COMMITTEE ON NATURAL RESOURCES 113th Congress Disclosure Form As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Subcommittee on Public Lands and Environmental Regulation Legislative Hearing on H.R. (Bishop), To amend the Federal Lands Recreation Enhancement Act to improve consistency and accountability in the collection and expenditure of Federal recreation fees, and for other purposes. April 4, 2014

For Individuals:

- 1. Name: John (Jack) Terrell
- 2. Address: [Information Redacted for Privacy]
- 3. Email Address: [Information Redacted for Privacy]
- 4. Phone Number: [Information Redacted for Privacy]

* * * * *

For Witnesses Representing Organizations:

- 1. Name: John (Jack) Terrell
- Name of Organization(s) You are Representing at the Hearing: National Off-Highway Vehicle Conservation Council
- 3. Business Address: 427 Central Avenue West, Great Falls, MT 59404
- 4. Business Email Address: [Information Redacted for Privacy]
- 5. Business Phone Number: [Information Redacted for Privacy]

For all Witnesses

Name/Organization: Jack Terrell/National Off-Highway Vehicle Conservation Council Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R.** (Bishop), To amend the Federal Lands Recreation Enhancement Act to improve consistency and accountability in the collection and expenditure of Federal recreation fees, and for other purposes. April 4, 2014

a. Any training or educational certificates, diplomas or degrees or other educational experiences that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Bachelor of Science – Management, University of South Florida, Tampa, FL

b. Any professional licenses, certifications, or affiliations held that are relevant to your qualifications to testify on or knowledge of the subject matter of the hearing.

Member, USFS Southern Region Recreation Resource Advisory Committee (2007-2014) Chair, USFS Southern Region Recreation Resource Advisory Committee (2014) Member, Florida RTP Advisory Committee (2002-2014)

c. Any employment, occupation, ownership in a firm or business, or work-related experiences that relate to your qualifications to testify on or knowledge of the subject matter of the hearing.

Employed as NOHVCC Senior Project Manager. I have worked extensively with federal (BLM/USFS/FHWA), state and local government entities, private land owners, and NGOs on motorized and non-motorized recreation programs and projects. (2005-2014)

d. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that you have received in the current year and previous four years, including the source and the amount of each grant or contract.

My employer, NOHVCC, has an assistance agreement with the Bureau of Land Management and a challenge cost share agreement with the USFS. See attached sheet for summary.

e. A list of all lawsuits or petitions filed by you against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed.

Not applicable / None

f. A list of all federal lawsuits filed against you by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

Not applicable / None

g. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony.

Service as member of USFS RRAC provided extensive knowledge of how FLREA is implemented

Witnesses Representing Organizations

Name/Organization: Jack Terrell/National Off-Highway Vehicle Conservation Council Title/Date of Hearing Subcommittee on Public Lands and Environmental Regulation, Legislative Hearing on **H.R.** (Bishop), To amend the Federal Lands Recreation Enhancement Act to improve consistency and accountability in the collection and expenditure of Federal recreation fees, and for other purposes. April 4, 2014

h. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying.

Senior Project Manager, National Off-Highway Vehicle Conservation Council (2005-2014),

i. Any federal grants or contracts (including subgrants or subcontracts) from the Department of the Interior or United States Department of Agriculture that were received in the current year and previous four years by the organization(s) you represent at this hearing, including the source and amount of each grant or contract for each of the organization(s).

NOHVCC has an assistance agreement with the Bureau of Land Management and a challenge cost share agreement with the USFS. See attached sheet for summary.

j. A list of all lawsuits or petitions filed by the organization(s) you represent at the hearing against the federal government in the current year and the previous four years, giving the name of the lawsuit or petition, the subject matter of the lawsuit or petition, and the federal statutes under which the lawsuits or petitions were filed for each of the organization(s).

Not applicable / None

k. A list of all federal lawsuits filed against the organization(s) you represent at the hearing by the federal government in the current year and the previous four years, giving the name of the lawsuit, the subject matter of the lawsuit, and the federal statutes under which the lawsuits were filed.

Not applicable / None

1. For tax-exempt organizations and non-profit organizations, copies of the three most recent public IRS Form 990s (including Form 990-PF, Form 990-N, and Form 990-EZ) for each of the organization(s) you represent at the hearing (not including any contributor names and addresses or any information withheld from public inspection by the Secretary of the Treasury under 26 U.S.C. 6104)).

Submitted in pdf format

National Off Highway Vehicle Conservation Council Inc 427 Central Ave W Great Falls, MT 59404

Federal Funding:

Cooperative Agreement Bureau of Land Management,

_	L08AC14197-001 2010		\$ 10,000.00
	L08AC01097	2011	\$ 20,000.00
	L08AC14197-004 2012		\$ 30,000.00
	L13AC00203	2013	\$ 21,000.00
Proposal has been submitted,	L13AC00203	2014	TBA

United States Forest Service, Challenge Cost Share Agreements: 14-CS-11021203-001 2013 \$34,020.00 12-CS-11011200-025 2013 \$ 6,233.28 Funding on Challenge Cost Share Agreements are received when work completed is invoiced. 12-CS-11011200-025 projects will be completed in 2014 & 2015.

Ramona Ehnes Executive Assistant 406-454-9190

Ramona Chaes

For	_9	90	Return of Organization Exempt	Fro	m l	ncome rax	MB No. 1545-0047
Den	urten ont d	of the Treasury	Under section 501(c), 527, or 4947(a)(1) of the Internal Rebenefit trust or private foundation	evenue	Cod	e (except black lung	2010
Inter	nal Reve	nue Service	The organization may have to use a copy of this return to s	ation) satisfy s	state i	Phorting requirements	Open to Public
			ar year, or tax year beginning and	d endir		opening requirements.	Inspection
B	Check if applicabl		organization		<u> </u>	D Employer identifie	otion number
r	Addre	NATI	ONAL OFF-HIGHWAY VEHICLE			mpioyer identifie	auon numper
Ē	_ichang _Name	• <u>CONS</u>	ERVATION COUNCIL, INC				
F	chang		usiness As			39-1	978220
Ē	lreturn Termi	- 213	and street (or P.O. box if mail is not delivered to street address) 4TH ST SW	Room	/suite	E Telephone number	
Γ	ated Amen return		with ST SW with state or country, and ZIP + 4			406-	<u>454-9190</u>
			$\frac{\Gamma FALLS}{MT} = 59404$			G Gross receipts \$	586324.
	pendi		address of principal officer:RUSS EHNES			H(a) is this a group re	turn
		213 4				for affiliates?	Ves X No
1	Tax-ex	empt status:	¥ 501(a)(a)	<u> </u>	1	H(b) Are all affiliates incl	
<u>J 1</u>	Nebsi	te: 🕨 WWW . 1	$\frac{1}{1000} \frac{1}{1000} \frac{1}{10000} \frac{1}{10000} \frac{1}{10000} \frac{1}{100000} \frac{1}{10000000000000000000000000000000000$) or [527	If "No," attach a	list. (see instructions)
KI	orm of	organization:		- T.	Very	H(c) Group exemption	number 🕨
Pa	art I	Summary					State of legal domicile: MT
é	1	Briefly describ	e the organization's mission or most significant activities: EDUC	דידעי	ONT		
anc							
Activities & Governance	2	Check this box	■ if the organization discontinued its operations or dispondent members of the approximate here (D)	osed of	more	than 25% of its not as	
90 O							
~	4	Number of inde	ependent voting members of the governing body (Part V). Inc. 41-2				12
ties							12
đivi							0
٩ ٩							0
<u> </u>	<u> </u>	Net Unrelated	pusiness taxable income from Form 990-T, ine 34			7b	<u> </u>
	•					Prior Year	Current Year
Revenue	9	Contributions :	and grants (Part VIII, line 1h)			0.	0.
vei	10	Flogram servic	e revenue (Part VIII, line 2g)			549627.	583297.
Å	11	Other revenue	ome (Part VIII, column (A), lines 3 4 and 7d)			-933.	
		orner revenue	V ^{rait} VIII, COlumn (A), lines 5, 6d, 8c, 9c, 10c, and 11a)			-2027.	2253.
		rotai ievenue -	aud lines 8 through 11 (must equal Part VIII, column (A) line 10)			546667.	586324.
	14	Benefits paid to	illar amounts paid (Part IX, column (A), lines 1-3)			0.	0.
s	15	Salaries, other	o or for members (Part IX, column (A), line 4) compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
nse	16a	Professional fu	ndraising fees (Part IX, column (A), line 11e)			316772.	274928.
Expense	ь	Total fundraisir	ig expenses (Part IX, column (D), line 25)		144.44	0.	0.
Ш	17	Other expense	s (Part IX, column (A), lines 11a-11d, 11f-24f)	0.			
	18	Total expenses	Add lines 13-17 (must equal Part IX, column (A), line 25)			237108.	243166.
	10	Revenue less e	xpenses. Subtract line 18 from line 12	•••••		553880.	518094.
het Assets or Fund Balances				<u></u>		7213.	68230.
sset	20	Total assets (P	art X, line 16)		Beg	inning of Current Year	End of Year
et A	21	Total liabilities (Mart X, line 26)			141047.	205759.
		Net assets or f	JNQ Dalances, Subtract line 21 from line 20	•••••		24287.	20769.
L a	- Colored and the second second					116760.	184990.
_ Unde	er pena	Ities of perjury, I	declare that I have examined this return, including accompanying schedul Declaration of preparer (other than officer) is based on all information of u	es and s	tatems	onte and to the heat of mu	
true,	correc	t, and complete.	Declaration of preparer (other than officer) is based on all information of w	/hich nre	narer	has any knowledge	knowledge and belief, it is
					<u>puloi</u>	ndo any knowledge.	
Sigr		Signature			<u> </u>	Date	
Here	Ð	RUSS Type or pr	EHNES, EXECUTIVE DIRECTOR				
			int name and title				
Paid		Print/Type prepa		13.0	D	4 2011 Check	T PTIN
Prep	ŀ		J BOYSUN AMALIABU	U	N L	4 2011 # L	
Use		Firm's name	DOUGLAS WILSON & COMPANY, P.C.			Firm's EIN	
000	Jul	rum s address	1000 FIRST AVENUE SOUTH				
May		S discuss the	GREAT FALLS, MT 59401			Phone no. 4 C	6-761-4645
03204	01 02-22		return with the preparer shown above? (see instructions)		<u></u>		

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ork Reduction Act Notice, see the separate instructions.

r	000 (0040)	NATIONAL OF	FF-HIGHWAY VEHICLE		
	990 (2010)	<u>CONSERVATIO</u>	ON COUNCIL, INC	39-1978220	Page
rai	Till Statement of	Program Service	Accomplishments		
<u> </u>	Check if Schedul	e O contains a response	to any question in this Part III		
1	account of the org	anication 5 mission.			<u></u>
	EDUCATION RE	GARDING THE	SAFE USE OF OFF-HIGHWAY VI	SHICLES	
		·			
		· · · · · · · · · · · · · · · · · · ·			
2	Did the organization un	dertake any significant p	program services during the year which were not liste	ed on	
	the prior Form 990 or 9	90-EZ?	••••		s X No
					S A NO
3	Did the organization ce	ase conducting, or make	e significant changes in how it conducts, any program	m services?	s X No
	in res, describe these	e changes on Schedule (0.		S A NO
4	Describe the exempt pa	urpose achievements for	r each of the organization's three largest program se	Nices by expenses	
	Section SUT(C)(S) and S	UI(C)(4) organizations ar	10 Section 4947(a)(1) trusts are required to report the	and a second of the second	
	allocations to others, th	le total expenses, and re	Venue if any for each program convice was and		
4a	(Coue.) (Expenses \$	424321, including grants of \$		<u></u>
	EDUCATION RE	GARDING THE	SAFE USE OF OFF-HIGHWAY VI		6324.
			USE OF MIGHWAI VI		
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4b	(Code:				
-15	(Oode.) (Expenses \$	including grants of \$) (Revenue \$	
				· · · · · · · · · · · · · · · · · · ·	
	<u> </u>				
				-	
	<u></u>			-	
					· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$	including grants of \$		
) (Revenue \$	
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	<u> ,</u>				
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4d		3. (Describe in Schedule	•		
	(Expenses \$	including	grants of \$) (Revenue \$	١	
<u>4e</u>	Total program service	expenses	424321.		
03200	0			······································	000 (0010

Form 990 (2010)		COIDICTT	T170
	<u>CONSERVATION</u>	COONCIT'	INC
Part IV Checklist of	Required Schedules		
	riequirea concudies		

NATIONAL OFF-HIGHWAY VEHICLE

1	Is the organization dependent in provider Ford () (a) the formula is		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2	If "Yes," complete Schedule A	1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		X
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	5	·	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	•		4 7
7	Did the organization receive or hold a conservation easement, including easements to preserve open epoce	6_		<u>x</u>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D. Part II	-		v
8	bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Vec " complete	7		<u> </u>
9	Schedule D, Part III	8		X
	credit counseling, debt management, credit repair, or debt pogetiation continue of (11) (11) and X; or provide			
10	credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		X
	If "Yes," complete Schedule D, Part V			
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		X
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		тарана С	
b	bid the organization report all allound for investments - other securities in Part Y line 12 that is 50/ an error of the total	<u>11a</u>	_X	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	- the organization report an amount for investments - program related in Part V line 12 thet is 50/ an even of the time of the second s			<u> </u>
	assets reported in Part X, line 167 if "Yes," complete Schedule D, Part VIII	11c		x
d	big the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		<u></u>
_	ran A, ine 16? if 'Yes,' complete Schedule D, Part IX	11d		x
e	The the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part V	11e		x
T	bid the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
	Schedule D, Parts XI, XII, and XIII	40		
b	was the organization included in consolidated, independent audited financial statements for the tax years	<u>12a</u>		X
	IT "Yes," and If the organization answered "No" to line 12a, then completing Schedule D. Date VI. VII.	12b		v
13	To the organization a school described in section 1/()(b)(1)(A)(ii)? If "Ves." complete Sebedule E	13		X
14a	and an onice, employees, or agents outside of the United States?	14a		X
b	and the organization have aggregate revenues of expenses of more than \$10,000 from grantmaking functions in the	<u>, 70</u>		
40	and program service activities outside the United States? If "Yes," complete Schedule F. Parts Land IV	14b		x
15	bid the organization report on Fait IX, column (A), line 3, more than \$5,000 of grapte or applications to any survey to the			<u> </u>
16	or entry located outside the United States? If "Yes," complete Schedule F. Parts II and IV	<u>15</u>		x
iv.	and the signification report on right IA, column (A), line 3, more than \$5,000 of addregate grapte as as interval			
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
••	The second second fundation report a total of HUUE that a 10,000 of expenses for professional fundation and the			
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
-	and anticipation operation of the second and anticipation of the second and the second and anticipation of the second anticipation of the			
19	1c and 8a? If "Yes," complete Schedule G, Part II	_18	ļ	X
	The second and the second and the second and the second activities on Part VIII line Dec Market a			
20a	complete Schedule G, Part III	19	ļ	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	<u>20a</u>		X
	operate one or more hospitals must attach audited financial statements (see instructions)	.		
		_20b	I	

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Form **990** 2010)

032004 12-21-10

Form 9<u>90 (2010)</u>

NATIONAL OFF-HIGHWAY VEHICLE Form 990 (2010) CONSERVATION COUNCIL, INC Part IV Checklist of Required Schedules (continued)

