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SCANNED

#### 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)

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury ▶The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service For the 2011 calendar year, or tax year beginning 10/1/2011 and ending 9/30/2012 Check if applicable C Name of organization Employer identification number Northwest Cooperative Development Center Doing Business As Address change 91-1355457 Number and street (or P O box if mail is not delivered to street address) Room/suite Name change E Telephone number Initial return 1063 South Capital Way Apt 211 360-943-4241 City or town, state or country, and ZIP + 4 Terminated 98501 G Gross receipts \$ Amended return F Name and address of principal officer Application pending H(a) Is this a group return for affiliates? Yes X No Diane Gasaway 1063 South Capital Way #211, Olympia, WA 98501 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status X 501(c)(3) 501(c) ( ) **d** (insert no ) 4947(a)(1) or J Website: ► http://www.nwcdc.coop/ H(c) Group exemption number X Corporation K Form of organization Trust Association L Year of formation M State of legal domicile 2003 Part I Summary Briefly describe the organization's mission or most significant activities to foster community economic development, primarily through the cooperative business model. Activities & Governance Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 10 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 425,149 436.107 9 Program service revenue (Part VIII, line 2a) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 4.039 3,566 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column\_(A); line 12) 440,146 428.715 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 0 Benefits paid to or for members (Part IX, column (A)) line 4) 14 0 0 15 Salaries, other compensation, employee-benefits (Part IX, column (A), lines 5-10) 166,921 222,179 Professional fundraising fees (Part IX, column (A), line 11e) 3 16a 0 Total fundraising expenses (Part IX, column (D), fline 25) b Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 236,450 175.061 Total expenses Add lines 13–17 (mustequal Part IX column (A) line 25)
Revenue less expenses Subtract line 18 from line 12 18 403.371 397,240 19 36.775 <u>31,4</u>75 Beginning of Current Year End of Year Total assets (Part X, line 16) 20 373,909 384<u>,224</u> 21 Total liabilities (Part X, line 26) 75,613 54.453 Net assets or fund balances Subtract line 21 from line 20 298,296 329,771 Signature Block 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 compared. Declaration of prepared (other than efficier) is based on all information of which preparer has any knowledge. Sign Here Executive Direct Type or print name and title Preparer's signature Print/Type preparer's name Check ( Paid Blue Goulding Blue Goulding 4/2/2013 self-employed P56164593 Preparer Firm's name ► Blue Goulding, LLC Firm's EIN > 45-0527906 **Use Only** Firm's address > 830 Rhoades Road, Winlock, WA 98596 Phone no (360) 480-6475 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

Form **990** (2011)

No

Form 9	90 (2011)	Northwest Cooperative Development Center	91-1355457	Page <b>2</b>
Pa	rt III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response to any question in this Part III		
1	Briefly d	escribe the organization's mission		
	To foste	r community economic development, primarily through th ecooperative business model		
2	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		
3	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		<del></del>
4		e the organization's program service accomplishments for each of its three largest program servic	es, as measured	bv
		es Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to rep		
		nd allocations to others, the total expenses, and revenue, if any, for each program service reporte		
	J			
4a	(Code	) (Expenses \$ 315,758 including grants of \$ 0 ) (Revenu	e \$	0)
		ic opportunites. The center assistas with developmeth to help build business ownership, sound		
	manage	ment and economic health The Center is supported throgh fee-for-services income, grants and		
	donation	ns Project highlights for the year include planning for a regional 2012 fall conference.		
	Cultivat	ng NW Co-ops, contracting for the co-op conversion of a 25 space manufactured home		
	commu	nity in Duvall, WA, and direct technical assistance provide to an additional 25 projects		
	through			
	111100911			
			••••	
4b	(Code	) (Expenses \$ 0 including grants of \$ 0 ) (Revenue	e \$	0)
		/ (Emponess V		
		•••••••••••••••••••••••••••••••••••••••		
		•••••••••••••••••••••••••••••••••••••••		
4c	(Code	) (Expenses \$ 0 including grants of \$ 0 ) (Revenue	ie \$	0)
		•••••••••••••••••••••••••••••••••••••••		
4d	Other p	rogram services (Describe in Schedule O )		
	(Expen		0)	
4e	Total p	rogram service expenses   315,758		

