |
| 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | 34 | | X |
| 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. | | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? | 35b | | X |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | 36 | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ | | | |
| b Did the organization file Form 1120-POL for this year? | 37b | | X |
| 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | 38a | | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | | |
| 39 Section 501(c)(7) organizations. Enter | | | |
| a Initiation fees and capital contributions included on line 9 | 39a | | |
| b Gross receipts, included on line 9, for public use of club facilities | 39b | | |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____ | | | |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | X |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ | | | |
| d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____ | | | |
| e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | | X |
| 41 List the states with which a copy of this return is filed. ▶ <u>NONE</u> | | | |
| 42a The organization's books are in care of ▶ <u>See attachment #3</u> Telephone no. ▶ _____ Located at ▶ _____ ZIP + 4 ▶ _____ | | | |
| 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)? | 42b | | X |
| If "Yes," enter the name of the foreign country ▶ _____ | | | |
| See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . | | | |
| c At any time during the calendar year, did the organization maintain an office outside of the U.S.? | 42c | | X |
| If "Yes," enter the name of the foreign country: ▶ _____ | | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 -- Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ | | | |
| 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | | X |
| b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | X |
| c Did the organization receive any payments for indoor tanning services during the year? | 44c | | X |
| d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | X |

| | Yes | No |
|--|------------|----|
| 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? | 45 | X |
| a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R must be completed instead of Form 990-EZ (see instructions) | 45a | X |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

| | Yes | No |
|--|------------|----|
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | X |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each employee paid more than \$100,000 | (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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 _____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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

Sign Here
 Signature of officer: *Jill Linzee* Date: *4/7/11*
 Type or print name and title: **JILL LINZEE EXECUTIVE DIRECTOR**

Paid Preparer Use Only
 Preparer's name: *Sumeet Bedi* Preparer's signature: *S Bedi* Date: *4/6/11*
 Check if self-employed PTIN: *P00844665*
 Firm's name: **WASHINGTON TAX & INSURANCE ADVISOR** Firm's EIN: _____
 Firm's address: **720 238TH ST SE UNIT D BOTHELL WA 98021** Phone no: **425-481-4878**

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **NORTHWEST HERITAGE RESOURCES** Employer identification number **94-3245133**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 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(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 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 organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III--Functionally integrated
 - d Type III--Other
- 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 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|-----------------|--------------------------|-------------------------------------|
| 11g(i) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11g(ii) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 11g(iii) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U.S.? | | (vii) Amount of support |
|------------------------------------|----------|---|--|----|---|----|--|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") | 51,195 | 82,253 | 135,906 | 109,586 | 125,290 | 504,230 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 51,195 | 82,253 | 135,906 | 109,586 | 125,290 | 504,230 |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 504,230 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) 2010 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 51,195 | 82,253 | 135,906 | 109,586 | 125,290 | 504,230 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 504,230 |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 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 <input checked="" type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|----|----------|
| 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) | 14 | 100.00 % |
| 15 Public support percentage from 2009 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3 % support test -- 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3 % support test -- 2009. 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 <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test -- 2010. 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 <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test -- 2009. 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 <input type="checkbox"/> | | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/> | | |

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: page 1 - 990-EZ Page 3, Part III

| | | | |
|--|--|------------------------|--|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 01-01-2010, and ending | 12-31-2010. |
| Name of Organization NORTHWEST HERITAGE RESOURCES | | | Employer Identification Number 94-3245133 |

Part III - Statement of Program Service Accomplishments

| | | | | |
|------------------------|--------|--------------------------------|--------------------------|--------|
| Grants and allocations | 40,890 | Amount includes foreign grants | Program service expenses | 40,890 |
|------------------------|--------|--------------------------------|--------------------------|--------|

Exempt Purpose Achievements

PLAN, ADMINISTER AND CONDUCT VARIOUS STATE PARKS PROGRAMS EVENTS. ARRANGE AND CONDUCT VARIOUS TRADITIONAL ARTS PROGRAMS AND DEMONSTRATIONS TO RAISE PUBLIC AWARENESS OF THE DIVERSE NORTHWEST CULTURE.

990 PROGRAM SERVICE ACCOMPLISHMENT

Attachment 1: page 2 - 990-EZ Page 3, Part III

| | | | |
|--|--|------------------------|--|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 01-01-2010, and ending | 12-31-2010 |
| Name of Organization NORTHWEST HERITAGE RESOURCES | | | Employer Identification Number 94-3245133 |

Part III - Statement of Program Service Accomplishments

| | | | | |
|------------------------|--------|--------------------------------|--------------------------|--------|
| Grants and allocations | 84,400 | Amount includes foreign grants | Program service expenses | 84,400 |
|------------------------|--------|--------------------------------|--------------------------|--------|

Exempt Purpose Achievements

PLAN, ADMINISTER AND CONDUCT VARIOUS STATE PARKS PROGRAMS EVENTS. ARRANGE AND CONDUCT VARIOUS TRADITIONAL ARTS PROGRAMS AND DEMONSTRATIONS TO RAISE PUBLIC AWARENESS OF THE DIVERSE NORTHWEST CULTURE.