United States on Part IX, column (A), Ine 17 // Yes, "complete Schedule I, Parts and II 21 X 20 bit the cognization report more than \$5,000 dig grants and other assistance to individuals in the United States on Part IX, column (A), Ine 21 // Yes, "complete Schedule I, Parts I and III 22 X 23 Did the cognization narwer "Yes," to Part IV, Section A, Ine 3.4, or 5 doout compensation of the cognization's current and former officers, director, functes, key employees, and fighted compensation of the cognization's current Schedule I, Parts I and IIII 23 X 24 Did the cognization have a taxeesempt 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 24b through 24d and complete Schedule I, Part IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		Yes	No
22 Out the digitalization proof mode than \$5,000 of grants and other assistance to individuals in the United States on Part IX, colum (N), line 21 // Yes, "complete Schedule I, Parts I and III. 22 X 23 Did the organization answer Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? // Yes," complete Schedule X, II'No', go to Im 25 23 X 24 Did the organization answer Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officer, director, trustees, key employees, and highest compensated employees? // Yes," complete Schedule X, II'No', go to Im 25 24 X 25 Did the organization maintain an eccence account other than a refunding sensor at any time during the year? 246 246 26 Sociation S(IQ) and SO (IQ) or goard station. Did the organization near than a refunding sensor at any time during the year? 246 246 26 Sociation SO(IQ) and SO (IQ) or goard station. Did the organization encess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior BN SO or SOUE? 246 247 28 Sociation SO(IQ) and SO (IQ) or goard station. Sociations and the transaction with a disqualified person in a prior year, and that the transaction with a core state organization priore tranorm officer, director, trustee, roomplete Schedule		United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and I	01		v
23 Did the organization answer "Yes" to Part VII, Section A, he 3, 4, of 5 stout compensation of the organization's current and forme officers, directors, trustess, key employees, and highest compensated employees? If "Yes," complete Schedule J, Bet New Yes, "a complete Schedule A, If "No", do b In 25 24 244 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 ny proceeds of tax-exempt bonds beyond a temporary period exception? 24a 240 Did the organization maintian an eacrow account other than a refunding escrow at any time during the year 10 defease any tax-exempt bonds outstanding at any time during the year? 24a 253 Section 601(c)(3) and 601(c)(4) organization. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a 254 Vasion and 501(c)(4) organization is prior Forms 990 or 950-E27 if "Yes," complete Schedule L, Part II 25a 254 X 25a X 255 Vasion orbits a current or former officer, director, trustes, key employee, subtantial contributor, or a grant sackon committee member, or to a parson related to such an individual? If "Yes," complete Schedule L, Part II 26a 256 X Vasion orbits clineator, trustee, key employee, subtantial contributor, or a grant sackon committee member, or to a parson related to such an individual? If "Yes," complete Schedule L, Part II 26a X 27a 256	22	column (A) the 20 / 11/20 have than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
and home officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete 23 X 24a Did the organization have a tax exampt bond issue with an outstanding principal amount of more than \$100,000 as of the last asy of the year, that vasues such after December 31, 2002? If 'Yes,' answer lines 240 through 241 and complete 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 24c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a 25a Section 501(c)[3] and sol to[4] organizations. Did the organization engage in an excess benefit transaction with a discustified person during the year? 24d 25a Section 501(c)[3] and 501(c)[4] organizations. Did the organization engage in an excess benefit transaction with a discustified person in a prior year, and that the transaction has not been reported on any of the organization aware that it engaged in an excess benefit transaction with a discustified person during the end of the organization's tay any if 'Yes,' complete Schedule L, Part I 25a 26 Was a loan to orby a current or forme officer, director, trustee, key employee, highly compensated employee, or disqualified person on uniste member, or to a person related to such an individual' If 'Yes,' complete Schedule L, Part II 26a 27 Did the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 26a 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 26a 28 Was the organization excell mode	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
ab 2 the enganization 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 24b through 24d and complete 24a X b 2 the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b X c Did the organization maintain an encode acount other than a refunding scrow at any time during the year? 24c X d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 24d X d Did the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 24d X d Big the organization act as an "on behalf of" issue for bonds outstanding at any time during the year? 24d X d Did the organization maintain an secores benefit transaction with a disqualified person in a prior year, and that the transaction has not be neported on any of the organization prior Forms 990 or 990 EZ/II "Ves," complete Schedule L, Part I 25b X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly companisated employee, or disqualified person in a prior year, and that the transaction with one of the following parties (see Schedule L, Part I/ 26b X 27 Did the organization committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part I/ 26b X <t< td=""><td></td><td>and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes " complete</td><td></td><td></td><td></td></t<>		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes " complete			
ast day of the year, that was essed after December 31, 2007 If "res," answe lines 24b through 24d and complete 24a X 24b 24b 24b 24b 25c 24c 24b 24b 26c 24b 24b 24b 27b 24b 24b 24b 28c Section 601(c)(3) and 501(c)(4) organization as exerce any tonce exerce of the organization invest as as in "on behalf of" issue for bonds beyond a temporary period exception? 24c 28c Section 601(c)(3) and 601(c)(4) organizations. Did the organization angage in an excess benefit transaction with a disqualified person din perior year, and that the transaction has not been reported on any of the organization is prior Forms 900 or 950-E27.If "res," complete Schedule L, Part I 25b X 28d 25b X 25b X 27d 26d 26d X 25b X 28d as a loan to or by a current or former officer, director, truste, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part I 26d X 27d bd the organization is tax user? If "Yes," complete Schedule L, Part I 26d X 28d schedule L, Part I 27d X 27d <td< td=""><td></td><td>Schedule J</td><td>00</td><td></td><td>•</td></td<>		Schedule J	00		•
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29 X 30 Did the organization receive indic than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X 32 Did the organization liquidate, terminate, or dissolve and cease operations? 30 X 33 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 31 X 34 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 30.1.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 X 35 Is any related organization related to any tax-exempt or taxable entity? 34 X 36 Section 501(C)(3) organizations a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 X 36 Section 501(C)(3) organizations. Did the organization receive any payment from or engage in any transfers to an exempt non-charitable related organization? 36 X 36 Section 501(C)(3) organizations. Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V. 37		director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. Part IV	280		x
30 X 31 X 32 X 33 X 34 X 35 Schedule R, Part II 36 X 37 Did the organization liquidate, terminate, or dissolve and cease operations? 16 "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 34 X 35 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2? and 301.7701-3? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? 16 "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X		and the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			x
If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? if "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 36 X No 36 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 37 X		contributions? If "Yes," complete Schedule M			
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O2 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/if "Yes," complete 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? if "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 X 36 St. St. No Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule R, Part V, line 2 36 X 36 X No 36 X 37 Did the organization. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X	~~	If "Yes," complete Schedule N, Part I	31		x
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If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 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," complete Schedule R, Part V, line 2 Yes X No 35 X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X	34	Was the organization related to any tax-exempt or taxable entity?	_33		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)? <i>If</i> "Yes," complete Schedule R, Part V, line 2 Yes X No 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>Yes</i> X No 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI 37</i> X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X 		If *Yes, * complete Schedule R. Parts II. III. IV. and V. line 1			
 36 Section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Is any related organization a controlled entity within the meaning of section 510(b)(10)			X
 Section 512(0)(13) <i>Pli</i> 'Pes," complete Schedule R, Part V, line 2	а	Did the organization receive any payment from or engage in any transaction with a controlled antitumities the	35		X
37 36 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 37 X		section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2			
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 36 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 37 X 38 Note. All Form 990 filers are required to complete Schedule O 38 X	36	economic of the second se		İ	
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		" Tes, complete Schedule R, Part V, line 2			
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 X Note. All Form 990 filers are required to complete Schedule O 38 X	37	service of a related organization	36	 _	<u>x</u>
Note. All Form 990 filers are required to complete Schedule O		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	6-		
Note. All Form 990 filers are required to complete Schedule O	38	bid the organization complete Schedule O and provide explanations in Schedule O for Part VI lines 11 and 102	37		<u> </u>
		Note. All Form 990 filers are required to complete Schedule O	20	v]
					2010

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Form 990	(2010)
Part V	Sta

NATIONAL OFF-HIGHWAY VEHICLE

orm Par		<u>220</u>	Pa	age 5
	Check if Schedule O contains a response to any question in this Part V			
		T	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	•		
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ant an an	
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 22			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		x
b	in res, 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		x
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	in tes, to une salor so, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> </u>		
	any contributions that were not tax deductible?	6a		x
b	if res, did the organization include with every solicitation an express statement that such contributions or diffs	<u>va</u>		<u> </u>
	were not tax deductible?	6b		
7	organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	11.1	X
b	in res, and the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	~~	······	·
		7c		x
d	if res," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70	·	
f	bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7e</u> 7f		
g	in the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	· · · · · ·	<u> </u>
h	in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1000 on	79 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	<u>_/n</u>		
	organization, or a conor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	n na n	
9	sponsoring organizations maintaining donor advised funds.	• •		
а	Did the organization make any taxable distributions under section 4966?	9a	1.1	
b	bid the organization make a distribution to a donor, donor advisor, or related person?	_ <u>5a</u> 9b		-
10	Section Solic)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		· ·	-
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1.11		a fa Sanna an
11	Section 501(c)(12) organizations. Enter:		i. Fili	ting ting Tanat
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	- 1. 		
	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 10412	12a		
d .	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		•••••••••••	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		· · · · ·	
а	state?	13a		†
	Note: See the instructions for additional information the organization must report on Schedule O.	<u>.va</u>	12	
b	Enter the amount of reserves the organization is required to maintain by the states in which the		-	
	organization is licensed to issue qualified health plans	t (j		
C	Enter the amount of reserves on hand			
14a	bid the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

032006 12-21-10

	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	
а	The organization's CEO, Executive Director, or top management official	
b	Other officers or key employees of the organization	15:
	a rest to line 152 of 150, describe the process in Schedule O. (See instructions.)	15Ł
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?	
	in res, has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16:
Sec	tion C. Disclosure	161
17	List the states with which a copy of this Form 990 is required to be filed NONE	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available public inspection. Indicate how you make these available. Check all that apply.	le for
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, statements available to the public.	and fir
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz <u>MONA EHNES - 406-454-9190</u>	ation:
-	213 4TH ST SW, GREAT FALLS, MT 59404	

Sec	tion A. Governing Body and Management												
			Yes	No									
1a	Enter the number of voting members of the governing body at the end of the tax year1a12		105										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12		ан. 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 - 1917 -										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		·	5. 19. a. 1									
	officer, director, trustee, or key employee?	2		x									
3	big the organization delegate control over management duties customarily performed by or under the direct supervision	<u> </u>		<u>A</u>									
	or onicers, directors or trustees, or key employees to a management company or other person?	3		x									
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?												
5	5 Do the organization become aware during the year of a significant diversion of the organization's assets?												
6	Does the organization have members or stockholders?												
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_6	_	<u>_x</u>									
	governing body?	7a		v									
b	The any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X X									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	10	1.11										
	by the following:		n E je										
а	The governing body?	0.0	v	1 a b									
b	Each committee with authority to act on behalf of the governing body?	<u>8a</u>	<u>x</u>										
9	Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the	<u>8b</u>	<u>A</u>										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	0		v									
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X									
			V										
10a	Does the organization have local chapters, branches, or affiliates?	10-	Yes	No									
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	<u>10a</u>		X									
	and branches to ensure their operations are consistent with those of the organization?	100											
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	10b		<u> </u>									
, D	Describe in Schedule O the process, if any, used by the organization to review this Form 900	11a	X										
12a	Does the organization have a written conflict of interest policy? If "No." go to line 13		37	•									
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	<u>12a</u>	X										
	to connects?			~~									
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		<u> </u>									
	in Schedule O how this is done	10.		77									
13	bees the organization have a written whistleblower policy?	12c	<u> </u>	X									
14	Does the organization have a written document retention and destruction policy?	13		X									
15	Did the process for determining compensation of the following persons include a review and approval by independent	14_		X									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1									
а	The organization's CEO, Executive Director, or top management official		1 . · ·										
b	Other officers or key employees of the organization	_ <u>15a</u>		X									
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15b		X									
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?		1. A.										
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	<u>16a</u>		X									
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's												
	exempt status with respect to such arrangements?												
Sec	tion C. Disclosure	<u>16b</u>	1										
17	List the states with which a copy of this Form 990 is required to be filed NONE												
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available												
	public inspection. Indicate how you make these available. Check all that apply.	for											
	Own website Another's website X Upon request												
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a												
	statements available to the public.	nd fina	Incial										
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza												
	MONA EHNES - 406-454-9190	ition:	▶										

CONSERVATION COUNCIL, INC 39-1978220 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

NATIONAL OFF-HIGHWAY VEHICLE

Check if Schedule O contains a response to any guestion in this Part VI

Form 990 (2010)

Page 6

X

NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL,

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

INC

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. / . . **(m**)

(A)	(B)			(C	ン			(D)	(E)	(F)
Name and Title	Average			Posi				Reportable	Reportable	Estimated
	hours per	(cl	heck	allt	that	app	ly)	compensation	compensation	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
DAN KLEEN				_		†				
PRESIDENT	2.00	x						0.	0.	0.
TOM UMPRESS			Γ						V.	0.
SEC	1.00	x						0.	0.	0.
STEVE GUNDERSON					—	1			<u>v</u> .	<u> </u>
TREAS	2.00	x						0.	0.	· ·
MARK MITCHELL		<u> </u>						······································	<u> </u>	0.
DIRECTOR	1.00	x		İ –				0.	0.	
NANCY MINARD			<u> </u>			1		V.	0.	0.
DIRECTOR	1.00	x						0.	0.	
BOB HAMMOND					 	1	†		- <u> </u>	0.
DIRECTOR	1.00	x				1		0.	0.	
JAMES BARRETT			1				<u>†</u> "		· · ·	0.
DIRECTOR	1.00	x						0.	0.	
LEWIS SCHULER				1	\square	1	1	<u>v</u> .	V.	0.
DIRECTOR	1.00	x						0.	0.	
BRUCE BUTLER			1		1				<u>v</u> .	0.
DIRECTOR	1.00	x						0.	0.	
TOM NIEMELA					\vdash			<u>+ · · · · · · · · · · · · · · · · · · ·</u>	0.	0.
DIRECTOR	1.00	x						0.	0.	0
MIKE PINKERTON			-		1-	1-				0.
DIRECTOR	1.00	X		l				0.	0.	0.
RUSSELL EHNES		1		1						· · · · ·
EXECUTIVE DIRECTOR	40.00		+	x	-			64074.	0.	12160.
				-		-				

orm 990 (2010) CONSERV	L OFF-HIC ATION COU	INC	TT		TN	JC			39-19'	7822	20 1	- age 8
Part VII Section A. Officers, Directors,	Trustees, Key Ei	mplo	yee	s, ai	nd H	ligh	est	Compensated Employ	ees (continued)			
(A)	(B)			(C	<i>;</i>)			(D)	(E)		(F)	
Name and title	Average			Posi				Reportable	Reportable		Estima	ted
	hours per	(cn	ieck	all t	hat	app	ly)	compensation	compensation		amoun	t of
	week (describe	ā						from	from related		othe	r
	hours for	Individual trustee or director						the	organizations		ompens	
	related	56 01	stee	1		nsate		organization	(W-2/1099-MISC)	from t	he
	organizations	trust	al tru		yee	athe		(W-2/1099-MISC)			organiza	
	in Schedule	id tral	Institutional trustee	5	mpto	oyte	15				and rela	
	0)	İdi	Insti	Officer	Key employee	Highest compensated employee	Former				organiza	tions
			-									
		1		-								
				-		1			· · · · · · · · · · · · · · · · · · ·			
						ļ						
									······			
					Γ		1				· ·	
							1					
					1		1					
1b Sub-total						►		64074.		0.	12	160
c Total from continuation sheets to Pa	rt VII, Section A					Þ		0.		<u>0.</u>		0
d Total (add lines 1b and 1c)						Þ		64074.		0.	12	160
2 Total number of individuals (including b	ut not limited to t	hose	list	ed a	bov	re) w	ho r	eceived more than \$100	000 in reportable	<u>v •</u>		100
compensation from the organization						-,			,000 in reportable			
								· · · · · · · · · · · · · · · · · · ·			Ye	s No
3 Did the organization list any former off	cer, director or tr	ustee	e. ke	ev en	nolan	vee	or	highest compensated a	mpiovee on			5 140
line 1a? If "Yes," complete Schedule J	for such individua	n n n n n n n n n n n n n n n n n n n	,	., o		,,	, 0, ,	ngricer compensated e	npioyee on			
4 For any individual listed on line 1a, is th	e sum of reportal	ble co	omr	 1975	 atini	n an	 d of	her componention from	the evention the		3	<u> </u>
and related organizations greater than	\$150,000? If "Ye	s." co	omn	lete	Sch	edu	le J	for such individual	une organization			
5 Did any person listed on line 1a receive	Or accrue compr	ensat	tion	from	ຸລາ	V Ein	rela	ted organization or indi-	idual for pondess		4	<u> </u>
rendered to the organization? If "Yes,"	complete Schedu	ile .I i	for «	such	ner	y un son	Gid	oganization or ingly	udual for services			
Section B. Independent Contractors					100					<u> L.</u>	5	X
1 Complete this table for your five highes	t compensated in	ndepr	end	ent d	cont	tract	ors	that received more than	\$100.000 of on-		ion fr	
the organization. NONE										Jerisat		I
(A)					•••			(B)	1		(<u>)</u>	
Name and busin								Description of	services	Co	(C) mpensa	tion
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											·	
2 Total number of independent contract	ors (includina but	not I	imit	ed to	o the	ose	liste	d above) who received	more than			
\$100,000 in compensation from the or	ganization				2 410	0						
						<u> </u>			1	<u></u>	8.081.097	

Form 990 (2010)

Part VIII

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NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC Statement of Revenue

<u>39-19782</u>20 Page 9

NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC Part IX Statement of Functional Expenses