4e Total program service expenses ▶

Part	IV Checklist of Required Schedules	101		aye
			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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			İ
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	1	İ	
	Part III	_ ا		l
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	5		-
•	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,	<u> </u>		┢
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	Х	ļ
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
_	• • • • • • • • • • • • • • • • • • • •			l
d	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-		
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		X
-	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	· · · ·		<u> </u>
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	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	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ĺ
4.0	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١ ا		
h	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	12a	_X_	<del> </del>
U	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		V
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		<u> </u>
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	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, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			ĺ
4-	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			.,
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		Х
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	4.0		V
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		X
	If "Yes," complete Schedule G, Part III .	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\neg$	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

		91-13554 <u>5</u> 7	P	age 4
Par	t IV Checklist of Required Schedules (continued)	-		
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
21	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
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		Х
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? If "Yes," complete Schedule J	23		Х
24a	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, that was issued after December 31, 2002? If "Yes," answer lines			
h.	24b through 24d and complete Schedule K. If "No," go to line 25.	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	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 discussive participation and of the conductive participation of the conducti		l	
27	disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," complete Schedule L, Par Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	t // 26		X
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV .	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		Х
•	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	00		
	Part I	31		Χ
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		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	<b></b> ∤	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	24		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	_	Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within	334		
	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		T	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
20	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		ŢΙ	
	10 Hotel 7 iii 1 offi 300 mers are required to complete ochequie o	38	X	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			П
		-	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	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			l
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "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	_		
	See instructions for 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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			١
	organization solicit any contributions that were not tax deductible?	6a		Х
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	0.5		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
u	and services provided to the payor?	7a		
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?	7c		
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7	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?	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?			
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b	-	
10	Section 501(c)(7) organizations. Enter	130		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them )	_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	ļ. <u>.</u>		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states in which			
IJ	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand . 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Pai	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 instruc								
	Check if Schedule O contains a response to any question in this Part VI	:0 1115	ucu	X					
Sect	on A. Governing Body and Management		<u> </u>	<u>~</u>					
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 10								
	If there are material differences in voting rights among members of the governing body, or			l					
	If the governing body delegated broad authority to an executive committee or similar			l					
	committee, explain in Schedule O			ĺ					
	Enter the number of voting members included in line 1a, above, who are independent  10	İ		İ					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with								
•	any other officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<u>3</u>		X					
	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	· · · · · · · · · · · · · · · · · · ·								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6		X					
, ,	one or more members of the governing body?	7a		х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	/ G	_	<u> </u>					
_	stockholders, or persons other than the governing body?	7b		x					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during								
_	the year by the following			ĺ					
а	The governing body?	8a	х	ĺ					
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached								
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х					
Sect	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode)							
			Yes	No					
_	Did the organization have local chapters, branches, or affiliates?	10a		_ X_					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			ł					
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	-,,	<u> </u>					
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	<del> </del>					
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	40-	v	ĺ					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b	X	<b></b>					
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<del></del>					
·	describe in Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	x						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by								
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	Х						
b	Other officers or key employees of the organization	15b	Х						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement								
	with a taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard								
	the organization's exempt status with respect to such arrangements?	16b							
	on C. Disclosure								
17 19	List the states with which a copy of this Form 990 is required to be filed  Section 6104 requires an expansion to make its Forms 1023 (or 1024 if applicable), 900, and 900 T (Section 604).	(2)-		<b></b>					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c) available for public inspection. Indicate how you made these available. Check all that apply	(3)S C	niy)						
	Own website Another's website X Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest								
- •	policy, and financial statements available to the public								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the								
	organization ► NWCDC % Diane Gasaway 360-943-424	1							
	1063 South Capital Way #211, Olympia, WA 98501								