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 2: page 1 - 990-EZ Page 2, Part IV

| | | | |
|---------------------------|--|------------------------|-------------|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 01-01-2010, and ending | 12-31-2010. |
|---------------------------|--|------------------------|-------------|

| | |
|---|---|
| Name of Organization NORTHWEST HERITAGE RESOURCES | Employer Identification Number 94-3245133 |
|---|---|

| (A) Name and Address | (B) Title and Average Hrs. per Week | (C) Compensation (If not paid, enter 0) | (D) Cont. to Employee Ben. Plans & Def. Comp | (E) Expense Account & Other Allowances |
|--|-------------------------------------|---|--|--|
| JILL LINZEE 3505 NE 187TH ST Lake Forest Park, WA 98155 | EXEC DIRECTOR 40.00 | 36,000 | 0 | 0 |
| LORAN OLSON 1132 HIGHLAND AVE Port Angeles, WA 98362 | PRESIDENT/BD MEMBER 10.00 | 0 | 0 | 0 |
| REBECCA CHAMBERLAIN 4929 COOPER POINT ROAD Olympia, WA 98502 | SECRETARY/BD 10.00 | 0 | 0 | 0 |
| LAUREL SERCOMBE 5518 38TH NE Seattle, WA 98105 | TREASURER/BD MEMBER 10.00 | 0 | 0 | 0 |
| THERESA L. TREBON 17337 RESERVATION ROAD La Conner, WA 98257 | BOARD MEMBER 10.00 | 0 | 0 | 0 |
| MARGARET REED MCDONALD 11507 NE 104TH ST Kirkland, WA 98033 | BOARD MEMBER 10.00 | 0 | 0 | 0 |

990 BOOKS ARE IN CARE OF

Attachment 3 - 990-EZ Page 3, Part V, Line 42a

| | | | | |
|------------------------------|--|-------|--------------|--------------------------------|
| Open to Public Inspection | For calendar year 2010 or tax period beginning | 01-01 | , and ending | 12-31-2010. |
| Name of Organization | | | | Employer Identification Number |
| NORTHWEST HERITAGE RESOURCES | | | | 94-3245133 |

Part V - Line 42a

Individual Name JILL LINZEE

or
Business Name:

Street Address 3505 NE 187TH ST

U S Address:

Zip code 98155 City Lake Forest Park State WA

Foreign Address

City

Province or State

Country

Postal code

Phone Number (206) 306-1181

Fax Number

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

| | | |
|--|---|---|
| Name(s) shown on return NORTHWEST HERITAGE RESOURCES | Business or activity to which this form relates FOR FORM 990-EZ LINE 16 | Identifying number 94-3245133 |
|--|---|---|

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 instructions) | 1 | |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 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 | 500,000 |
| 6 | (a) | (b) |
| (a) Description of property | | (b) Cost (busn use only) |
| | | (c) Elected cost |
| | | 7 |
| 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 | |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | 500,000 |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12 . . . ▶ | 13 | |

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 2010 | 17 | 508 |
| 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 2010 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depr. (business/investment use only -- see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 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 | |
| | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C -- Assets Placed In Service During 2010 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 20a 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 instructions | 22 | 508 |
| 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.

2010 Federal Depreciation Schedule

NORTHWEST HERITAGE RESOURCES
94-3245133

03-28-2011

| Description | Date | Method | Year | Cost | Land/ Other | §179 | Spec Allow | Basis | Prior | Current |
|----------------------------|----------|--------|--------------|--------|----------------|------|---------------|--------|-------|---------|
| Form 990-EZ Line 16 | | | | | | | | | | |
| AKG DESK STAND | 07-16-08 | S/LHY | 7 | 19 | 0 | 19 | 0 | 0 | 0 | 0 |
| AT822 AUDIO MIC | 07-16-08 | S/LHY | 7 | 327 | 0 | 0 | 0 | 327 | 70 | 47 |
| AUDIO RECORDER | 03-09-05 | S/LHY | 7 | 754 | 0 | 0 | 0 | 754 | 695 | 59 |
| CAMERA ACCESSORIES | 10-23-03 | S/LHY | 7 | 2,460 | 0 | 138 | 0 | 2,322 | 2,178 | 144 |
| DIGITAL CAMERA | 05-21-03 | S/LHY | 7 | 2,374 | 0 | 118 | 0 | 2,256 | 2,023 | 161 |
| DIGITAL CAMERA | 11-01-99 | S/LHY | 7 | 3,643 | 0 | 0 | 0 | 3,643 | 3,643 | 0 |
| MICROPHONES | 03-08-05 | S/LHY | 7 | 263 | 0 | 0 | 0 | 263 | 243 | 20 |
| SONYPCM-D50 RECORDER | 07-16-08 | S/LHY | 7 | 540 | 0 | 0 | 0 | 540 | 116 | 77 |
| 8 Assets | | | Totals | 10,380 | 0 | 275 | 0 | 10,105 | 8,968 | 508 |
| 8 Assets | | | Grand Totals | 10,380 | 0 | 275 | 0 | 10,105 | 8,968 | 508 |