	Section 501(c) All other organizations must com	3) and 501(c)(4) organiza	ntions must complete all not required to complete	columns. e columns (B) (C) and ((D)
Do r 7b, i	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising
1	Grants and other assistance to governments and			general expenses	expenses
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			••••••••••••••••••••••••••••••••••••••	
_	trustees, and key employees	76234.	76234.		
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	147753.	147753.		·····
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	6463.	6463.		
9	Other employee benefits	22012.	22012.		
10	Payroll taxes	22466.	22466.		
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting	850.	······································	850.	
d	Lobbying			050.	· · · · · · · · · · · · · · · · · · ·
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2500.		2500.	
g	Other		······		,
12	Advertising and promotion	5750.	······································	5750.	
13	Office expenses	2534.			
14	Information technology	2976.		2534.	
15	Royalties			2976.	<u>, </u>
16	Occupancy	23121.		00101	
17	Travel	2527.		23121.	
18	Payments of travel or entertainment expenses			2527.	•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	······································			
20	Interest				
21	Payments to affiliates		·····		
22	Depreciation, depletion, and amortization	26335.		0.000	<u> </u>
23	Insurance	6372.	· · · · · · · · · · · · · · · · · · ·	26335.	
24	Other expenses, Itemize expenses not covered			6372.	•
	above, (List miscellaneous evoences in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	ANNUAL CONFERENCE	65917.	CEO4E		
b	ADVENTURE TRAIL PROJECT				
c	ID VIDEO PROJECT	<u>28574</u> . 17583.			
ď	MISC SHOWS/WORKSHOPS				
e	TELEPHONE	16540.	16540.		
f	All other expenses	9825.		9825	
25	Total functional expenses. Add lines 1 through 24f	31762.		10983.	and the second s
26	Joint costs. Check here Solution	518094.	424321.	93773.	. 0.
	98-2 (ASC 958-720). Complete this line only if the				
	90-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		· · · · · · · · · · · · · · · · · · ·		

NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC

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F					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			12583.	1	8829.
1	2	Savings and temporary cash investments			31050.	2	130745.
	3	Pledges and grants receivable, net				3	+30/43.
	4	Accounts receivable, net			5125.	4	825.
	5	Receivables from current and former officers, dir	rectors,	trustees, key			
		employees, and highest compensated employees of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	under section		3	
1		4958(f)(1)), persons described in section 4958(c))(3)(B), a	and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
		employees' beneficiary organizations (see instru	ctions)		a ser official distribution and	6	
Assets	7	Notes and loans receivable, net				7	
¥s	8	Inventories for sale or use			21854.	8	19573.
	9	Prepaid expenses and deferred charges				9	19575.
	10a	Land, buildings, and equipment: cost or other			al de la participar de la composición de la composición de la composición de la composición de la composición d		and the second second
		basis. Complete Part VI of Schedule D	10a	172929.			
	b	Less: accumulated depreciation		137066.	60523.	10c	35863.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets	•			14	
	15	Other assets. See Part IV, line 11			9912.		9924.
	16	I otal assets. Add lines 1 through 15 (must equ	al line 3	4)	141047.	16	205759.
	17	Accounts payable and accrued expenses			24287		20769.
	18	Grants payable				18	20105.
	19	Deterred revenue				19	
	20	lax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ilit.	22	Payables to current and former officers, director	rs, trust	ees, key employees,			
Liabilities		highest compensated employees, and disqualifi of Schedule L				22	
	23	Secured mortgages and notes payable to unrel	ated thi	rd parties		23	······································
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	_26	Total liabilities. Add lines 17 through 25	<u></u>		24287.		20769.
		Organizations that follow SFAS 117, check here	ere 🕨	X and complete			
ces		lines 27 through 29, and lines 33 and 34.					
<u>a</u> n	27	Unrestricted net assets			116760.	27	184990.
Ba	28	Temporarily restricted net assets				28	
pu	29	Permanently restricted net assets	•••••	·····		29	
ц Ц		Organizations that do not follow SFAS 117, o	heck h	ere 🕨 🛄 and			
Net Assets or Fund Balances		complete lines 30 through 34.				110	
set	30	Capital stock or trust principal, or current funds				30	
t As	31	Paid-in or capital surplus, or land, building, or ex	quipme	nt fund		31	
Net	32	Retained earnings, endowment, accumulated in	ncome,	or other funds		32	
-	33	Total net assets or fund balances	•••••		116760.	33	184990.
	34	Total liabilities and net assets/fund balances			141047.	34	205759

205759. Form 990 (2010)

Part X Balance Sheet

Form	990	(2010)

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032012 12-21-10

Form 990 (2010)

NATIONAL OF		
CONSERVATIO	N COUNCIL	, INC

_39-	19	7822() Page 12

rai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
				·····	<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	58	363	24.
2	Total expenses (must equal Part IX, column (A), line 25)	2			94.
3	Revenue less expenses. Subtract line 2 from line 1	3			30.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			60.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u></u>
6	<u>Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (P))</u>	6	1 5	849	<u>an</u>
Pa	TAU Financial Statements and Reporting				50.
	Check if Schedule O contains a response to any question in this Part XII				
			1	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual C Other				
	If the organization changed its method of accounting from a prior year or checked "Other" explain in Schedule	0		. * * 2.	
2a	were the organization's financial statements compiled or reviewed by an independent accountant?		2a	··	х
b	were the organization's financial statements audited by an independent accountant?		2b		X
C	in res to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e oudit			<u></u>
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	in the organization changed either its oversight process or selection process during the tax year, explain in Sch	odula O	2.0		
d	in res to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:	uonu			
	Separate basis Consolidated basis Both consolidated and separate basis				din a
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	nale Audit	1 A. M.		
	Act and OMB Circular A-133?		3a		x
b	" res, did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			<u> </u>
<u>. </u>	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		Зb		

Form 990 (2010)

SCHED		Pub	lic Charity St	atus a	and Pr	ublic	Suppo	\ rt		OMB No. 1	1545-004	47
(Form 99	0 or 990-EZ)			Charity Status and Public Support						20	10	
Department of	the Treasury	Complete	4947(a)(1) no	if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.								, -
internal Reven	ue Service	► Atta	ach to Form 990 or For	m 990-EZ	L See	separate i	nstruction	ne		Open to Inspe	Publiction	
Name of t	he organizatio	on NATIONAI	OFF-HIGHWA	Y VEH	ICLE				nplover ic	lentificati		1 C C C C C C
		CONSERVA	ATION COUNCT	L. TNO	~					-1978		
Part I	Reason 1	or Public Chari	ty Status (All organiza	ations mus	t complet	e this part.) See instr	ructions.		1270	440	
The organi	ization is not a	private foundation b	ecause it is: (For lines 1	through 1	1, check c	only one bo	ox.)					<u>_</u>
1	A church, cor	vention of churches	, or association of churc	hes descr	ibed in se	- ction 170(b)(1)(A)(i).	1				
2	A school desc	cribed in section 170)(b)(1)(A)(ii). (Attach Sch	nedule E.)								
3	A hospital or	a cooperative hospita	al service or g anization d	lescribed i	n ection	170(b)(1)(A)(iii).					
4	A medical res	earch organization o	perated in conjunction v	with a hosp	oital descri	ibed in sea	ction 170(b)(1)(A)(iii). Enter th	e hospital	's nam	ıe.
_ [=]	city, and state	9:										.,
5 🛄	An organizati	on operated for the b	enefit of a college or un	iversity ov	vned or op	erated by	a governn	nental unit	describe	d in		·····
-		(b)(1)(A)(iv). (Complete										
<u>6</u>	A federal, sta	te, or local governme	ent or governmental unit	described	l in sectio	n 170(b)(1)(A)(v).					
7 🛄	An organizati	on that normally rece	ives a substantial part of	of its supp	ort from a	governme	ntal unit o	r from the	general p	ublic desc	ribed i	in
•	section 170(b)(1)(A)(vi). (Complet	e Part II.)									
8 🛄 9 🛣	A community	Trust described in se	ection 170(b)(1)(A)(vi). (Complete	Part II.)							
3 1.42	An organizati	on that normally rece	ives: (1) more than 33 1	/3% of its	support fr	rom contril	outions, m	embership	o fees, and	d gross re	ceipts	from
	income and u	ieu to its exempt fun	ctions - subject to certa	in exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross	invest	lment
	See section	509(a)(2). (Complete	xable income (less sect	ion 511 ta:	x) from bu	sinesses a	cquired by	y the orga	nization at	fter June 3	30, 197	75.
10												
11	An organizati	on organized and op	erated exclusively to tes	st for publi	c satety. 5	ee sectio	n 509(a)(4	.).				
	more publicly	(supported organized	erated exclusively for th		of, to perfo	rm the fur	ictions of,	or to carry	y out the p	ourposes o	of one	or
	describes the	type of supporting	tions described in section organization and comple	on 509(a)(1 sto lineo 11) or sectio	n 509(a)(2). See sec	tion 509(a	a)(3). Chee	ck the box	that	
	a Type I	b	1		-				r			
e 🗔			t the organization is not		e III • Func	tionally int	egrated		d	Type III -	Other	
	foundation m	anagers and other th	han one or more publicly		d organiza	r indirectly	by one or	more disc	qualified p	ersons ot	ner tha	ın
f	If the organiz	ation received a writh	en determination from t	he IRS the	u uiganiza atitis a Tv	nel Turo	nbea in si	ection 505	9(a)(1) or s	ection 509	9(a)(2).	
	supporting of	rganization, check th	is box					• 111				<u> </u>
g			rganization accepted ar	nv aift or co	optribution	from any	of the folk			••••••	••••••	. 🗀
	(i) A perso	n who directly or indi	rectly controls, either al	one or toa	ether with	nersons d	lescribed i	n (ii) and (i	iii) holow			T
	the gove	erning body of the su	pported organization?				icacined i	n (ii) anu (i	in) below,	11.00	Yes	No
		member of a person	i described in (i) above?							. <u>11g(i)</u> . <u>11g(ii)</u>		+
	(iii) A 35% d	controlled entity of a	person described in (i) a	or (ii) above	∋?			••••••		. <u>11g(iii</u>		
h	Provide the f	ollowing information	about the supported or	ganization	(s).			•••••••	••••••••••••••	. <u>Frigtin</u>		1
			·									
	e of supported	(ii) EIN	(iii) Type of organization	(iv) is the o	organization	(v) Did you	I notify the	(vi) Is organizatio	the	(vii) Ai	nount	 of
org	anization		(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizatio	on in col.		port	И
			above or IRC section		document?	(i) of you	support?	(i) organiz U.S	.?	00,	, p 01 1	
			(see instructions))	Yes	No	Yes	No	Yes	No			
				<u> </u>		<u> </u>	•			_		
]								
	· ···· ···							<u>.</u>	<u> </u>		-	
						<u> </u>						

Ţ	otal	

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

Schedule A (Form 990 or 990-EZ) 2010

Schedule A (Form 990 or 990-EZ) 2010

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Page 2

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 Dublic C

Section A. Public Support	(1) 0000		·			
Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization'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						
5 The portion of total contributions			an a ginar a se an ar			
by each person (other than a			an airte a' sin an an ann an an an an an an an an an 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.						
Section B. Total Support				1.1927 (11.1977) (11.1977) (11.1977) (11.1977)	ter and the second second	
Calendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(6) Total
7 Amounts from line 4				(4) 2000	(6) 2010	(f) Total
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						
12 Gross receipts from related activities	, etc. (see instructi	ons)			12	
13 First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a sectio	n 501(c)(3)	
organization, check this box and stor	n here			<u></u>	<u></u>	> [
	o ouppoit re	icentaye				
14 Public support percentage for 2010 (line 6, column (f) c	livided by line 11,	column (f))		14	
15 Public support percentage from 2009	Schedule A, Parl	II, line 14			15	
16a 33 1/3% support test - 2010.If the c	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this box	and
stop here. The organization qualifies	as a publicly supp	orted organizatio	n			►[
n oo mow support test - 2009.11 the c	rganization did no	t check a box on	line 13 or 16a_and	line 15 is 33 1/3%	or more check the	
and stop here. The organization qua	mes as a publicly	supported organiz	zation			Þ
17a 10% -facts-and-circumstances tes	st - 2010. If the org	anization did not i	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
and if the organization meets the "fac meets the "facts and circumstances"	tost The sumstar	ices" test, check i	this box and stop	here. Explain in Pa	rt IV how the organ	ization
meets the lacts and circumstances.	test. The organization	ation qualifies as a	upubliciv supporte	d organization		► Γ
b 10% -facts-and-circumstances tes	he "feete	anization did not (check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is 1	0% or
more, and if the organization meets t	ne lacis-and-circi	instances" test, o	neck this box and	stop here. Explai	n in Part IV how the	_
organization meets the "facts-and-cir 18 Private foundation of the organization	ounistances test	the organization	qualifies as a publ	icly supported org	anization	▶[
18 Private foundation. If the organization	on all hot check a	Loox on line 13, 1	oa, 160, 17a, or 17	b, check this box	and see instructions	<u>}</u>

Schedule A (Form 990 or 990-EZ) 2010

NATIONAL OFF-HIGHWAY VEHICLE

Schedule A (Form 990 or 990-EZ) 2010 CONSERVATION COUNCIL, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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.)

ection A. Public Support	······································	·····				
alendar 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.")	4831.	3765.	3725.			12321
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	875014.	889786.	883215.			2648015
3 Gross receipts from activities that						2040015
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5	879845.	893551.	886940.			2660226
7a Amounts included on lines 1, 2, and		0333311				2660336
3 received from disgualified persons			• •			
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						0
c Add lines 7a and 7b				. <u> </u>		0
8 Public support (Subtract line 7c from line 6.)		a Parasa da sara.				0
Section B. Total Support		1	eren i senten de la completa	e da se de la Hore.		2660336
alendar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(-1) 00000		
9 Amounts from line 6	879845.	893551.	886940.	(d) 2009	(e) 2010	(f) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4697.	8559.	1517.			2660336
b Unrelated business taxable income						14773
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	4697.	8559.	1517.			1/772
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						14773
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					<u></u>	
13 Total support (Add lines 9, 10c, 11, and 12.)	884542.	902110.	888457.			2675109
14 First five years. If the Form 990 is fo	r the organization's	first, second, third	d, fourth, or fifth ta	x vear as a sectio	1 501(c)(3) order	
check this box and stop here				· · · · · · · · · · · · · · · · · · ·	(0)(0) 0/gai	
section C. Computation of Publ	ic Support Pei	rcentage				
15 Public support percentage for 2010 (line 8, column (f) di	vided by line 13, c	olumn (f))		15	99.45
16 Public support percentage from 2009	Schedule A, Part	III. line 15			16	99.51
section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2	010 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	•55
18 Investment income percentage from	2009 Schedule A,	Part III, line 17			18	. 49
19a 33 1/3% support tests - 2010. If the	eorganization did n	iot check the box a	on line 14, and line	15 is more than 3	3 1/3% and line	a 17 is not
more than 33 1/3%, check this box a	and stop here. The	organization quali	fies as a publicly s	upported organization	ation	► 5
b 33 1/3% support tests - 2009. If the	e organization did n	iot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%	and
line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The orga	inization qualifies a	as a publiciv supp	orted organizatio	n N
		, , ,	-1			
20 Private foundation. If the organization	<u>on did not c</u> heck a	box on line 14. 19	a, or 19b. check th	is box and see inc	structions	