•													
Form 990 (2011)	Northwest Cooperative Developm	ent Center								91-13554	157 Page <b>7</b>		
Part VII	Compensation of Officers, Dire Employees, and Independent C Check if Schedule O contains a re	ontractors		-		•	-				🗍		
Section A.	Officers, Directors, Trustees, Key I	Employees, and	d Hig	hes	st C	om	pens	ated	l Employees				
1a Complete organization's	this table for all persons required to be									g with or within	the		
<ul><li>List all</li><li>List the</li><li>who received</li></ul>	of the organization's <b>current</b> officers, or ion. Enter -0- in columns (D), (E), and of the organization's <b>current</b> key employed organization's five <b>current</b> highest correportable compensation (Box 5 of Forganizations).	(F) if no compei loyees, if any S impensated emp	nsatio ee in oloye	on w stru es (	vas ctio othe	paic ns f er th	l or de ian ai	finit	on of "key empl ficer, director, tre	oyee" ustee, or key em	nployee)		
• List all	rganization and any related organizations  • List all of the organization's <b>former</b> officers, key employees, and highest compensated employees who received more than i100,000 of reportable compensation from the organization and any related organizations												
organization, List persons ii compensated	of the organization's <b>former directors</b> more than \$10,000 of reportable comp in the following order individual trustee employees, and former such persons s box if neither the organization nor ar	ensation from the sor directors, in	he or	gan tion:	ızatı al tr	ion i	and a es, o	ny i	related organiza ers, key employe	tions ees, highest			
	(A) Name and Title	(B) Average hours per	box,	unle: er an	Pos heck ss pe	erson	e than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) John Bi VP	rugger	2 00			х				0	0	0		
(2) David C Chair		2 00			х				0	0	0		
(3) Dan Co Member	yne	2 00			х				0	0	0		
(4) Martin I	Desmond				Π								

_ P	art VII Section A. Officers, Directors, Tr	ustees, Key Er	nploy	yees	s, a	nd l	High	est	Compensated	<b>Employees</b>	(co	ntınue	d)	
	(A) Name and title	(B) Average hours per week (describe hours for related	box, i	unles er and	Pos eck s pe	more erson lirect	than is both employed	h an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC		on amount of ed other ns compensation		of Ion
		organizations in Schedule O)	trustee	Institutional trustee		loyee	Highest compensated employee						i relate Inizatio	
(15)														-
(16)														
(17)								-						
(18)					-									
(19)				_										
(20)														
(21)							-							
(22)														
(23)					_							-		
(24)														
(25)														
1b	Sub-total .	2 4l A	1	1	<u></u>	<u> </u>	<u> </u>	<b>&gt;</b>	0	<del>†                                      </del>	0			0
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)	Section A							0	<del></del>	0			0
2	Total number of individuals (including but not I reportable compensation from the organization		listed		ove)	) wh	o rec	eiv	<u> </u>					
	reportable compensation from the organization	<u> </u>			<u> </u>	_			<del></del>	·			Yes	No
3	Did the organization list any <b>former</b> officer, did employee on line 1a? If "Yes," complete Sche	rector, or trustee	e, key	em dua	iplo I	yee	, or h	iigh	est compensate	d		3		X
4	For any individual listed on line 1a, is the sum					and	1 oth	er c	omnensation fro	ım				
•	the organization and related organizations gre	•							•					
	ındıvıdual						•					4		Χ
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "									dıvıdual		5		х
Sec	tion B. Independent Contractors	. co, complete	001701			<u> </u>	40,7							
1	Complete this table for your five highest comp compensation from the organization Report c year											's tax		
	(A) Name and business add	ress							(B) Description of se	rvices	С	(C) compen		
	None													0
								L						0
		_ <del>_</del>						$\vdash$	<del>_</del>					0
		<u></u>						$\vdash$						<u>0</u> 0
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the		nited 1	to th	1056	e lis	ted a		re) who received	1				0

428,715

Total revenue. See instructions

### Part IX Statement of Functional Expenses

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)