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2010 AMT Depreciation Schedule

NORTHWEST HERITAGE RESOURCES
94-3245133

03-28-2011

| Description | Date | Method | Year | Basis | Prior | AMT | Regular | Adjust |
|----------------------------|----------|--------|--------------|--------|-------|-----|---------|--------|
| Form 990-EZ Line 16 | | | | | | | | |
| AKG DESK STAND | 07-16-08 | S/LHY | 7 | 0 | 0 | 0 | 0 | 0 |
| AT822 AUDIO MIC | 07-16-08 | S/LHY | 7 | 327 | 0 | 47 | 47 | 0 |
| AUDIO RECORDER | 03-09-05 | S/LHY | 7 | 754 | 0 | 108 | 59 | -49 |
| CAMERA ACCESSORIES | 10-23-03 | S/LHY | 7 | 2,322 | 0 | 166 | 144 | -22 |
| DIGITAL CAMERA | 05-21-03 | S/LHY | 7 | 2,256 | 0 | 161 | 161 | 0 |
| DIGITAL CAMERA | 11-01-99 | S/LHY | 7 | 3,643 | 0 | 0 | 0 | 0 |
| MICROPHONES | 03-08-05 | S/LHY | 7 | 263 | 0 | 38 | 20 | -18 |
| SONYPCM-D50 RECORDER | 07-16-08 | S/LHY | 7 | 540 | 0 | 77 | 77 | 0 |
| 8 Assets | | | Totals | 10,105 | 0 | 597 | 508 | -89 |
| 8 Assets | | | Grand Totals | 10,105 | 0 | 597 | 508 | -89 |

* Asset disposed this year

~C Carryover basis in like-kind exchange transaction

~B Excess basis in like-kind exchange transaction

2010 DETAIL STATEMENTS

NORTHWEST HERITAGE RESOURCES
94-3245133

STATEMENT #1 - Assets included (SCH D, PG 1 Line 2b)

PRIOR YEAR INVENTORY

TOTAL CARRIED TO SCH D, PG 1 Line 2b

STATEMENT #2 - ()

ACCOUNTS PAYABLE..... 4,250
PAYROLL TAXES PAYABLE..... 2,048

TOTAL CARRIED TO 6,298

STATEMENT #3 - ()

ACCOUNTS PAYABLE..... 4,743
PAYROLL TAXES PAYABLE..... 2,337

TOTAL CARRIED TO 7,080

STATEMENT #4 - ()

TOUR GUIDES..... 3,390
SALE OF SHARON GLENN CD's..... 2,000

TOTAL CARRIED TO 5,390

STATEMENT #5 - ()

PUGET CONSERVATION COOP SCRIPS..... 121
CLASS ACTION SETTLEMENT..... 135

TOTAL CARRIED TO 256

STATEMENT #6 - ()

OFFICE SUPPLIES..... 343
PAYROLL TAXES AND PAYROLL COSTS..... 3,079
PHONE AND LONG DISTANCE CHARGES..... 307
WEBSITE SERVER AND WEBSITE MAINTENANCE..... 770
2009 FEDERAL TAXES..... 311
WA NON-PROFIT FILING FEE..... 10
WSAA MEMBERSHIP..... 35
STORAGE CHARGES..... 527
PARKING FEES..... 67
CALENDAR UPDATING..... 450
ADMIN & TRAVEL..... 600
COWBOY PROGRAMS (ARRA)..... 3,000
CASCADE LOOP SOUTH -DESIGN,CD PRODUCTION..... 14,240
CASCADE LOOP SOUTH-TRAVEL EXPENSES..... 2,819
TOUR GUIDE ADVERTISING..... 1,025
WA ARCHIVE PROJECT..... 8,986
SHARON GLENN CD EXPENSES..... 2,850

Continued On Page2

2010 DETAIL STATEMENTS

NORTHWEST HERITAGE RESOURCES
94-3245133

| | |
|-----------------------------|--------|
| WA STATE PARKS PROGRAM..... | 23,765 |
| CONFERENCE EXPENSE..... | 446 |
| DEPRECIATION..... | 508 |
| TOTAL CARRIED TO | 64,138 |

| | |
|--------------------|--------|
| STATEMENT #7 - () | |
| INVENTORY..... | 45,000 |
| EQUIPMENT..... | 7,700 |

| | |
|--------------------|--------|
| STATEMENT #8 - () | |
| INVENTORY..... | 40,000 |
| EQUIPMENT..... | 10,380 |