SCł	IEDULE D	Su	pplementa	I Financial Staten	nente		OMB No. 1545-0047		
(Form	990)	► C	omplete if the org	anization answered "Yes," to F	orm 990		2010		
Denarta	tent of the Treasury		Part IV, I	ine 6, 7, 8, 9, 10, 11, or 12.	0				
	Revenue Service		Attach to Form	990. See separate instructi	ons.		Open to Public Inspection		
Name	of the organizati			AY VEHICLE	Employer identification number				
		CONSERVAT	TION COUNC	IL, INC	20 1070000				
Par	t I Organiza	ations Maintaining	Donor Advise	d Funds or Other Simila	ccou	nts. Complete if the			
	organizatio	n answered "Yes" to Fo	orm 990, Part IV, lin	e 6.		•			
				(a) Donor advised funds	b) Fun	ds and other accounts			
1	lotal number at ei	nd of year							
2	Aggregate contrib	utions to (during year)	••••••						
3	Aggregate grants	from (during year)							
4	Aggregate value a	t end of year		L					
5	Did the organizatio	on inform all donors and	donor advisors in	writing that the assets held in do	onor advised fun	ds			
~	are the organizatio	on's property, subject to	o the organization's	exclusive legal control?			Yes 🔲 No		
o	Did the organization	on inform all grantees, c	ionors, and donor a	dvisors in writing that grant fund	ds can be used o	nnlv			
	for charitable purp	oses and not for the be	enefit of the donor of	or donor advisor, or for any other	r purpose confer	ring			
Par	t II Concern	ate benefit?	<u> </u>			<u></u>			
1	Burnana(a) of ear	auon Lasements.	Complete if the on	ganization answered "Yes" to Fo	orm 990, Part IV,	line 7.			
1	Purpose(s) or con	servation easements he	eld by the organizat	ion (check all that apply).					
	Directostion	n of land for public use	(e.g., recreation or o		n of an historical				
		of natural habitat	• •	Preservation	n of a certified hi	storic	structure		
2		n of open space							
2	dow of the tex use	t through 2d if the organ	nization held a quali	fied conservation contribution in	the form of a co	onserva	ation easement on the last		
	day of the tax yea	lr.							
_	Total number of a					1. <u>1.</u> 1.	Held at the End of the Tax Year		
a h	Total number of c	oriservation easements				_2a			
b	Number of conce	incled by conservation	easements			2b			
с А	Number of conser	rvation easements on a	certified historic st	ructure included in (a)		2c			
u	listed in the Natio	rvation easements inclu	ided in (c) acquired	after 8/17/06, and not on a histo	oric structure				
3	Number of senses	hai Register	·····			2d			
3	year	rvation easements mod	ified, transferred, re	eleased, extinguished, or termina	ited by the organ	nizatior	n during the tax		
4		whore preparty out is al							
5	Does the organize	where property subject	t to conservation ea	isement is located					
0	violations and on	forcomont of the sense	cy regarding the pe	riodic monitoring, inspection, ha	andling of		<u> </u>		
6	Staff and volunter	er bours devoted to me	rvation easements	it holds?		••••••	Yes No		
7	Amount of expen	ses incurred in monitori	niconny, inspecting	, and enforcing conservation eas	sements during t	he yea	ar 🕨		
8	Does each conse	Nation essement ropor	ng, inspecting, and	enforcing conservation easeme	nts during the ye	ear 🕨	\$		
Ŭ	and section 1700	1/4/(B)(ii)2	ted on line 2(d) abo	ve satisfy the requirements of se	ection 170(h)(4)(E	3)(i)	<u> </u>		
9	In Part XIV descr	ibe how the organizatio				••••••	Yes No		
•	include, if applica	ble the text of the fact	n reports conservat	tion easements in its revenue an	d expense state	ment,	and balance sheet, and		
	conservation ease	ements	note to the organiza	tion's financial statements that	describes the or	ganiza	tion's accounting for		
Pa	t III Organiz	ations Maintainin	a Collections of	of Art, Historical Treasur		0:			
L	Complete	if the organization answ	ered "Yes" to Form	990 Part IV line 9	es, or Other	Simil	ar Assets.		
1a	If the organization	elected, as permitted	under SEAS 116 (A	C 050) met te meneret in 1					
	historical treasure	S. Or other similar asset	ts held for public on	SC 958), not to report in its reve	nue statement a	nd bal	ance sheet works of art,		
	the text of the foo	otnote to its financial sta	tements that doco	hibition, education, or research	in furtherance of	public	service, provide, in Part XIV,		
b	If the organization	elected, as permitted	under SEAS 116 /A	SC 959) to repet in its					
	treasures, or othe	a similar assets held for	nublic exhibition	SC 958), to report in its revenue	statement and I	balance	e sheet works of art, historical		
	relating to these i	tems:		education, or research in furthera	ance of public se	rvice,	provide the following amounts		
			t VIII. line 1			•	•		
	(ii) Assets includ	led in Form 990 Part Y	. von, mię 1			돈	\$		
2	If the organization	received or held works	s of art bistorical to	easures, or other similar assets f		Þ.	\$		
	the following amo	ounts required to be rea	orted under SEAS	easures, or other similar assets f 116 (ASC 958) relating to these i	or financial gain,	provic	le		
а	Revenues include	ed in Form 990 Part VII	l line 1	relating to these i	πems:				
b	Assets included i	n Form 990 Part Y	,			돈	\$		
-		onn 000, ratt A	······		•••••••	🕨	\$		
		Deduction Act Matter							

LHA For Paperwork Reduction Act	Notice, see the Instructions for Form 990.
032051	the and additions for 1 that 350.
12-20-10	

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	NATIONA	L OFF-HIGH	WAY	VEHICL	E						
	dule D (Form 990) 2010 CONSERV	ATION COUN	CTL.	TNC				39-19	78001) D	000 9
inite in the second second second second second second second second second second second second second second	t III Organizations Maintaining C	ollections of Ar	t. His	torical Tr	easures, d	or Othe	r Simila	ar Aecol	e (conti	nund	1
3	Using the organization's acquisition, accessi	on, and other record	s. chec	k any of the	following the	t are a sid	nificant	ise of ite		nuea,	<u>/</u>
	(check all that apply):		-,		iono ning tild	ic allo a olig	Jinoanu		Sollection	TILEN	15
а	Public exhibition	d		Loan or exc	hange progra	ms					
b	Scholarly research	e									
c	Preservation for future generations					·					
4	Provide a description of the organization's co	ollections and explain	n how ti	hev further t	he organizati	on's even	not puro	ee in Ded	NN/		
5	During the year, did the organization solicit o	r receive donations (of art. h	istorical trea	isures or oth	er similar	ascote	se in ran	AIV.		
,	to be sold to raise funds rather than to be ma	aintained as part of t	he orda	inization's c	ollection?			-	Yes	r—	No
Par	Escrow and Custodial Arran	gements. Comple	ete if the	e organizatio	on answered	"Yes" to I	Form 990	Dart IV 1	ine 9 or		
	reported an amount on Form 990, Pa	rt X, line 21.					0111 000	,	ine 5, 0i		
1a	Is the organization an agent, trustee, custod	ian or other intermed	liarv for	contribution	ns or other as	sets not i	ncluded				<u> </u>
	on Form 990, Part X?						noiddod		Yes	Г 	-
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowina	table:			•••••	····· ···	Jites	L.,	No
		• -							Amoun		
C	Beginning balance						1c		Anoun	·	
d	Additions during the year		••••••	••••••••	••••••		1d				
e	Distributions during the year		••••••	*****************			10 1e			<u> </u>	
	Linuing Dalance		· · · · · · · · · · · · · · · · · · ·				44				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?	•••••••	••••••••••••••••••••	•••••••••••	· (<u> 19 1</u>		Yes		No
r_0	in res, explain the arrangement in Part XIV							····· ·	1 163	L	
Par	t V Endowment Funds. Complete	if the organization ar	nswered	"Yes" to Fo	orm 990, Part	IV, line 1	D.				
		(a) Current year		Prior year	(c) Two yea			ears back	(e) Four	vear	s hack
1a	Beginning of year balance					-	<u>,</u>	tare paon		Juan	5 Daux
b	Contributions									<u> </u>	<u> </u>
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses						an an an an an an an an an an an an an a				
g	End of year balance							a la la com			
2	Provide the estimated percentage of the year	ar end balance held a	as:								<u> </u>
а	Board designated or quasi-endowment 🕨		_%								
b	Permanent endowment	%									
		%									
3a	Are there endowment funds not in the posse	ession of the organiz	ation th	at are held :	and administe	ered for th	ne organi	zation			
	by:								1	Yes	No
	(i) unrelated organizations(ii) related organizations								3a(i)	103	
	(iii) i i i i i i i i i i i i i i i i i								10 (11)		+
b		is listed as required (on Sche	edule R?					3b		
·	Describe in Fait AIV the intended uses of th	e organization s end	owment	t funds							
Га	t VI Land, Buildings, and Equip			X, line 10.		_					ىسى .
	Description of investment	(a) Cost or o	other	(b) Cos	t or other	(c) A	cumulat	ed	(d) Boo	k valı	
		basis (invest	ment)	basis	s (other)		preciation	1	(-, 200		
1a							1.5				······
b	Buildings								-		
C	Leasehold improvements										
d	Equipment				172929.		1370	66.		358	363.
e	Other										
<u>i ota</u>	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, Par	t X, colu	ımn (B), line	10(c).)					358	363.
								Schedule			

NATIONAL	OFF-	HIGHWAY	VEHICLE
CONSERVAT	TON	COUNCTL	TNC

Schedule D (Form 990) 2010 CONSERVATIO	ON COUNCIL, I	NO	39-	1978220 Page 3
Part VII Investments - Other Securities. Securities	ee Form 990, Part X, line 1	12.		1970220 Tage 0
(a) Description of security or category	(b) Book value		(c) Method of valuation	on:
(including name of security)		C	Cost or end-of-year marke	t value
(1) Financial derivatives				
(2) Closely-held equity interests(3) Other			· · · · · · · · · · · · · · · · · · ·	
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
() Total (Col/b) must aqual Form 000, Dart V, and (D) in (o) b				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related.				
	See Form 990, Part X, line	13.		
(a) Description of investment type	(b) Book value		(c) Method of valuation Cost or end-of-year market	
(1)	-			
(2)			<u></u>	
(3)				
(4)				
(5)				·····
<u>(6)</u>				
(7)				
(9)		· · · ·		
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, in	e 15.	And the second second second second second second second second second second second second second second second		
(a) Description			(b) Book value
(1)				(
(2)				
(3) (4)				
(5)				·····
(6)				
(7)				
(8)			· · · · · · · · · · · · · · · · · · ·	
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) fin Part X Other Liabilities. See Form 990, Part X	ne 15.)			
Part X Other Liabilities. See Form 990, Part > 1. (a) Description of liability	<, line 25.			
(1) Federal income taxes		(b) Amount		
(2)			_	ang sharin în angewitte. Angelera
(3)		·····		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) (11)				1. j. e
				· · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) li FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote 2. FIN 48 (ASC 740).	to the organization's financial sta	tements that reports the or	ganization's liability for lincertain	fax positions under
032053 12-20-10	······			

	NATIONAL OFF-HIGHWAY VEHI	CLE			
	dule D (Form 990) 2010 CONSERVATION COUNCIL, INC	1		30-107	8220 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990	to Audited F	nancial Stat	ements	0220 Faye
1	Total revenue (Form 990, Part VIII, column (A), line 12)				586324.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		518094.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		68230.
4	Net unrealized gains (losses) on investments		4		00250.
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		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and Q			68230.
Par	t XII Reconciliation of Revenue per Audited Financial Stater	ments With R	evenue per	Return	
1	I otal revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	<u>2</u> a		al Mariana Mariana	
b	Donated services and use of facilities	2b			
ç	Recoveries of prior year grants	2c			
a	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d		-	2e	
3				3	
4	Amounts moduled on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>			
D	Other (Describe in Part XIV.)	4b			
	Add lines 4a and 4b			_4c	
5 Day	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			- E	
	tail Reconciliation of Expenses per Audited Financial State	ements With	Expenses ne	er Return	
1	Total expenses and losses per audited financial statements	•••••••••••••••••••••••		1	
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:			14.14 ¹	
a b	Donated services and use of facilities	<u>2a</u>			
	Prior year adjustments	<u>2b</u>			
с С	Other losses	<u>2</u> c			
u 0	Other (Describe in Part XIV.)	<u>2</u> d			
3	Add lines 2a through 2d			. <u>2</u> e	
4	Subtract line 2e from line 1	•••••••		. 3	
a	Investment expenses not included on Form 000. Bet VIII. Kee 75	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>	·		
- -	Other (Describe in Part XIV.) Add lines 4a and 4b	4b			
5				. <u>4c</u>	
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) It XIV Supplemental Information	<u></u>		. 5	
<u> </u>					

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ADJ ACCUMULATED DEPRECIATION TO MATCH 990

SCHEDULE O	Supplemental Information to Form 990 or 990-	EZ	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	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.		ZUTU Open to Public Inspection
Name of the organization	NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC	Employe	r identification number
FORM 990, PAR	T VI, SECTION B, LINE 11: THE ORGANIZATION'S		
PREPARED THE	FORM 990. THE FORM WAS REVIEWED BY THE BOAR	DATI	THE NEXT
SCHEDULED BOA	RD MEETING. THE BOARD APPROVED THE FORM 990	BEFOR	RE IT WAS
FILED.		<u></u>	
<u></u>			
FORM 990, PAR	T VI, SECTION C, LINE 19: ALL GOVERNING DOCU	MENTS	CAN BE
OBTAINED FROM	THE ORGANIZATION'S OFFICE UPON REQUEST.		
· <u>······························</u>			
			
		<u></u>	
· · · · · · · · · · · · · · · · · · ·			
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Depreciation and Amortization Detail FORM 990 PAGE 10 Ι

Asset					Description o	f property		
Number	Date placed in service	Method IRC sec	/ Life . or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
51		SYSTE						
	01,27,10		3.00	19A	670.			112.
52	AMD WINI 05251	50110	7 SYST 3.00					
53	CANNON 1		DIGII		745. /IDEO CAMERA	ne stande af afferda		124.
	07,07,1		5.00	19B	260.			26.
1			RT BIF					40.
	04160		5.00	17	4000.		4000.	0.
2	ADVENTU		AIL CZ	<u>\RT</u> 17				
			ER REC		<u>638.</u>		638.	<u> </u>
	06200			17	8320.		5824.	1664.
4	RAM 350						J024•]	1004.
	10,30,0		5.00	17	36586.		25610.	7317.
	GOOSENE			4 77				
	SIGNANG		5.00 RUCK &		<u> </u>		19630.	7852.
	08080		5.00	17	2600.		1248.	
7	00 HOND	A REC			2000.1		1248.	520.
	04010		5.00	17	2230.		2230.	0.
5	MIRAGE							
	06090 * 990 P		5.00 0 TOT2	<u>17</u>	9000.		2700.	1800.
		VGE T	0 1012	- <u>1</u>	104309.	and an an an an an an an an an an an an an	0.	
<u> </u>	MONTANA	OFFI	CE		104309.		0. 61880.	19415.
	01,01,0		20.00		1200.		150.	60.
1(RHEAD						00.
11	01230 CONSTRU		20.00		1622.		122.	81.
	04010		20.00		2350.			
	* 990 P		0 TOT		230.		177.	<u>118.</u>
					5172.	and the second second second second second second second second second second second second second second second	0. 449.	259.
12	2GATERFO	AM PC	STERS	·	· · · · · · · · · · · · · · · · · · ·			2,
1	01010 BDISPLAY		5.00	17	780.		780.	0.
			5.00	17	670.	<u>i en la Escapera</u>	670	
14	4BANNER				0/0.		670.	0.
	07140	5SL	5.00	17	4056.		3650.	406.
1!	5 <u>DHP DES</u>							<u> </u>
1	05020 6DESK SE		5.00	17	1628.		1466.	162.
1			10.0	017	1007			
1	7HP PAVI		PC		1227.			
	01010	4SL	5.00	17	1199.		1199.	0.
19	8HP PENT							<u> </u>
			5.00	17	1400.		1260.	140.
in a substantia de la composición de la composición de la composición de la composición de la composición de la Composición de la composición de la comp	9 SAVIN C		5.00				ing in the second second second second second second second second second second second second second second s	
2	0TREADMI				<u>ж. 3725.</u> К		4470.	0.
	<u>12</u> 13,0	2SL	5.00	17	875.		875.	
2	1HP PC 7	82CD	- HEI	DI				0.
			5.00	17	1584.		1584.	0.
4	2ATX-IC8	1500 S	5.00		00.4			
016261 05-01-10			10.00		- Current year section 179) (D) - Asset di	894.	0.
	* .							

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Depreciation and Amortization Detail FORM 990 PAGE 10

Asset					Description of	property		
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
23	AUDIO VI		CABIN					<u></u>
	05300 CONFEREN		10.00	17	827.		807.	20.
44			LAIRS	117	1044			
25	CONFEREN		ABLE	<u> 1 </u>	1944.	al de para la Ruad. N	1894.	50.
	061200		10.00	17	551.		537.	
26	DESK SET							<u> </u>
	063000		10.00	بالسندية فتتعال	2000.		1950.	50.
28		STOR		<u>.8')</u>				
	030100 LATERAL)17	2080.		2028.	52.
4 7			10.00	BIN	<u>sr</u> 1144.			
30	PROJECTO						1114.	30.
	022704		5.00	17	570.		570.	
31	TREADMII							0.
	09,15,02		5.00	17	709.		709.	0.
3⊿	UNBIND ((BINDI						
33	SOUND E		5.00 MICROI	17	893.		759.	0.
	030304			17	563.		<u>na sana sa baya</u> sa sa sa sa sa sa sa sa sa sa sa sa sa	
34	HP PC 78	-	5.00		<u></u>		563.	<u> 0.</u>
	120702		5.00	17	1584.		1346.	0.
35	LAPTOP				an direction setting f	an é a série.	<u>+J=V•</u>	<u> </u>
	092706		5.00	17	1249.		875.	250.
30	NEW BOO		<u>875</u> 5.00	1				
37	SERVER	<u>191</u>	<u> </u>	17	2072.			414.
	01100	7SL	5.00	17	4905.		2452.	
39	HP TX 2		APTOP	- K	AREN	in an an an an an an an an an an an an an	<u></u>	981.
	050708		5.00	17	1233.		370.	247.
40	HP DV69			- RU				<u> </u>
<u></u> /1	07130		5.00	17	<u>747.</u>		224.	149.
			2 CAMI 5.00		1922.			
42	HP DV5	LAPTO	<u>р-</u> д/	ACK		Ang tangangkatang ang ta	576.	384.
	10230	8SL	5.00	17	899.		270.	100
43	BNEC SV8	100 T					270.	180.
	09080		5.00	17	3509.		1053.	702.
ວເ		ALLS I						
	* 990 P		5.00 0 TOT		1390.	ing a gland and a start of the second start of the second start of the second start of the second start of the Second starts and second starts and	139.	278.
		1010 1			48829.		37316.	
44	EVENT P	LANNI	NG SO	FTWA	RE 40029.		<u>). 37316. </u>	4539.
	07120	5SL	5.00	17	5383.		4846.	537.
45	SOFTWAR	E NEW	DATA	BASE				<u> </u>
<u>л</u>			5.00	17	2617.		1831.	523.
) +	SOFTWAR		5.00	<u>GAR</u> 17				and a second second
4	7BW SOFT			<u></u>	5494.	geodites - districtes and the ends	3846.	1099.
	01220	7SL	5.00	17	1125.		563.	
	* 990 P		0 TOT	AL -				225.
					14619.		0. 11086.	2384.
	* GRAND	TOTA	<u>ц 990</u>	PAG				
016261 05-01-10		_ <u> </u>			172929.		0. 110731.	26597.
05-01-10				*	Surrent year section 179	(D) - Asset dis	sposed	