	Check if Schedule O contains a response to any	question in this Par	t IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the				
	United States See Part IV, line 22 .	0	_		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members .	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	180,592	141,528	38,260	804
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			· · · · · · · · · · · · · · · · · · ·
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits .	26,444	20,723	5,603	118
10	Payroll taxes	15,143	11,867	3,209	67
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	0			
C	Accounting .	9,923		9,923	
d	Lobbying Professional fundraising services. See Part IV, line 17	0			
e f	Investment management fees	0			<del></del>
	Other	0			
g 12	Advertising and promotion	2,446	2.446		
13	Office expenses	2,569	2,446 381	2 100	<del> </del>
14	Information technology	2,509	111	2,188 2,566	····
15	Royalties .	2,077		2,500	
16	Occupancy .	11,514	1,500	10,014	· · · · · · · · · · · · · · · · · · ·
17	Travel	37,153	36,347	738	68
18	Payments of travel or entertainment expenses	57,100	30,347	7.36	00
	for any federal, state, or local public officials	ام			
19	Conferences, conventions, and meetings	6,505	6,505		·
20	Interest	0,000	0,000		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	0	0	0	0
23	Insurance .	2,502		2,502	
24	Other expenses Itemize expenses not covered				· · · · · · · · · · · · · · · · · · ·
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Project Expenses - Technical Assistance	50,904	50,904		
b	Reserve for loan losses	23,782	22,456		1,326
C	Project expense - services	6,215	6,215		
d	Project expense - supplies	3,152	3,152		
е	All other expenses	15,719	11,623	4,096	
25	Total functional expenses. Add lines 1 through 24e	397,240	315,758	79,099	2,383
26	Joint costs. Complete this line only if the				-
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation Check here ► if				
	following SOP 98-2 (ASC 958-720)				

Pa	art X	Balance Sheet				7 1000 101 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
				(A) Beginning of year		( <b>B)</b> End of year
	1	Cash—non-interest-bearing	•	98,681	1	173,293
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		115,812	3	62,299
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers, of				
		employees, and highest compensated employe Schedule L	ees Complete Part II of		5	
	6	Receivables from other disqualified persons (a	s defined under section			
		4958(f)(1)), persons described in section 4958	(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec				
sts		employees' beneficiary organizations (see insti	ructions) .		6	
Assets	7	Notes and loans receivable, net		158,211	7	147,335
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,205	9	1,297
	10a	Land, buildings, and equipment cost or				
	į	other basis Complete Part VI of Schedule D	<b>10a</b> 0			
	b	Less accumulated depreciation	<b>10b</b> 0	o	10c	0
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line	e 11 .	0	12	0
	13	Investments—program-related See Part IV, lin	0	13	0	
	14	Intangible assets	0	14	0	
	15	Other assets See Part IV, line 11		0	15	0
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34)	373,909	16	384,224
	17	Accounts payable and accrued expenses		58,941	17	11,494
	18	Grants payable			18	
	19	Deferred revenue .			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete	Part IV of Schedule D		21	
es	22	Payables to current and former officers, director				
Liabilities		employees, highest compensated employees,	and disqualified			
jab		persons Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unre		0	23	0
	24	Unsecured notes and loans payable to unrelate		0	24	0
	25	Other liabilities (including federal income tax, p	•			
		parties, and other liabilities not included on line	s 17-24) Complete			
		Part X of Schedule D .		16,672	25	42,959
	26	Total liabilities. Add lines 17 through 25	<u> </u>	75,613	26	54,453
seo		Organizations that follow SFAS 117, check complete lines 27 through 29, and lines 33 a				
<u>a</u> n	27	Unrestricted net assets		169,296	27	200,771
Ba	28	Temporarily restricted net assets			28	
þ	29	Permanently restricted net assets		129,000	29	129,000
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, and complete lines 30 through 34.	check here ▶			
şţ	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or e			31	·
tΑ	32	Retained earnings, endowment, accumulated i			32	
2	33	Total net assets or fund balances		298,296	33	329,771
	34	Total liabilities and net assets/fund balances	•	373,909	34	384,224
			•	373,909	<b>J</b> 7	504,224

	990 (2011) Northwest Cooperative Development Center	9	1-1355457	Pa	ige <b>12</b>
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		· ·		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		428	8,715
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,240
3	Revenue less expenses Subtract line 2 from line 1	3			1,475
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	,		3,296
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		329	9,771
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	<u> </u>			
				Yes	No
1	Accounting method used to prepare the Form 990 CashX 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		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight the audit, review, or compilation of its financial statements and selection of an independent accountant?.		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both				
	X 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				
	the Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2011)

•

#### 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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Employer identification number 01 1255457