990

Form 4562		Deprecia	ation and Am	ortizatio	n 990		OMB No. 1545-0172
Department of the Treasur Internal Revenue Service	y (99)	See separate instru	Information on List	to your tax ret			Attachment
Name(s) shown on return				ess or activity to whic		<u>s</u>	Sequence No. 67 Identifying number
NATIONAL C	FF-HIGHWAY	VEHICLE		·		-	
	ON COUNCIL,		ROR	<u>M 990 PA</u>	GE 10		39-1978220
Part I Election	To Expense Certain Prope	erty Under Section 179	Note: If you have any lis	ted property, cc	molete Part	V before vo	<u>133-1370440</u>
1 iviaximum amol	unt (see instructions)					111	500000.
2 Total cost of se	ction 179 property plac	ced in service (see ir	nstructions)				
3 Infestiola cost	of section 179 property	y before reduction ir	n limitation			3	2000000.
4 Reduction in lin	nitation. Subtract line 3	from line 2. If zero o	or less, enter -0-				
5 Dollar limitation for t	ax year. Subtract line 4 from lin	10 1. If zero or less, enter -0	0 If married filing separately, se	instructions	••••••	5	
6	(a) Description of p	roperty	(b) Cost (busin		(c) Elected		
				· · · · · · · · · · · · · · · · · · ·	<u> </u>		
							•
							
· · · · · · · · · · · · · · · · · · ·							
7 Listed property	. Enter the amount from	n line 29	·····	7			
			in column (c), lines 6 and	······ <u>L · · .</u>			
9 Tentative dedu	ction. Enter the smalle	r of line 5 or line 8		• •••••		8	· · · · · · · · · · · · · · · · · · ·
10 Carryover of dis	sallowed deduction from	m line 13 of your 20	09 Form 4562	••••••••••		9	
11 Business incon	ne limitation. Enter the	smaller of business	income (not less than ze	ro) or line E	••••••	10	
12 Section 179 ex	pense deduction. Add	lines 9 and 10 but of	do not enter more than li	no 11	••••••••	11	
13 Carryover of di	sallowed deduction to t	2011 Add lines 9 ar	nd 10, less line 12			12	
Note: Do not use F	Part II or Part III below f	or listed property. In	stead use Part V	🏲 13			
			preciation (Do not inclu	do listed meno		_	
14 Special deprec	iation allowance for our	alified property (eth.	er than listed property) p	de listed proper	ty.)	<u> </u>	
the tax year	allowance for qu	amed property (othe	er than listed property) p	laced in service	during		
	ct to section 169(f)(1) a	lootion		•••••		14	
16 Other deprecia	tion (including ACRS)					15	
		ot include listed are	perty.) (See instructions	<u></u>	<u></u>	16	
	to bepreciation (bo n	iot include listed pro		.)			
17 MACPS doduo	tiono for coasta alexant		Section A			······	
18 Kurru and starting (tions for assets placed	i in service in tax yea	ars beginning before 201	0		17	26335.
IC If you are electing to	group any assets placed in se	avice during the tax year in	nto one or more general asset acc	ounts, check here	<u></u> 🕨 上		
		(b) Month and	During 2010 Tax Year			ation Syste	em
	fication of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year pror			1415.	3 YRS.	HY	SL	236.
b 5-year prop	perty		260.		HY	SL	26
<u>c</u> 7-year prop	perty						
d 10-year pro	operty		· · · · · · · · · · · · · · · · · · ·				
e 15-year pro	operty						
f 20-year pro	operty						
g 25-year pro	operty			25 ýrs.		S/L	· · · · · · · · · · · · · · · · · · ·
h Desidentia	1	1		27.5 yrs.	MM	S/L	
h Residentia	I rental property			27.5 yrs.			
		7			MM	S/L	
i Nonreside	ntial real property	/		<u>39 yrs.</u>	<u>MM</u>	S/L	
	Section C - Assets	Placed in Service	During 2010 Tax Year L	loing the Altern	<u> </u> MM	S/L	· · · · · · · · · · · · · · · · · · ·
20a Class life				any the Altern	auve Depre	1	atem
b 12-year					<u> </u>	S/L	
c 40-year				12 yrs.		S/L	
	mary (See instructions.)	<u> </u>		40 yrs.	MM	S/L	
	y. Enter amount from li	00	· · · · · · · · · · · · · · · · · · ·				
						21	
Entor have and	conts non the 12, line	s 14 through 17, ine	es 19 and 20 in column (g), and line 21.			
	on the appropriate line	es of your return. Pa	intnerships and S corpora	ations - see instr	<u> </u>	22	26597.
	win above and placed i	In service during the	current year, enter the				
portion of the	pasis attributable to se	ction 263A costs		23			and the second states

016251 12-21-10 LHA For Paperwork Reduction Act Notice, see separate instructions.

For	m 4562 (2010)	CON	SERVATI(ON C	OUNCI	L. 1	TNC					30	1070	220 F	2000 0
Ρε	art V Listed Pranuseme	operty (Include au	itomobiles, cer	tain oth	er vehicle	s, cert	ain com	puters	, and prop	perty us	ed for en	itertainm	<u>1,370</u> ent, reci	reation, c	ayez.
	Note: For	anv vehicle for wi	hich vou are usi	na the	standard i	miloaa	o mto or								
			<u></u>	114 000	uon on u	opiicar	//0,							w, colur	ins (a)
240	Do you have eviden	on A - Depreciation	on and Other I	nforma	tion (Cau										
<u>24a</u>	Do you have evidend	(b)	siness/investmen (c)	it use cla	umed?	<u> </u>		No	24b lf "Y	es," is ti	ne evider	nce writte	en?	Yes	No
	(a) Type of property (list vehicles first)	Date placed in service	Business/ investment use percentage	1 0+1	(d) Cost or her basis	Basi (bus	(e) is for depre siness/inve use only	stment	(f) Recovery period	Me	(g) thod/ rention	Depre	h) ciation Iction	Elec sectio	n 179
25	Special depreciation	on allowance for o			placed in	servic	-		A VOOR OD	d d	·			<u> </u>	st
	used more than 50	% in a qualified b	usiness use		piacea ii		o dunng	j uie u	an year an	ų	. 25				
<u>26</u>	Property used mor	re than 50% in a c	ualified busine	ss use:		<u></u>				<u></u>	. 20	!		<u></u>	
			%												
			%										• • • • • •		
<u> </u>			%												
<u>27</u>	Property used 50%	6 or less in a quali	fied business u	ise:					·	da		1			
		i : :	%							S/L ·	-	<u> </u>		1	· . · · ·
			%	,						S/L ·					
	· · · · · · · · · · · · · · · · · · ·		%							S/L -	• • • • • • • • • • • • • • • • • • • •				
28	Add amounts in co	olumn (h), lines 25	through 27. Er	ter here	e and on I	ine 21,	page 1			·	28	<u> </u>			
<u>29</u>	Add amounts in co	olumn (i), line 26. E	nter here and	on line 7	7, page 1						•	·	29		<u> </u>
			S	ection I	B - inform	ation	on Use	of Vel	nicles					I	, <u></u>
Cor	mplete this section	for vehicles used	by a sole propr	ietor, p	artner, or	other "	'more th	an 5%	owner,"	or relate	d persor	۱.			
пу	ou provided vehicl <u>e</u> se vehicles.	es to your employe	es, first answe	r the qu	lestions ir	n Secti	on C to	see if	you meet a	an exce	otion to	completi	ng this s	section fo	ж
							_								
				(4	a)	(b)		(c)		(d)	((e)	(f	<u></u>
30	Total business/invest			Vel	nicle	Vet	nicle		/ehicle		hicle		nicle	Veh	
_	year (do not include	e commuting miles)													
31	Total commuting r	niles driven during	the year				_					1			
32	Total other person														
	driven														
33	Total miles driven Add lines 30 throu														
34	Was the vehicle a	vailable for persor	nal use	Yes	No	Yes	No	Yes	s No	Yes	N.	X			
	during off-duty ho					1.00				res	No	Yes	No	Yes	No
35	Was the vehicle u	sed primarily by a	more				[
	than 5% owner or	related person?													
36	Is another vehicle	available for perso	onal							+					
	use?			÷											
		Section C	- Questions f	or Emp	loyers Wi	no Pro	vide Ve	hicles	for Use h	v Their	Employ		ł	I	
An	swer these question	ns to determine if	you meet an ex	ception	n to comp	leting	Section	B for	/ehicles us	sed by e	mnlovee	e who a	re not n	oro than	E0/
0	ners of related pers	sons.											ie not n	iore mar	J70
37	Do you maintain a	written policy sta	tement that pro	ohibits a	all persona	al use (of vehicl	les. ind	ludina co	mmutin	hy you	ir.		Yes	
	employees?													103	<u>No</u>
38		a million bound and	soment that pro	JIIIDIUS	Dersonal L	ise or v	venicies.	. excei	of commu	tina hv	VAUE			•	+
	employees? See t	the instructions fo	r vehicles used	by con	oorate offi	icers c	tirectors	or 19	6 or more	OWDORD					
39	bo you heat an us	se of venicles by e	mpioyees as p	ersonal	use?								••••	·	
40	bo you provide m	one man nye vent	hes to your em	piovees	i. Obtain ir	ntormat	tion fron	nvorir	employee	e about					
	the use of the veh	licles, and retain t	he information	received	d?										
41	be you meet the t	equirements cont	erning quaimer	a autom	nopile de n	nonstra	ation use	e?						•	+
-	note: If your arisi	<u>ver to 37, 38, 39, 4</u>	<u>10, or 41 is "Ye</u>	s," do n	ot comple	ete Sec	tion B f	or the	covered v	ehicles.					
<u> </u>	art VI Amortiza	tion					·							· · · · · ·	
	Desci	(a) ription of costs	Date	(b) amortization		(C) Amortiza	bla		(d)		(e))		(f)	
				begins		amoun	it		Code section		Amoniz period or pe		A f	mortization or this year	
<u>42</u>	Amortization of co	osts that begins d	uring your 2010) tax ye	ar:										
				<u> </u>											
40	Amonthett		<u> </u>	<u> </u>		·····									
43	Amortization of co	osts that began be	etore your 2010) tax ye:	ar		•••••					43			
44	I otal. Add amour	ats in column (t). S	bee the instruct	ions for	where to	report			<u></u>	<u></u>		44			
016	3252 12-21-10													Form AEO	0 (0040)

NATIONAL OFF-HIGHWAY VEHICLE

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2010 DEPRECIATION AND AMORTIZATION REPORT - CURRENT YEAR FEDERAL -

_										
	Current Year Deduction	112. 124	26.	0. 1664.	7317. 7852.	520.	1800 • 19415 •	60. 81.	118 . 259 .	••••••
	Current Sec 179						0		Ö	
н	Accumulated Depreciation		4000	638. 5824.	25610. 19630.	1248. 2230.	2700. 61880.	150. 122.	177. 449.	780.
VAY VEHICLE	Basis For Depreciation	670. 745.	260.	638. 8320.	36586. 39260.	2600.	9000. 104309.	1200. 1622.	2350. 5172.	780. 670.
OFF-HIGHWAY	Reduction In Basis						•		•	
NATIONAL OFF CONSERVATION	Bus % Excl									
- NATI CONS	Unadjusted Cost Or Basis	670. 745.	260. 4000.	638. 8320.	36586. 39260.	2600. 2230.	9000. 104309.	1200. 1622.	2350.	780. 670.
RAL	Line No.	19A 19A	19B 17	<u>ч ч</u>		177		н 1 1	017	L L
REDERAL	Life	3 • 00 3 • 00	5.00 5.00	5.00	5.00	5.00	5.00	20.00	20.00	5.00 1 5.00 1
YEAR	Method									
I REPORT CURRENT	Date Acquired	012710SL 052510SL	CAMER070710SL BIKE041603SL	040104SL 062006SL	103006SL	080807SL 040101SL	0 6 0 9 0 8 S I	010107SL 012308SL	040108SL	010104SL 010104SL
2010 DEPRECIATION AND AMORTIZATION REPORT	Description	AMD SP AMD WIN SYSTEM	DIRT DIRT	ADVENTURE TRAIL 2CART MIRAGE TRAILER 3REGIONAL	DODGE K TRAILER	BE - TRUCK & R DA RECONS	MIRAGE CARGO 8TRAILER * 990 PAGE 10 TOTAL -	9MONTANA OFFICE INS OVERHEAD DOOR - 10WARE	CONSTRUCT FOR OVRHD DR * 990 PAGE 10 TOTAL	12GATERFOAM POSTERS C
2010 DEF	Asset No.	5 2 2	7 2 3	H K	- 1 - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u> - <u>8</u>	<u>×6 </u>		<u>2 H 3</u> 6 0 7	<u>од* </u> Н Н	12G 13D

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

2010 DEPRECIATION AND AMORTIZATION REPORT

VEHICLE

NATIONAL OFF-HIGHWAY

Т

FEDERAL

YEAR

CURRENT

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50. 30. 14. 406 162 1 30 0 140. 0 • 0 20 52 0 0 20 0 Current Year Deduction Ó Current Sec 179 1466 4470 3650 1199 1260 875 1197 1584894 807 Accumulated Depreciation 1894 537 1950 2028 1114 570 709 759 4056 1628 1199 3725 875 1227 1400 1584 894 827 1944 551 2000 2080 1144. 570 893. Basis For Depreciation 709. INC CONSERVATION COUNCIL * Reduction In Basis Bus % Excl 4056 1628 1199 1400 3725 875 1584. 1227 894. Unadjusted Cost Or Basis 827 1944. 551 2000 570 2080 1144 709 893 No. 17 17 5 17 5 17 5 5 10.0017 0.0017 0.0017 0.0017 11 0.001 0.001 0.001 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 Life 5.00 5.00 5.00 Method 071405|SL 050205551 6|3 0|0 0|S L 01010451 00505<u>8</u>1 08220551 . 21 30 2SL - HEIDI120702SL 111505SL 05|30|00|SL 05|30|00|SL 061200SL 06300051 030100SL 53 00 0SL 022704SL 09150281 110901SL Date Acquired 9SAVIN COPIER 4018D 321 ထ SERVER CHAIRS PREADMILL NORDIC TABLE SCREEN 26DESK SET (ANN'S) LATERAL STORAGE STORAGE DESKTOP PC (RUSS 1 THP PAVILION PC 31 TREADMILL NTTL 320NBIND (BINDER 14BANNER STANDS PENTIUM PC Description AUDIO VISUAL 21HP PC 782CD 22ATX-IC8000 24CONFERENCE 25CONFERENCE SET PROJECTOR 2 3CABINET ATERAL 29CABINET 2 OPRACK 16DESK 18 15DHP 8HP 30<mark>8</mark>0 28 Asset No.