North	wes	t Cooperative	Development C	enter						91-13	355457		
Pai				arity Status (All org						struction	IS		
The	orgar			ation because it is (Fo									
1	닏	A church, co	nvention of chur	ches, or association o	of churche	s describe	ed in sec	tion 170(	b)(1)(A)(i	i).			
2	$\square$	A school des	scribed in <b>sectio</b>	on 170(b)(1)(A)(ii). (At	ttach Sch	edule E)							
3		A hospital or	a cooperative h	iospital service organi	zation des	scribed in	section	170(b)(1)	(A)(iii).				
4				ition operated in conju	nction wit	h a hospit	al describ	oed in <b>se</b>	ction 170	)(b)(1)(A)	(iii). En	ter the	
_	$\Box$	•	me, city, and sta		<del></del>				- <b></b>				
5	-			the benefit of a colleg (Complete Part II)	je or univ	ersity own	ed or ope	erated by	a governn	nental uni	t descr	bed	
6	$\Box$	A federal, st	ate, or local gove	ernment or governmer	ntal unit d	escribed i	n <b>sectio</b> i	n 170(b)(ʻ	1)(A)(v).				
7	X			y receives a substantia (1)(A)(vi). (Complete l		its suppor	t from a g	overnmer	ntal unit oi	r from the	genera	al publi	С
8		A community	y trust described	in section 170(b)(1)	(A)(vi). (C	Complete F	Part II)						
9	同	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 organizat	tion organized a	nd operated exclusive	ly to test t	for public :	safety Se	e sectio	n 509(a)(	4).			
11		An organizat	tion organized a	nd operated exclusive	ly for the	benefit of,	to perfor	m the fun-	ctions of,	or to carr	y out th	е	
				olicly supported organi								secti	on
				at describes the type o					e lines 11	e through	11h		
		a Type		Type II c		e III–Func	•	·			ype III-		
е	Ш			y that the organization									
				on managers and othe	r than one	e or more	publicly s	upported	organizat	ions desc	ribed ir	section	าก
f			section 509(a)(2		s frama tha	IDC 45-4		- I T	U <b>T</b>	- 111			
'			, check this box	a written determination	i irom me	iks man	itis a Typ	ет, туре	ii, or Type	e iii suppo	rung		
g		•		the organization accep	pted any	aft or conf	tribution fi	rom any d	f the				
_		following per			,			•					
				or indirectly controls, a		-		persons d	lescribed	ın (II)		Yes	No
				erning body of the su		rganızatıo	n?				11g(ı)		
			-	person described in (i)		(v) = b = v =	2				11g(n)		
h				y of a person describe ation about the suppor			,				11g(III)	L	
	Name	of supported	(II) EIN	(III) Type of organization		organization	(v) Did v	ou notify	(vı)	s the	(vii	) Amoun	of
		anization	(,	(described on lines 1-9	in col (i) li	sted in your	the organ	nization in	organizat	tion in col	```'	support	
				above or IRC section (see instructions))	governing	document?		of your port?		ized in the S?			
				(,,	Yes	No	Yes	No	Yes	No	1		
(A)													
					<u> </u>				<b> </b>		<u> </u>		0
(B)													0
(C)						<del>                                     </del>				<b></b>	<del>                                     </del>		0
													0
(D)	_							l					
(5)			<del> </del> -		<del> </del>	<del> </del>		<u> </u>	ļ	-	-		0
(E)													0
						<del></del>							

instructions

Par		ions Describ	ed in Section	ns 170(b)(1)(	A)(iv) and 17	0(b)(1)(A)(vi)	. rage as
	(Complete only if you checked the	box on line 5	, 7, or 8 of Pa	irt I or if the oi	rganization fa	iled to qualify	under
	Part III If the organization fails to						
Sect	tion A. Public Support				· •		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	243,558	294,843	464,476	432,764	425,149	1,860,790
2	Tax revenues levied for the organization's					,	
	benefit and either paid to or expended on						
	its behalf						0
3	The value of services or facilities			.,			
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	243,558	294,843	464,476	432,764	425,149	1,860,790
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%					i	
	of the amount shown on line 11,					į	
_	column (f)						<del></del>
6	Public support. Subtract line 5 from line 4						1,860,790
	tion B. Total Support	( ) 0007	4 > 0000	4 1 0000			<del></del>
	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	243,558	294,843	464,476	432,764	425,149	1,860,790
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
^	Sources	272	314	451	4,039	3,566	8,642
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on						•
10	Other income Do not include gain or						0
10	loss from the sale of capital assets						
	(Explain in Part IV)						0
11	Total support. Add lines 7 through 10					-	<u>0</u> 1,869,432
12	Gross receipts from related activities, etc. (s	ee instructions)	I			12	1,609,432
13	First five years. If the Form 990 is for the or			d. fourth. or fiftl	h tax vear as a		(3)
	organization, check this box and stop here		., ,		,		▶□
Sect	tion C. Computation of Public Support		1. 374			·	
14	Public support percentage for 2011 (line 6, c		ed by line 11 c	olumn (fl)		14	99 54%
15	Public support percentage from 2010 Sched			0.0 (1))		15	99 92%
16a	33 1/3% support test—2011. If the organization			line 13, and lin	ne 14 is 33 1/3º		ck this box
	and stop here. The organization qualifies as						<b>▶</b> X
b	33 1/3% support test—2010. If the organization				ind line 15 is 3	3 1/3% or more	check this
	box and stop here. The organization qualifie						. ▶□
17a	10%-facts-and-circumstances test-2011	. If the organiza	ition did not ch	eck a box on lu	ne 13. 16a. or	16b and line 14	ı <u> </u>
	is 10% or more, and if the organization meet	ts the "facts-and	d-circumstance	s" test, check t	this box and s	top here. Expla	Bin in
	Part IV how the organization meets the "fact	s-and-circumsta	ances" test. Th	e organization	qualifies as a r	oublicly support	ed
	organization			3		,	▶ □
b	10%-facts-and-circumstances test—2010	. If the organiza	ition did not ch	eck a box on lii	ne 13, 16a, 16l	b, or 17a, and li	ne
	15 is 10% or more, and if the organization m						
	Part IV how the organization meets the "fact						-
	supported organization			-	·	•	▶□
18	Private foundation. If the organization did r	not check a box	on line 13, 16	a, 16b, 17a, or	17b, check this	s box and see	_

	C	_	O		O41 FOO/-1/01
126126118	SUDDOM	CHECIUS TOP	CIFOADIZATIO	ine i jescrinea in	Section 509(a)(2)
	Ouppoil	Circuate for	Organizacio	nia Described iii	Occuon sostanti

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 5	0	0	0	0	0	<u>0</u> 0
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						•
_	amount on line 13 for the year Add lines 7a and 7b	0	0		0	0	<u>0</u>
8 	Public support (Subtract line 7c from line 6)		U	0	<u> </u>	·	0
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6	o	О	l o	0	ol	0
10a	Gross income from interest, dividends, payments received on securities loans,						
b	rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses						0
	acquired after June 30, 1975 .						0
11	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	0	.0	0	0	0
14	First five years. If the Form 990 is for the organization, check this box and stop here	ation's first, seco	nd, third, fourth, i	or fifth tax year a	s a section 501(d	c)(3) 	▶□
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2011 (line 8, column	.,	e 13, column (f))			15	0 00%
16_	Public support percentage from 2010 Schedule A,		<del> </del>			16	0 00%
	tion D. Computation of Investment Inco			<del></del>		<del></del>	
17 18	Investment income percentage for 2011 (line 10c, Investment income percentage from 2010 Schedu 23.1/3% support tests —2011. If the except steps	le A, Part III, line	17		, oro than 32 4/20/	17 18	0 00% 0 00%
19a b	33 1/3% support tests—2011. If the organization not more than 33 1/3%, check this box and stop h 33 1/3% support tests—2010. If the organization	<b>ere.</b> The organiz did not check a b	ation qualifies as oox on line 14 or	s a publicly suppo line 19a, and line	orted organizatio e 16 is more thar	n n 33 1/3%, and	<b>▶</b> □
	line 18 is not more than 33 1/3%, check this box ar						▶⊨
20	Private foundation. If the organization did not che	ck a box on line	14, 19a, or 19b,	check this box a	nd see instructio	ns	▶

	1990 or 990-EZ) 2011 Northwest Cooperative Development Center	91-1355457	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations require	d by Part II, line	10,
	Part II, line 17a or 17b, and Part III, line 12 Also complete this part for any additional	al information. (S	ee
	instructions).		
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### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► See separate instructions.