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

2010 DEPRECIATION AND AMORTIZATION REPORT - CURRENT YEAR FEDERAL -

г										
	Current Year Deduction	•0	250. 414.	981. 247.	149. 384.	180. 702.	278. 4539.	537. 523.	1099.	2384. 26597.
	Current Sec 179						•0			• •
Ы	Accumulated Depreciation	563. 1346.	875. 1035.	2452. 370.	224. 576.	270. 1053.	139. 37316.	4846.1831.	3846. 563.	11086. 110731.
AY VEHICLE IL, INC	Basis For Depreciation	563. 1584.	1249. 2072.	4905. 1233.	747.	899. 3509.	1390. 48829.	5383. 2617.	5494. 1125.	14619. 172929.
OFF-HIGHWAY	* Reduction In Basis						•••••••••••••••••••••••••••••••••••••••			0.0
E-1	Bus % Excl									
- NATIONAL CONSERVA	Unadjusted Cost Or Basis	563. 1584.	1249. 2072.	4905. 1233.	747. 1922.	899.	1390. 48829.	5383. 2617.	5494. 1125.	14619. 172929.
RAL	Line No.	17	17	17 17	<u> </u>	1 7	4	<u> </u>	- -	
R FEDERAL	Life	5.00	5.00	5.00	5.00	5.00	5.00	5.00 1	5.00 1 5.00 1	
YEAR	Method	뷥	L L	님님	H H	H				
CURRENT	Date Acquired	030304SL 120702SL	092706SL	011007SI	071308SL 111108SL	102308SL 090808SL	012109SL	071205SL 040706SL	091906SL 012207SL	
2010 DEPRECIATION AND AMORTIZATION REPORT - CURRE	Description	SOUND EQUIP 33MICROPHONE 34HP PC 782CDB	35LAPTOP TOSHIBA 36NEW BOOTH PARTS	SERVER HP TX 2120 LAPTOP - KAREN	HP DV6917 LAPTOP - RUSS SONY HDR-SR12 CAMERA	HP DV5 LAPTOP - JACK NEC SV8100 TELEPHONE	JREAT FALLS JPHOLSTERY * 990 PAGE 10 TOTAL	ANNING NEW GART	TWARE DATABASE TNER SOFTWARE	* 990 PAGE 10 TOTAL - * GRAND TOTAL 990 PAGE 10 DEPR
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* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

2011 DEPRECIATION AND AMORTIZATION REPORT

– NEXT YEAR FEDERAL –

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OFF-HIGHWAY

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028103 05-01-10

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

2011 DEPRECIATION AND AMORTIZATION REPORT

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* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

DECEMBER 31, 2011 Prepared for NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC 213 4TH ST SW GREAT FALLS, MT 59404 Prepared by DOUGLAS WILSON & COMPANY, P.C. 1000 FIRST AVENUE SOUTH GREAT FALLS, MT 59401 Amount due NOT APPLICABLE or refund Make check NOT APPLICABLE payable to Mail tax return and check (if NOT APPLICABLE applicable) to Return must be mailed on NOT APPLICABLE or before **Special** Instructions THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Form 990		90	Return of Organization Exempt Fro	om İı	GGF		OMB No. 1545-0047
Department of the Treasury		of the Treasury	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue benefit trust or private foundation)			2011	
Internal Revenue Service			The organization may have to use a copy of this return to satisfy	reporting requirements	s. [Open to Public Inspection	
B	Check if	C Name of	ar year, or tax year beginning and enc forganization	ding	1	<u>`</u>	
a	pplicab	"" NATI	ONAL OFF-HIGHWAY VEHICLE		D Employer identif	licatio	n number
	_Addre	i CONS	ERVATION COUNCIL, INC				
	Name chang	e Doing B	usiness As	<u>,</u>	39-1	070	2220
L	return]Termi	Number	and street (or P.O. box if mail is not delivered to street address) Roo	om/suite	E Telephone number		
	Lated Amen	413	4TH ST SW				<u>-9190</u>
[_ireturn _Applie _tion		own, state or country, and ZIP + 4 T FALLS, MT 59404		G Gross receipts \$		651070.
	pendi		T FALLS, MT 59404 nd address of principal officer: RUSS EHNES		H(a) Is this a group I	return	
		213 4	TH ST SW, GREAT FALLS, MT 59404		for affiliates?		Yes X No
		empt status: L	X 501(c)(3) 501(c) () (insert op) 4947(a)(1) or	527	H(b) Are all affiliates in		
			NOHVCC.ORG		H(c) Group exemption	a list. (:	see instructions)
	orm o art l		X Corporation Trust Association Other	L Year	of formation: 1998	M Stat	e of legal dominile: MII
•		Summary Briefly describ					
Activities & Governance	'		e the organization's mission or most significant activities: EDUCAT HIGHWAY VEHICLES	ION	REGARDING T	HE	SAFE USE
rnai							
ove	3	Number of vot	x > if the organization discontinued its operations or disposed ting members of the governing body (Part VI, line 1a)	of more	than 25% of its net a		
ల ళ	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)				12
ies			Vinomouals chipioved in calendar vear 2011 (Dart V line on)		1		12
tivit						+	6
Ac							0.
_	<u>b</u>	Net unrelated	business taxable income from Form 990-T, line 34	<u></u>	7b		0.
	1		and ments (D. 1) (III. II		Prior Year		Current Year
une	9	Program servi	and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)		0.		0.
Revenue	10	Investment ind	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		583297.		646710.
œ	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		774.		769.
	14	Total levenue	- add lines 8 through 11 (must equal Part VIII, column (A) line 12)		2253.		3591.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		<u>586324</u> .		<u> </u>
		Denents paid	to or for members (Part IX, column (A), line 4)		0.		0.
ses		Calaries, ou lei	compensation, employee benefits (Part IX column (A) lines 5 10)		274928.		283048.
Expense	i ioa	FIDIessional II	Indraising fees (Part IX, column (A), line 11e)		0.		0.
Щ	17	Other expense	ng expenses (Part IX, column (D), line 25)	•			and the Second
	18	Total expense	es (Part IX, column (A), lines 11a-11d, 11f-24e) s. Add lines 13-17 (must equal Part IX, column (A), line 25)		243166.		306996.
	119	Revenue less	expenses. Subtract line 18 from line 12		<u> </u>		590044.
s or					<u> </u>		61026.
Assets or Balances	20	Total assets (F	Part X, line 16)	Del	pinning of Current Year 205759 •	÷	End of Year
let A		Total liabilities	(Part X, line 26)	···	20769.		$\frac{262378}{16362}$
<u> </u>	<u>22</u> int	Signature	rund balances, Subtract line 21 from line 20		184990.	1	246016.
						· · · · · · · · · · · · · · · · · · ·	
true,	correc	t, and complete.	declare that I have examined this return, including accompanying schedules and Declaration of preparer (other than officer) is based on all information of which p	d staterne	ents, and to the best of m	ıy knov	ledge and belief, it is
			and a second and the	preparer	has any knowledge.		· · · · · · · · · · · · · · · · · · ·
Sigr	ו	Signature	of officer		Date		
Her	е	RUSS	EHNES, EXECUTIVE DIRECTOR		Dale		
			rint name and title	·······	<u> </u>	• <u> </u>	
D-14		Print/Type prep	arer's name Preparer's signature	D	ate a Data Check		PTIN
Paid			J BOYSUN Ranchel Brase	2 0 2012 if self-employ	ved		
Prep Use		Firm's name	DOUGLAS WILSON & COMPANY, P.C.		Firm's EIN		
	any	i i i i i i s autress					<u> </u>
Mav	the II		GREAT FALLS, MT 59401 s return with the preparer shown above? (see instructions)		Phone no. 4	06-	761-4645
1320	01 07-0	6-11 LHA F	or Paperwork Reduction Act Notice, see the separate instructions.	<u></u>			X Yes No
		•	And motive, see the separate instructions.				Form 990 (2011)

	n 990 (2011) rt III Statement	CONSERVATI	OFF-HIGHWAY VEH	<u>C</u>	39-19	78220 Pag
	Check if Sche	edule O contains a respons	e to any question in this Par	+ III		
1	Briefly describe the	organization's mission:	y quotan in ana rai		<u></u>	
	EDUCATION	REGARDING THE	SAFE USE OF O	FF-HIGHWAY	VEHICLES	
		······				
2	Did the organization					······
-	the prior Form 990 c	or 990-EZ?	program services during the	year which were not	listed on	
	If "Yes," describe th	lese new services on Sche	dule O.			Yes X
3	Did the organization	cease conducting, or mak	e significant changes in here	it conducts, any pro	oram services?	
Ļ	Describe the organize	ese changes on Schedule	0.		5. un 00110031	
	Section 501(c)(3) an	d 501(c)(4) organizations a	ccomplishments for each of i	ts three largest progr	am services, as measured b	y expenses.
	others, the total exp	enses, and revenue, if any	nd section 4947(a)(1) trusts	are required to report	t the amount of grants and a	illocations to
la	(0000.) (EXDenses %) (Poversus @	651050
	EDUCATION	REGARDING THE	SAFE USE OF O	FF-HIGHWAY	VEHICLES	651070
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	Other program service	25 (Describa in Sahadaka				
 [Other program service (Expenses \$	es (Describe in Schedule C including g) (Revenue \$		

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Form 990 (2011)

	NATIONAL	OFF-	-HIGHWAY	VEHICLE
Form 990 (2011)	CONSERVAT	ION	COUNCIL	INC
Part IV Checklist of	Required Sched	lules		

39-	19	78	220	Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	-	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1 2	<u> </u>	X
з	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			<u>_A</u>
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	- 3		
	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			<u> </u>
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space.			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	–		
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, 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, VII, VIII, IX, or X			<u></u>
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			1
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			┢
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	446		l v
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		X
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
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	<u>11c</u>		X
	Part X, line 16? If "Yes," complete Schedule D, Part IX			v
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		<u> X</u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u>11</u>		<u> </u>
	Schedule D, Parts XI, XII, and XIII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	<u>12a</u>		<u>x</u>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u>14a</u>		<u> x</u>
	investment, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV			1 77
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		
-	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		<u>x</u>
-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
-	1c and 8a? If "Yes." complete Schedule G. Part II			
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u>X</u>
	complete Schedule G. Part III		1	<u>.</u> .
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		
	 If "Yes" to line 20a, did the organization attach its audited financial statements to this return? 	20a	- <u>†</u>	<u>X</u>
<u> </u>	to the action and the organization attach its autored intalicial statements to this return?	20b		

NATIONAL OFF-HIGHWAY VEHICLE Form 990 (2011) CONSERVATION COUNCIL, INC Part IV Checklist of Required Schedules (continued)

<u>3</u>	9	 1	9	7	8	2	2	0	 F	Page 4	

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the		162	NU
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u> </u>
22 23 24a b c d 25a b 26 27 28 20 20 20 30 31 32 30 31 32 33 34 35a	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	bid 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 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		I
d	bid the organization act as an on benair or issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	<u>_</u>		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		<u> </u>
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	4 4 6	x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		x
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):			1
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		1	1
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
31	contributions? If "Yes," complete Schedule M	30		X
•	If "Yes." complete Schedule N. Part I			
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
	Schedule N, Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity?	33		X
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		v
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	<u>.00a</u>		1
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section SU (C)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		1	† **
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		1	1
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form	990	(2011)

CONSERVATIO	N COUNCIL	INC
NATIONAL OF	F-HIGHWAY	VEHICLE

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	990 (2011) CONSERVATION COUNCIL, INC	39-197	8220	Р	age 5		
Par	V Statements Regarding Other IRS Filings and Tax Compliance				ugo 🖝		
	Check if Schedule O contains a response to any question in this Part V						
				Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5	1.00			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		Ō				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portable gaming	1	1			
	(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	6				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	x			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	3)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		x		
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		X		
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.	1				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	iction?	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 to	ne organization solicit					
	any contributions that were not tax deductible?		6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or gifts					
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?						
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required					
	to file Form 8282?	······	. 7c	1	X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?	. 7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	7f		X		
9	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	. 7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-C	? 7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. [id the supporting	1				
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.						
a	Did the organization make any taxable distributions under section 4966?		. 9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?		. 9b				
10	Section 501(c)(7) organizations. Enter:		1				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a					
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:						
a	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
40-	amounts due or received from them)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	n 1041?	122	1			
40	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.						
а	e		. 13	4			
	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 the	1 1	1				
	organization is licensed to issue qualified health plans	13b					
0	Enter the amount of reserves on hand	13c					
148	Did the organization receive any payments for indoor tanning services during the tax year?		. 14:	a 📃	_ X		
<u>k</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	ıle O	14	<u>ا</u> ا			

NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC

39-1978220 Page **6**

to line 29, 20 or 10b below, and for a "No" response to lines 2 through 7b below, and for a "No" response	
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	
the second second and second and second and second and second and second and second and second and second and s	

Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management

X

1a	Enter the number of voting members of the governing body at the end of the tax year1a1	>	Yes	No					
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Sch C.	<u> </u>							
b	Enter the number of voting members included in line 1a, above, who are independent 1b1	2							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	4							
	officer, director, trustee, or key employee?			٦٢					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X					
	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?	3	·	X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X					
6	 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members of stockholders? 								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X					
	more members of the governing body?								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>.7a</u>		X					
		_							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b		X					
а	The governing body?								
b	Each committee with authority to act on behalf of the governing body?	<u>8a</u>	X	 					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	<u>8b</u>	X						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O								
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9	<u> </u>	<u> </u>					
	pour pour pour pour pour pour pour pour								
10a	Did the organization have local chapters, branches, or affiliates?	40-	Yes						
b	Thes, did the organization have written policies and procedures governing the activities of such chapters, affiliates	10a		X_					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		v						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<u>11a</u>	X						
12a	Did the organization have a written conflict of interest policy? If "No." go to line 13	10-	v						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	<u>12a</u>	X						
	to connicts?	405	x						
С	bid the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	<u> </u>	+					
	in Schedule O how this was done	12c	x						
13	and the organization have a written whistleblower policy?			X					
14	bid the organization have a written document retention and destruction policy?	14		X					
15	bid the process for determining compensation of the following persons include a review and approval by independent	- 14	-	<u></u>					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		x					
b	other officers of key employees of the organization	15b	-	X					
4-	in resition internation rob, describe the process in Schedule O (see instructions).			+ <u></u>					
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		x					
b	res, du the organization follow a written policy or procedure requiring the organization to evaluate its participation			1					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
800	exempt status with respect to such arrangements?	16b		1					
	Suon C. Disclosure								
17 40	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) availa	ble						
	The public inspection. Indicate now you made these available. Check all that apply.								
40	Own website Another's website Upon request								
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	and fina	ncial						
00	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organized of	ation:							
	$\frac{MONA}{212} + \frac{406 - 454 - 9190}{212}$								
13200									
07-06	5-11		000						

Form 990 (2011)

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (Δ) /m

(A)	(B)			(0)			(D)	(E)	(F)
Name and Title	Average	14.		Posi	tion			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	than d is bot	han	compensation	compensation	amount of
	week		cer an	dad	irecto	or/trus	tee)	from	from related	other
	(describe	rector						the	organizations	compensation
	hours for	ordi				ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		60	beus		(W-2/1099-MISC)		organization
	organizations in Schedule	ual tr	ional		ploye	t com				and related
	O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer			organizations
(1) DAN KLEEN				0	Ŷ	Ξə	2			
PRESIDENT	2.00	x						o.	0.	^
(2) TOM UMPRESS	1		†			<u> </u>		<u></u>		0.
SEC	1.00	x						0.		~
(3) STEVE GUNDERSON		**	<u> </u>			+			0.	0.
TREAS	2.00	x						0.		•
(4) MARK MITCHELL				┢┈	-	┉		<u>v.</u>	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(5) NANCY MINARD					<u> </u>	1			<u>v.</u>	0.
DIRECTOR	1.00	Х						0.	0.	0.
(6) BOB HAMMOND									0.	
DIRECTOR	1.00	X						0.	0.	0.
(7) JAMES BARRETT				Γ						
DIRECTOR	1.00	X						0.	0.	0.
(8) LEWIS SCHULER						1			· · ·	
DIRECTOR	1.00	X						0.	0.	0.
(9) BRUCE BUTLER										<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(10) TOM NIEMELA						1			<u> </u>	<u>·</u>
DIRECTOR	1.00	X						0.	0.	0.
(11) MIKE PINKERTON						Τ				.
- DIRECTOR	1.00	X		1				0.	0.	0.
(12) RUSSELL EHNES										·····
EXECUTIVE DIRECTOR	40.00			X				66762.	0.	13740.
										<u> </u>
		1								······································
		+	_		-	<u> </u>	-			
					1					
132007 07-06-11		1	<u> </u>	1			1		<u> </u>	<u> </u>

132007 07-06-11

Form 990 (2011) NATIONAL							LF	3					
	TION COU	JNC	11	<u> </u>	11	<u>NC</u>			39-197	<u>782:</u>	20	Pa	ge 8
Part VII Section A. Officers, Directors, Tr (A)	USTEES, Key Er (B)	nplo	byee	s, a "	<u>nd F</u>	ligh	<u>est</u>	Compensated Employ					
Name and title	Average				C) ition			(D)	(E)		ł	(F)	
Name and the	hours per		not c	heck	more	than		Reportable	Reportable			mate	
	week					is bot br/trus		compensation	compensation	1		ount c	of
	(describe	h				T		from	from related			ther	
	hours for	Individual trustee or director						the	organizations			ensat	
	related	ê Or (tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC			m the	
	organizations	ruste	1 trus		33	lage -		(***2/1099*141130)			•	nizati	
	in Schedule	dual1	l tig		l ee	ves (-					relate	
	0)	ndivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			'	orgai	nizatio	ns
		<u> </u>	<u> -</u>	۳-	<u>×</u>					+			
					-								
						1							
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	1						[
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		1	+		-	+			· · · · · · · · · · · · · · · · · · ·				,
		-			+	-				\square			
		_	+	+		<u> </u>	<u> </u>			\square			
			<u> </u>										
1b Sub-total		·····						66762.		0.	1	37	40.
c Total from continuation sheets to Part 1	VII, Section A							0.		0.		<u></u>	0.
d Total (add lines 1b and 1c)								66762.		0	1	137	
2 Total number of individuals (including but	not limited to t	hose	e list	ed a	abov	/e) w	ho r	eceived more than \$10	000 of reportable	<u> </u>			<u>+</u> v.
compensation from the organization						-,			,000 of reportable				•
												V	0
3 Did the organization list any former office	r, director, or tr	uete	a ki	<u> </u>	mol	0.000		highoot common and to do				Yes	No
line 1a? If "Yes," complete Schedule J for	such individua												
4 For any individual listed on line 1a is the		'	•••••								3		X
the stand and the stand of the	sum of reportat	ne c	omp	bens	atio	n an	d ot	her compensation from	the organization				
and related organizations greater than \$1 5 Did any person listed on line 1a receive o	50,000? /f "Yes	s, " co	omp	lete	Sch	edul	le J i	for such individual		L	4		Х
percent listed of line rateserve o	r accrue compe	ensa	tion	fron	n an	y un	relat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," co	mplete Schedu	le J	for s	such	per	rson					5		х
Section B. independent Contractors													
1 Complete this table for your five highest of the organization. Dependent	compensated in	dep	end	ent	cont	tract	orst	that received more than	\$100.000 of comp	ensat	tion fr	'nm	
the organization. Report compensation for	r the calendar	year	end	ling	with	or v	vithi	n the organization's tax	vear.			0111	
(A)								(B)	<u></u>		(0		·
Name and busines	s address	N	ON	Έ				Description of	services	Co	(C mper) Isatio	n
											mpor	104110	
			•										
					<u> </u>								
······································			_										
							-						
2 Total number of independent contractors	(including but	not	limit	ed t	o the	ose l	iste	d above) who received	more than				
\$100,000 of compensation from the orga	nization 🕨		-			0							

12

b С

(i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18a b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____ a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a SALE OF MERCHANDISE 611600 3591. 3591. d All other revenue e Total. Add lines 11a-11d 3591. Total revenue. See instructions. 651070. 651070 0. Ο. Form 990 (2011)

NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC.