Name	of the organization			Employer identification number	er
<u>Nort</u> h	west Cooperative Development Center			91-1355457	
Par	Organizations Maintaining Dono	or Advised Funds or Othe	r Similar Fund	ls or Accounts. Compl	ete ıf
	the organization answered "Yes" to				
		(a) Donor advised funds	<u> </u>	(b) Funds and other accour	nts
1	Total number at end of year				
2	Aggregate contributions to (during year)		-		
3	Aggregate grants from (during year)		<u> </u>		····
4	Aggregate value at end of year .				
5	Did the organization inform all donors and do	onor advisors in writing that the	e assets held in	donor advised	
	funds are the organization's property, subject			Yes	s 🗌 No
6	Did the organization inform all grantees, don				
	used only for charitable purposes and not fo				
	purpose conferring impermissible private bei			Yes	s 🗌 No
Par			wared "Vee" to		
				Form 990, Part IV, line	<u> </u>
1	Purpose(s) of conservation easements held				
	Preservation of land for public use (e.g., recre	eation or education)	Preservation of	an historically important la	nd area
	Protection of natural habitat		Preservation of	a certified historic structure	•
	Preservation of open space				
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservat	tion contribution	in the form of a conservation	On.
_	easement on the last day of the tax year	aon neid a quanned conserva		in the form of a conservation	OII
	and the text of the text year			Hold at the Part of	the Tay V
а	Total number of conservation easements			Held at the End of t	ine lax Year
b	Total acreage restricted by conservation eas	ements		2b	
c	Number of conservation easements on a cer		edun (a)	2c	
ď	Number of conservation easements included		` '	20	
ŭ	historic structure listed in the National Regis		and not on a	2d	
3	Number of conservation easements modified		uished or termi		
•	during the tax year	, nanolenea, released, exting	juished, or terrin	lated by the organization	
4	Number of states where property subject to	conservation easement is loca	ted •		
5	Does the organization have a written policy i			andling of	
•	violations, and enforcement of the conserval		ing, inspection, i	Yes	s □ No
6	Staff and volunteer hours devoted to monitor		conservation ea		· 🗀 🚻
•	>	mg, mapeating, and emoreing	CONSCIVATION CA	sements during the year	
7	Amount of expenses incurred in monitoring,	inspecting and enforcing con-	massa noitevas	ents during the year	
•	► \$	mapeeting, and emoreing con-	scivation easem	ents during the year	
8	Does each conservation easement reported	on line 2(d) above satisfy the	requirements of	section	
-	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	The Edy above sausiy the	roquirements of	Yes	No No
9	In Part XIV, describe how the organization re	enorts conservation easement	s in its revenue :		
•	balance sheet, and include, if applicable, the				
	the organization's accounting for conservation		anization s iman	olai statements mat uescill	uca
Par			res. or Other Sig	milar Assets	
	Complete if the organization answered				
4 -	· · · · · · · · · · · · · · · · · · ·				
12	If the organization elected, as permitted und				
	works of art, historical treasures, or other sin				ce
	of public service, provide, in Part XIV, the tex				
b	If the organization elected, as permitted und				
	works of art, historical treasures, or other sin		iibition, educatioi	n, or research in furtherand	ce
	of public service, provide the following amou				
	(i) Revenues included in Form 990, Part VIII	, line 1		► \$ ► \$	· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X.			▶ \$	
2	If the organization received or held works of	art, historical treasures, or oth	er sımılar assets	for financial gain, provide	the
	following amounts required to be reported ur		ating to these itei	ms	
а	Revenues included in Form 990, Part VIII, Iir	ne 1 .		. ▶ \$	
b	Assets included in Form 990, Part X .			<b>▶</b> \$	

D	b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?						
4	Describe in Part XIV the intended uses of the organization's endowment funds						
Part	Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.						
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a	Land	0	0				
b	Buildings .	0	0	0			
C	Leasehold improvements		0	0			
d	Equipment	0	0	0			
e	Other	0	0	0			
Tota	I. Add lines 1a through 1e (Column (d) must	equal Form 990, Part >	K, column (B), line 10(c	·))_ <b>&gt;</b>			