(A)

Total revenue

<u>441089.</u>

101061.

39000.

33930.

20000.

11630.

769.

646710.

(B)

Related or

exempt function

revenue

441089.

101061.

39000.

33930.

20000.

11630.

769.

Form 990 (2011) Statement of Revenue

1 a Federated campaigns

b Membership dues

c Fundraising events

d Related organizations

e Government grants (contributions)

f All other contributions, gifts, grants, and similar amounts not included above

g Noncash contributions included in lines 1a-1f: \$_____

b ANNUAL CONFERENCE

C ADVENTURE TRAIL PROGRA

f All other program service revenue

Royalties

Investment income (including dividends, interest, and

other similar amounts)

Income from investment of tax-exempt bond proceeds

h Total. Add lines 1a-1f ...

2 a <u>DIRECT</u> SUPPORT

d WORKSHOP FEES

g Total. Add lines 2a-2f

e AGENCY CONTRACT

Part VIII

Contributions, Gifts, Grants and Other Similar Amounts

Program Service

3

4

5

Revenue

Other

(C)

Unrelated

business

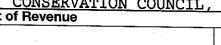
revenue

(D) Revenue

excluded from

tax under sections 512,

513, or 514



1a

1b

1c

1d

1e

1f

Business Code

611600

611600

611600

611600

611600

611600

►

NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC 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).

7b, 8 1	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
			expenses	general expenses	Fundraising expenses
2	organizations in the Onited States. See Part IV, Ille ZI			goneral expended	expenses
	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		· · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors,				
	trustees, and key employees	80502.	80502.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	149312.	149312.		
8	Pension plan contributions (include section 401(k)				
~	and section 403(b) employer contributions)	6950.	6950.		
9	Other employee benefits	25932.	25932.		
10	Payroll taxes	20352.	20352.		
11	Fees for services (non-employees):				
a b	Management				
	Legal				
d	Accounting	750.		750.	
	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1588.	·	1	
g	Other			1588.	
12	Advertising and promotion	14975.			
13	Office expenses	3064.		<u> </u>	
14	Information technology	1784.		3064.	
15	Royalties			1784.	
16	Occupancy	24112.		24112	
17	Travel	483.		<u>24112.</u> 483.	
18	Payments of travel or entertainment expenses			403.	·····
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<u> </u>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	20431.		20431.	
23	Insurance	4702.		4702.	
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 0.)				
а	ANNUAL CONFERENCE	76212.	76212.		
b	ADVENTURE TRAIL PROJECT	53981.	53981.		
c	MISC SHOWS/WORKSHOPS	29019.	29019.		···· ··· ··· ···
d		17451.	17451.		
	All other expenses	58444.	34635.	23809.	
25	Total functional expenses. Add lines 1 through 24e	590044.	494346.	95698.	0
26	Joint costs. Check here 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

NATIONAL OFF	-HIGHWAY	VEHICLE
CONSERVATION	COUNCIL	INC

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					(A) Beginning of year	Ĩ	(B) End of year
	1	Cash - non-interest-bearing			8829.		
	2	Savings and temporary cash investments	•••••		130745.	1 2	17366.
	3	Pledges and grants receivable, net		3	162547.		
	4	Accounts receivable, net		825.	4	2000	
	5	Receivables from current and former officers, d	irectors.	trustees, kev	023.	- 4	36928.
		employees, and highest compensated employe of Schedule L		_			
	6	Receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(f)		5			
		employers and sponsoring organizations of sec	tion 501	(C)(9) voluntary			
sts	7	employees' beneficiary organizations (see instru-	uctions)			6	
Assets	8	Notes and loans receivable, net	•••••			_7	
A	9	Inventories for sale or use			<u> </u>	8	21239.
	-9 10a	Prepaid expenses and deferred charges				9	
	iva	and adaption to other					
	h	basis. Complete Part VI of Schedule D	_10a				
		Less: accumulated depreciation	10b	157497.	35863.	10c	20337.
	11	Investments - publicly traded securities		_11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		·····	14		
	15	Other assets. See Part IV, line 11			9924.	15	3961.
	16	I otal assets. Add lines 1 through 15 (must equ	205759.	16	262378.		
	17	Accounts payable and accrued expenses	20769.	17	12171.		
	18	Grants payable		18	4191.		
	19	Deletted tevenue			19		
	20	ax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
bilit	22	Payables to current and former officers, director	ors, trust	ees, key employees,			
Lia		highest compensated employees, and disquali of Schedule L			· .	22	
	23	Secured mortgages and notes payable to unre	lated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third	·····		
		parties, and other liabilities not included on line	s 17-24	. Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			20769.	26	16362.
		Organizations that follow SFAS 117, check h	nere 🕨	X and complete			
ŝ		lines 27 through 29, and lines 33 and 34.					
anc	27	Unrestricted net assets			184990.	27	246016.
Bal	28	remporarily restricted net assets				28	240010.
р	29	Permanently restricted net assets		29			
Fu		Organizations that do not follow SFAS 117, (check h	ere 🕨 🗌 and		<u> </u>	
р С		complete lines 30 through 34,					
ĕţ	30	Capital stock or trust principal, or current fund			30		
As	31	Paid-in or capital surplus, or land, building, or e	quipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated i	income.	or other funds		32	
4	33	Total net assets or fund balances			184990.	_	246016.
	34	Total liabilities and net assets/fund balances	<u></u>		205759.		262378.

Form 990 (2011)

Part X Balance Sheet

	Form	990	2011)	
1	Dar	+ Y	Ba	2200	C

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	990 (2011) CONSERVATION COUNCIL, INC	39-1978	220	-	40
Par	t XI Reconciliation of Net Assets	23-1310	220	Pag	<u>1e 12</u>
	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)	4	65	יח 1	70.
2	Total expenses (must equal Part IX, column (A), line 25)	2			44.
3	Revenue less expenses. Subtract line 2 from line 1	3			$\frac{1}{26}$
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		349	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<u> </u>	<u>, z , </u>	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (P))	6	24	160	16.
Pa	t XII Financial Statements and Reporting		4		<u> </u>
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
J	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
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
~	If "Yes" to line 22 or 2b, does the event the time to				

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

Separate basis Consolidated basis Both consolidated and separate basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

separate basis, consolidated basis, or both:

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

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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

SCHED		Pub	lic Charity St	atue a	and D	ublic	Pumm.	i	ļ	OMB No. 1	545-004	17
(Form 99	0 or 990-EZ)								Γ	20	11	
Department of	f the Treesure	Complete	e if the organization is	a section	501(c)(3)	organizat	ion or a s	ection		20		
Internal Reven	nue Serviçe	► Att	4947(a)(1) no ach to Form 990 or For	rm 990-F7	charitable	e trust. Separato i	inctructio			Open to		с
Name of t	he organizati	on NATIONAL	J OFF-HIGHWA	Y VEH		separater	insu ucuo		mployer id	Inspec		
·		CONSERV	ATION COUNCT	T. TN	C			1				nber
Part I	Reason	or Public Chari	ty Status (All organiz	ations mus	st complete	e this part	.) See inst	ructions		<u>-1978:</u>	<u>440</u>	
The organi	ization is not a	private foundation b	ecause it is: (For lines 1	through 1	1. check c	nly one b))					<u> </u>
1	A church, cor	vention of churches	, or association of churc	ches descr	ibed in se	ction 170	***., b)(1)(A)(i)	-				
2	A school des	cribed in section 170)(b)(1)(A)(ii). (Attach Sch	hedule E.)								
3	A hospital or	a cooperative hospit:	al service organization o	described i	n section	170(b)(1)(A)(iii).					
4 🛄	A medical res	earch organization o	perated in conjunction	with a hosp	pital descri	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter the	e hospital'	s nam	e.
_ [city, and state	ə:										-,
5 🛄	An organizati	on operated for the b	enefit of a college or un	niversity ov	vned or op	erated by	a governr	nental uni	t described	l in		
e 🗂		(b)(1)(A)(iv). (Comple										
6	A rederal, sta	te, or local governme	nt or governmental unit	t described	l in section	n 170(b)(1)(A)(v).					
	An organizati	on that normally rece	ives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general pu	iblic descr	ibed in	n
8		b)(1)(A)(vi). (Complet										
9 X	An organizati	on that normally read	ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
•	activities rela	ted to its exempt fun	eives: (1) more than 33 1	1/3% of its	support fr	om contril	outions, m	embershi	p fees, and	gross rec	eipts	from
	income and u	inrelated business ta	ctions - subject to certa	lin exception	ons, and (2	2) no more	than 33 1	/3% of its	support fr	om gross i	invest	ment
	See section	509(a)(2). (Complete	xable income (less sect Part III.)	uon o n na.	x) irom du	sinesses a	icquired b	y the orga	inization af	ter June 3	0, 197	5.
10 🗌			erated exclusively to te	st for publi	ic safety S	ioo contin	n E00(a)(4	n.				
11 🛄	An organizati	on organized and op	erated exclusively for th	ne benefit d	of to perfo	rm the fur	n 509(a)(4	h). Orto ooru				
	more publicly	supported organiza	tions described in section	on 509(a)(1	1) or sectio	in 509(a)(2	See cor	of to carr	y out the p	urposes o	fone (Sr
	describes the	type of supporting of	organization and comple	ete lines 1	1e through	111h	.,. 000 act	2001 2090	a)(3). Chec	k the box	that	
	a 🔄 Type I				e III - Func		earated		d 🗔 '	Type III - C	Whor	
e	By checking	this box, I certify that	t the organization is not	controlled	directly or	r indirectiv	by one of	r more dis	u Line Auglified of	rype iii - C	Aner or tho	~
	foundation m	anagers and other th	nan one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	gaalined pe 9(a)(1) or se	ection 500	ଟା । । ଯ (ବ)(୨)	0
f	ii uie organiz	ation received a writh	ten determination from t	the IRS that	at it is a Ty	pe I, Type	II, or Type	- III		201011-003	(a)(2).	
	supporting o	rganization, check th	is box									
g	Since Augus	t 17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the foll	owing per	sons?	•••••••••••••••••		
	(i) A perso	n who directly or indi	rectly controls, either al	lone or toa	ether with	persons d	lescribed i	in (ii) and (iii) bolow		Yes	No
	the gov	erning body of the su	pported organization?		•••••••••••••••					11g(i)		
		member of a person	i described in (i) above?							44-423		
L	(III) A 35%	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)		[
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
			(iii) Type of	<u>,</u>		·		 .				
	of supported anization	(ii) EIN	organization	(iv) is the c	organization			(vi) la organizati	s the	(vii) Am	iount o)f
υŋ	amzation		(described on lines 1-9	aovernina	sted in your document?	organizat	ion in col. r support?	(II) organiz	zed in the l	sup		
			above or IRC section (see instructions))					Ű.S	5.?			
			(000 mou uumana))	Yes	No	Yes	No	Yes	No			
					<u> </u>			<u> </u>	┼───┼─	,		
	· · · · · · · · · · · ·		······	<u></u>				 	╈			va
<u>_</u>												
		1										
												
Tatal		Charles Sec.										
Total			in a start a start a start a		1.			1				

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 Part II Support Schedule for

Page 2

Support Schedule for Organizations Described in Sections	170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
Complete only if you should the barrier of the state of t	

(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.)

	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					(0) 2011	(1) 10(a)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
5	The portion of total contributions	and the second second					<u> </u>
	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.					······································	
Se	ction B. Total Support			·····			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(a) 2011	(0 T-1-1
	Amounts from line 4			(0) 2000	<u>(u) 2010</u>	(e) 2011	(f) Total
8	Gross income from interest,						<u> </u>
	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					· · · · · · · · · · · · · · · · · · ·	
12	Gross receipts from related activities	, etc. (see instruct	ions)			12	L
13	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	d, fourth, or fifth t	ax vear as a section	<u>12</u>	
	organization, check this box and sto	p here					
	ction C. Computation of Pub	ic Support Pe	rcentage			********	
14	Public support percentage for 2011	(line 6, column (f) c	livided by line 11, o	column (f))		14	%
15	Public support percentage from 201	0 Schedule A, Parl	11, line 14			15	9/
16	33 1/3% support test - 2011. If the	organization did n	ot check the box c	n line 13, and line	14 is 33 1/3% or r	nore check this h	ov and
	stop here. The organization qualifies	as a publicly supp	oorted organization	1			
	so now support test - 2010. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more choold t	hishev
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
17	a 10% -lacts-and-circumstances tes	st - 2011. If the org	janization did not	check a box on lir	18 13, 16a or 16b	and line 1/ is 10%	or more
	and if the organization meets the "fa	cts-and-circumstar	nces" test, check t	his box and ston	here Explain in Pa	It IV how the oran	nizotion
	meets the lacts-and-circumstances	test. The organization	ation qualifies as a	publicly supporte	d organization		
	5 10% -facts-and-circumstances tes	st - 2010. If the org	ganization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	the "facts-and-circ	umstances" test. c	heck this box and	ston here. Evolai	n in Part IV how th	<u> </u>
	organization meets the "facts-and-cil	cumstances" test	. The organization	qualifies as a pub	licly supported are	anization	
<u>18</u>	Private foundation. If the organizati	on did not check a	<u>box on line 13, 16</u>	a, 16b, 17a, or 17	b, check this box	and see instruction	

Schedule A (Form 990 or 990-EZ) 2011

NATIONAL OFF-HIGHWAY VEHICLE

Schedule A (Form 990 or 990 EZ) 2011 CONSERVATION COUNCIL, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(-) 0014	
	Gifts, grants, contributions, and		(0) 2000	(0) 2009	(a) 2010	(e) 2011	(f) Total
	membership fees received. (Do not						
	include any "unusual grants.")	3765.	3725.				7400
2	Gross receipts from admissions,		07201				7490.
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	.889786.	883215.	549627.	E92207	CACRAO	
3	Gross receipts from activities that		005215.		<u>583297.</u>	<u> </u>	3552635.
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					<u> </u>	
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to				1		
	the organization without charge						
6	Total. Add lines 1 through 5	893551.	886940.	549627.	F02007	CACRAO	
	Amounts included on lines 1, 2, and	_ 055551.	000340.	_ 549047.	583297.	646710.	3560125.
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						0.
	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.
è	Public support (Subtract line 7c from line 6.)						0.
Se	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	3560125.
	ndar year (or fiscal year beginning in)	(-) 0007	#1000				
	Amounts from line 6	(a)2007 893551.	(b) 2008 886940.	(c) 2009	(d) 2010	(e) 2011	(f) Total
10:	Gross income from interest.	093551.	000940.	549627.	583297.	646710.	3560125.
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources	8559.	1 5 1 7	000			
E	Unrelated business taxable income		<u> </u>	933.	774.	769.	10686.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	8559.	1 5 1 7	0.2.2			
11	Net income from unrelated business	0559.	1517.	-933.	774.	769.	10686.
	activities not included in line 10b.						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
,	or loss from the sale of capital				i		
13	assets (Explain in Part IV.) Total support (Add lines 9, 10c, 11, and 12.)	902110.	000457	F 4 0 C 0 4			
14			888457.	548694.	584071.	647479.	3570811.
		r the organization's	first, second, third	l, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organiz	zation,
Se	ction C. Computation of Pub	lic Support Por				<u></u>)
15	Public support percentage for 2011		centage				
16	Public support percentage for 2011 Public support percentage from 2010	inte o, column (1) di D Sebedule A. Derti				15	<u>99.70 %</u>
	ction D. Computation of Inve	stment income				16	<u>99.45 %</u>
17	Investment income percentage for a	Old (lips 10s. selum					
18	Investment income percentage for 2 Investment income percentage from	2010 Sobodulo A	• · · • • · · · · · · · · · · · · · · ·			17	.30 %
	a 33 1/3% support tasts = 2014 If the	a organization did	-artin, IING 1/			18	.55 %
	a 33 1/3% support tests - 2011. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line	17 is not
	more than 33 1/3%, check this box a h 33 1/3% support tests - 2010. If the	and stop nere. The	organization qualit	nes as a publicly s	upported organiz	ation	►X
	b 33 1/3% support tests - 2010. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%,	and
20	line 18 is not more than 33 1/3%, ch	eux uns pox and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	
132	Private foundation. If the organizati	UN UN HOL CHECK a	oox on line 14, 19a	a, or 19b, check th			
1929					Sch	edule A (Form 99	0 or 990-EZ) 2011