Part VI Investments—Other Securities	e <b>s.</b> See Form 990, Part X	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va Cost or end-of-year	
(1) Financial derivatives	0		
(2) Closely-held equity interests	0		
(3) Other	0		
(A)			<u> </u>
(B)			
(C)	0		
(D)	0		
(E)	0		
(F)	0	···	
(G) (H)	0		
(1)	- 0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII Investments—Program Relat	<u></u>	l	
(a) Description of investment type	(b) Book value	(c) Method of va	
(4)	0		market value
<u>(1)</u> (2)	0		
(3)	0		<del></del>
(4)	0		·
(5)	0		
(6)	0		
(7)	0		
(8)	0		
(9)	0		
(10)	0		
Total. (Column (b) must equal Form 990 Part X, col (B) line 13 )	0	*	
Part IX Other Assets. See Form 990,			
	a) Description		(b) Book value
<u>(1)</u>			0
(2)			0
(3) (4)			0
(5)			0
(6)	<del></del>		0
(7)			0
(8)			0
(9)		· · · · · · · · · · · · · · · · · · ·	0
(10)			0
Total. (Column (b) must equal Form 990, Part X, of		<b>&gt;</b>	0
Part X Other Liabilities. See Form 99			· · · · · · · · · · · · · · · · · · ·
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes	0		
(2) Refundable donation	0		
(3) Accrued payroll	7,220		
(4) Accrued payroll taxes	4,077		
(5) Fiscal sponsor	31,662		
(6)	0		
(7) (8)	0		
(10)	0		
(11)	0		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	42,959		
······································			

Sched	ile D (Form 990) 2011				Page 4
Par	XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial S	tateme	nts
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	428,715
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	0
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	428,715
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8		I	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine line			10	428,715
Par		ents W	th Revenue p	er Retu	rn
1	Total revenue, gains, and other support per audited financial statements .			1	438,642
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	_2a			
b	Donated services and use of facilities	_2b	9,9	927	
C	Recoveries of prior year grants .	2c		_	j
d	Other (Describe in Part XIV)	_2d	L		
е	Add lines 2a through 2d			_2e	9,927
3	Subtract line 2e from line 1		1	3_	428,715
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	I			ľ
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	ļ	_	
b	Other (Describe in Part XIV.)	_4b	L		
С	Add lines 4a and 4b.			4c	0
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			5_	428,715
Par	Reconciliation of Expenses per Audited Financial Statem	ents V	Vith Expenses	per Re	<del></del>
1	Total expenses and losses per audited financial statements			1	407,167
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	1		+
а	Donated services and use of facilities	2a	9,9	927	
b	Prior year adjustments .	2b		_	
C	Other losses	2c			
d	Other (Describe in Part XIV )	2d	<u> </u>		
e	Add lines 2a through 2d .			2e_	9,927
3	Subtract line 2e from line 1	1	ı	3	397,240
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b.	4a	<del></del>	_	
b	Other (Describe in Part XIV )	4b	1	<b>⊢</b>	
c	Add lines 4a and 4b	101		4c_	0
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	10)			397,240
	XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, $^{\rm I}$				
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and P	art XIII,	lines 2d and 4b	Also cor	mplete
this p	part to provide any additional information				
	•••••••••••••••••••••••••••••••••••••••				· · · · · · · · · · · · · · · · ·
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	Northwest Cooperative Development Center	91-1355457	
Schedule D (Form			Page 5
Part XIV	Supplemental Information (continued)		
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#### **SCHEDULE 0** (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

Northwest Cooperative Development Center	91-1355457
Form 990 Part VI Section B Line 7 Personnel committee makes recommedations to the BOD or	1
hiring of employees an setting the initial wage step. Wages are based on contractual	
agreements The BOD approves the compensation of the Executive Director	
Form 990 Part IV Section A Line 10 Form 990 is prepared by the an independent CPA who then	n
reviews a draft with the Executive Director. It is then review by the Executive committee and	
then approved by the BOD	
Form 990 Part VI Section C Line 19 All returns and public records are kept in a binder which	
is vailable to the public upon request	
Form 990 Part VI Section B Line 12-c All Board memebers must sign and comply with a writter	1
conflict of interst policy. The conflict of interest statement is signed annually and	
conflicts are brought to the Board level to be resolved with the conflicting party recusing	
themselves are brought to the Board level to be resolved with the conflicting party recusing	
themselves	

Name of the organization	Page Z
	Employer identification number 91-1355457
Total mod. Geoperative Beverapment Center	1000101
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