SCH	IEDULE D	Supplemental Financial Statements			OMB No. 15	45-0047
(Form	990)	Complete if the organization answered "Yes," to Form 990,			201	11
Departm	ent of the Treasury	Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b			Open to	Public
Internal i	Revenue Service	Attach to Form 990. See separate instructions.			Inspectio	
Name	of the organizati			Emp	lover identification	number
Devid		CONSERVATION COUNCIL, INC			20-10700	20
Parl	Urganiz	ations Maintaining Donor Advised Funds or Other Similar Funds	or Ac	ccou	nts. Complete if th	ne
·	organizatio	on answered "Yes" to Form 990, Part IV, line 6.				
	-	(a) Donor advised funds	(b) Fund	ds and other accou	nts
1	lotal number at e	nd of year				
2	Aggregate contrib	outions to (during year)				
3	Aggregate grants	from (during year)				
4	Aggregate value a	at end of year				
5	Did the organizati	on inform all donors and donor advisors in writing that the assets held in donor advise	ed func	st		
~	are the organizati	on's property, subject to the organization's exclusive legal control?	••••••		🗌 Yes	No No
6	Did the organizati	on inform all grantees, donors, and donor advisors in writing that grant funds can be	used o	nly		
	for charitable pur	poses and not for the benefit of the donor or donor advisor, or for any other purpose of	conferr	ing		
Par	impermissible priv		<u></u>		Yes	No
	·	vation Easements. Complete if the organization answered "Yes" to Form 990, Pa	art IV, I	line 7.		
I	Puipose(s) of con	servation easements held by the organization (check all that apply).				
		n of land for public use (e.g., recreation or education)				
		of natural habitat Preservation of a certi	fied his	storic :	structure	
2		n of open space				
~	Complete lines 22	a through 2d if the organization held a qualified conservation contribution in the form o	of a co	nserva	ation easement on t	he last
	day of the tax yea	ar.	r			
-	Total number of a	concentration accomments			Held at the End of th	e Tax Year
a h	Total number of c	conservation easements		2a		<u> </u>
b C	Number of conce	tricted by conservation easements		2b		
d	Number of conse	ervation easements on a certified historic structure included in (a)		<u>2c</u>		
u	listed in the Natio	ervation easements included in (c) acquired after 8/17/06, and not on a historic structu	ire			
3	Number of conse	nal Register		2d		
•	year >	ervation easements modified, transferred, released, extinguished, or terminated by the	organ	izatior	t during the tax	
4	• • •	s where property subject to conservation easement is located				
5		ation have a written policy regarding the periodic monitoring, inspection, handling of				
	violations, and er	forcement of the conservation easements it holds?			r	· · · ·
6	Staff and volunte	er hours devoted to monitoring, inspecting, and enforcing conservation easements di			Yes	L No
7	Amount of exper	ses incurred in monitoring, inspecting, and enforcing conservation easements during	tho vo	ne yea	¢	
8	Does each conse	ervation easement reported on line 2(d) above satisfy the requirements of section 170	(P)(4)(E	al 📂	Φ	_
	and section 170(h)(4)(B)(ii)?	, I)(4)(C	200		<u> </u>
9	In Part XIV, desc	ribe how the organization reports conservation easements in its revenue and expense				
	include, if applica	able, the text of the footnote to the organization's financial statements that describes	the or	nent, 19nize	tion's accounting f	anu
	<u>conservation eas</u>	sements.				м
Par	rt III Organiz	zations Maintaining Collections of Art, Historical Treasures, or O	ther [:]	Simi	ar Assets.	
	Complete	if the organization answered "Yes" to Form 990, Part IV, line 8.				
1a	If the organizatio	n elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stater	nent a	nd bal	ance sheet works c	of art.
	historical treasur	es, or other similar assets held for public exhibition, education, or research in furthera	nce of	public	service, provide in	n Bart XIV
	the text of the fo	othote to its financial statements that describes these items.				
b	If the organizatio	n elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement	t and t	alanc	e sheet works of an	t. historical
	treasures, or oth	er similar assets held for public exhibition, education, or research in furtherance of pu	blic se	rvice,	provide the followin	a amounts
	relating to these	items:				U anto anto
	(i) Revenues in	cluded in Form 990, Part VIII, line 1			\$	
	(III) Assets Inclu	ded in Form 990, Part X			\$	
2	If the organization	in received or held works of art, historical treasures, or other similar assets for financia	Il gain.	provid	ie	
	the following am	ounts required to be reported under SFAS 116 (ASC 958) relating to these items:				
а	Revenues includ	led in Form 990, Part VIII, line 1			\$	
b	Assets included	in Form 990, Part X			\$	

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	NATIONA	L OFF-HIGHW	AY VEHIC	LE					
	ule D (Form 990) 2011 CONSERV	ATION COUNC	IL, INC			39-	-197	8220	Page
	t III Organizations Maintaining C	ollections of Art	, Historical 1	Freasures, or	r Other	Similar A	ssets	(contin	uedi
3	Using the organization's acquisition, accessi	on, and other records	, check any of th	ne following that	are a sigr	ificant use o	of its co	lection	items
	(check all that apply):			_	•				
а	Public exhibition	d	Loan or e	xchange prograr	ms				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they furthe	r the organizatio	n's exemp	ot purpose ii	n Part >	KIV.	
5	During the year, did the organization solicit o	r receive donations of	f art, historical tr	easures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of th	e organization's	collection?				Yes	۲ 🗔 .
Par	TIV Escrow and Custodial Arran	gements. Complet	te if the organiza	tion answered "	Yes" to Fo	orm 990, Pa	rt IV, lin	ie 9, or	·
	reported an amount on Form 990, Pa	τ X, line 21.							
1a	Is the organization an agent, trustee, custod	an or other intermedi	ary for contributi	ions or other ass	ets not in	cluded			
	on Form 990, Part X?							Yes	
b	If "Yes," explain the arrangement in Part XIV	and complete the foll	owing table:						
								Amount	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e			
T	Ending balance					14			
2a	Did the organization include an amount on F	orm 990, Part X, line 2	21?				\Box	Yes	
0	i res, explain the arrandement in Part XIV	_							
a	t V Endowment Funds. Complete	f the organization and	swered "Yes" to	Form 990, Part I	V, line 10.				_
	.	(a) Current year	(b) Prior year	(c) Two years	s back (c) Three years	back	(e) Four	years ba
1a	Beginning of year balance								
b	Contributions							_	
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance					-			
2	Provide the estimated percentage of the year	ar end balance (line 1ç	g) held as:						
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the poss	ession of the organiza	ation that are hel	d and administe	red for the	e organizatio	on		
	by:								Yes
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	in res to satily, are the related organization	is listed as required o	n Schedule R?					3b	
4	Describe in Part XIV the intended uses of th	e organization's endo	wment funds						
ra	rt VI Land, Buildings, and Equipr	nent. See Form 990), Part X, line 10.						
	Description of property	(a) Cost or of		ost or other	(c) Ac	cumulated		(d) Bool	k value
		basis (investn	nent) ba	sis (other)	depi	reciation		., .	
	t and all								
1a	Land								
b	Buildings								
b	Buildings Leasehold improvements					····=· · ····			
b c d	Buildings Leasehold improvements			177834.		157497			2033

Schedule D (Form 990) 2011

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NATIONAL OFF	-HIGHWAY	VEHICLE
CONSERVATION	COUNCIL	<u>, INC</u>

Schedule D (Form 990) 2011

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39-1978220 Page 3

Part VII Investments - Other Securities.	See Form 990, Part X, line	12.	<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuation: st or end-of-year market value
) Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
art VIII Investments - Program Related	See Form 990, Part X, line	ə 13.	
(a) Description of investment type	(b) Book value	Cos	(c) Method of valuation: st or end-of-year market value
(1)	·····		
(2)			
(3)			
(4)			
(5)			
(6)			· <u>···</u> ································
(7)			
(8)			
(9)			
(10)			
tal. (Col (b) must equal Form 990, Part X, col (B) line 13.)			
Part IX Other Assets. See Form 990, Part X,	line 15.		
	(a) Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
_(6)			
(7)			
(8)			
(9)			
(10)			
otal. (Column (b) must equal Form 990, Part X, col (B Part X Other Liabilities. See Form 990, Pau	<u>) line 15.)</u>		▶
(a) Description of liability		(b) Book value	· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes		(b) BOOK Value	
(2)			
(3)			1
(4)			1
(5)			1
(6)			4
(7)			4
(8)			-
(9)		······································	-
(10)			4
(11)			4
			-
Dtal. (Column (b) must equal Form 990, Part X, col (E FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footi FIN 48 (ASC 740).	note to the organization's financial st	atements that reports the organ	 Dization's liability for uncertain tax positions updat
2053 			

. .	NATIONAL OFF-HIGHWAY VEHICI	Æ			
	dule D (Form 990) 2011 CONSERVATION COUNCIL, INC			39-19	78220 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Stat	tements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				651070.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		590044.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		61026.
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.)		9		
9	Total adjustments (net). Add lines 4 through 8		a		
10	Excess or (deticit) for the year per audited financial statements. Combine lines 3 and	40			61026.
Par	TAIL Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per	Return	01020.
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			·	
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
a	Other (Describe in Part XIV.)	2d		\neg	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Anounts included on Form 990, Part VIII, line 12, but not on line 1:			· • -	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	· · · · · · · · · · · · · · · · · · ·		
C	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part 1 line 12)				
Pa	reconciliation of Expenses per Audited Financial Stateme	ents Witł) Expenses pe	er Return	
1	total expenses and losses per audited financial statements			1	<u> </u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•••••••	·	
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1	••••••		3	
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			
b		4h	<u></u>	\neg	
	Add lines 4a and 4b		·····		
5	Iotal expenses. Add lines 3 and 4c. (This must equal Form 990, Part 1 line 18)				
Pa	rt XIV Supplemental Information			. 3 [
Com	plete this part to provide the descriptions required for Part II lines 3.5, and 9: Part II	l lince te e	nd & Devit N / P	41 1 01	

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2011 Open to Public
Internal Revenue Service	Attach to Form 990 or 990-EZ.	Inspection
Name of the organization	NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC	Employer identification number 39-1978220
FORM 990, PA	RT VI, SECTION B, LINE 11: THE ORGANIZATION'S	ACCOUNTANT
PREPARES THE	FORM 990. THE FORM IS REVIEWED BY THE BOARD	AT THE NEXT
SCHEDULED BO	ARD MEETING. THE BOARD APPROVES THE FORM 990	BEFORE IT IS
FILED.		
FORM 990, PA	<u> </u>	CONFLICT OF
INTEREST AT	THE BOARD'S ANNUAL MEETING	
FORM 990, PA	RT VI, SECTION C, LINE 18: FORMS 1023 AND 990	
	ANIZATION'S OFFICE UPON REQUEST.	CAN BE OBTAINED
<u>FORM 990, PA</u>	RT VI, SECTION C, LINE 19: ALL GOVERNING DOCU	MENTS CAN BE
OBTAINED FRO	M THE ORGANIZATION'S OFFICE UPON REQUEST.	
• <u>•</u> ••••••••••••••••••••••••••••••••••		

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Depreciation and Amortization Detail FORM 990 PAGE 10

								990
Asset		_			Description of	property		
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
Ŧ	03 SUZUH	<u>(I DIR</u>	T BIK	E 17	4000		r	
2	ADVENTUR			RT	4000.		4000.	0.
	040104		5.00	17	638.		638.	
3	MIRAGE 1			ION			0.00.	0.
4	06 <u>2006</u> RAM 3500		<u>5.00</u> E	17	8320.		7488.	832.
5	10300 GOOSENEO		5.00	17	36586.		32927.	3659.
-	07050		5.00	17	39260.		27482.	
6	SIGNANGI		UCK &	TR:	AILER			7852.
7	08 <u>08</u> 07 00 HOND		5.00	17	2600.		1768.	520.
-	04010		5.00	17	2230.		2020	
8	MIRAGE (TRAII	1	2230•		2230.	0.
	060908		5.00	17	9000.	······	4500.	1800.
	* 990 PZ	<u>AGE 10</u>	<u>) TOTA</u>	<u>1. –</u>				1000.
9	MONTANA	OFFIC	E		102634.	0.	81033.	14663.
	01010	7SL	20.00)17	1200.		210.	60
10		RHEAD	DOOR		ARE		410.	60.
11	01 23 08 CONSTRU		20.00) <u>17</u>	1622.		203.	81.
	040108	<u>si fof</u> BSL	20.00	<u>10 D</u>) 17	2350.		295.	110
	* 990 PZ	AGE 10					495.	118.
10	GATERFO				5172.	0.	708.	259.
+ 4			5.00	17	780.			
13	DISPLAY			<u> </u>	/00.	<u> </u>	780.	0.
	01010		5.00	17	670.	······································	670.	0.
14	BANNER			4				
15	DHP DESI		5.00 PC	17_	4056.		4056.	0.
	05020		5.00	17	1628.		1.00	
16	DESK SE	<u>r (rus</u>	SS)		1020.1		1628.	0.
1 -			10.00)17	1227.	· · · · · · · · · · · · · · · · · · ·	1227.	0.
ΤV	HP PAVII		2C 5.00	17				
18	HP PENT		<u>19.00</u>	<u>ц/</u>	1199.	···· ····	1199.	0.
	10050			17	1400.		1400	
19	SAVIN CO	OPIER	40181)		··· ··· ··· ··· ··· ··· ··· ··· ··· ··	1400.	0.
	08220		5.00	17	3725.		4470.	0.
24	TREADMIN	<u>LL NOB</u> 2197	<u>5.00</u>					
21	HP PC 7	82CD	- HEII		875.		875.	0.
	12070	2SL	5.00		1584.		1584.	
22	ATX-IC8	000 SI					<u></u>	0.
23	11150 BAUDIO V		5.00 CABII		894.		894.	0.
	05300	0SL	10.00		827.		827.	
24	CONFERE		HAIRS				04/•	0.
25	05300 CONFERE		10.00	017	1944.		1944.	0.
				017	551.		рея (
116261 05-01-11					+ Current year section 179	(D) Accet dian	551.	0.

05-01-11

- Current year section 179 (D) - Asset disposed

990

Depreciation and Amortization Detail FORM 990 PAGE 10

	1			<u>*</u>	UNH JJU FAGE I	<u> </u>		990
Asset					Description of	property		······································
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
26	DESK SET		'S)					
	06 <u>30</u> 00		10.00		2000.		2000.	0.
28	LATERAL			. <u>8')</u>				
29		STORA		17 BIN	2080.	·	2080.	0.
	053000			$\frac{11}{17}$	1144.		1144	
30	PROJECTO				<u> </u>		1144.	0.
	022704		5.00	17	570.	· · · · · · · · · · · · · · · · · · ·	570.	0.
31	TREADMIN							
32	09 <u>1502</u> UNBIND (5.00	17	709.		709.	0.
74	110901		5.00	17	893.	·····		
33	SOUND EC		ICRO				759.	<u> </u>
	03,03,04	ISL	5.00	17	563.	<u></u>	563.	0.
34		32CDB	[<u></u>					V.
			5.00	17	1584.		1346.	0.
30	09/27/06		5.00	17	1240			
36	NEW BOOT			11 /	1249.		1125.	124.
	111607		5.00	17	2072.		1449.	
37	SERVER			_			1449.	414.
	01,10,07		5.00	17	4905.		3433.	981.
39	HP TX 21		PTOP 5.00		AREN			
40	HP DV691	-	TOP -	<u>17</u> - RU	1233.		617.	247.
	071308		5.00	$\frac{-10}{17}$	747.	.	252	
41	SONY HDP	R-SR12		1	<u> </u>		373.	<u> </u>
	111108		5.00	17	1922.		960.	384.
42		LAPTOR		ACK	·····			
43	102308 NEC SV81		5.00 LEPHO	17	899.		450.	180.
	090808		5.00	17	3509.			
50	GREAT FZ	ALLS U	IPHOL:	1000			1755.	702.
	012109		5.00	17	1390.	<u> </u>	417.	278.
51	AMD SP S				·····			270.
52	01 <u>271(</u> 2AMD WINI		3.00		670.		112.	223.
52		<u>) an</u> .	<u>51 SYS7</u> 3.00		745			
53	CANNON I	7S300	DIGI	<u>, 14 /</u> PAT	745. VIDEO CAMERA		124.	248.
·	<u> </u>)SL	5.00	17	260	<u> </u>	26.	E0
54	ACASIO X	<u>J-A255</u>	V PR	JJEC	TOR	- <u> </u>		52.
	061011		5.00	<u>19</u> E	1450.			145.
55	ASUS K53	<u>3V COM</u> 1 GT	1PUTE 5.00		0.00		······································	
56	ASUS K5		<u>יטט-כו</u> ארטאל	17.25	830.			83.
·	09121	1SL	5.00	19E	750.	<u> </u>		
57	7HP OFFIC	CE JEI	POR	FABI	E PRINTER		<u></u>	75.
	<u>=09121</u>	1SL	5.00	19E	230			23.
58	BCANON P	LXMA N	4 <u>G812</u>					201
50			5.00	<u> 19E</u> 760	PROJECTOR			20.
	10071	1SL	5.00	<u>19</u>	912.		· · · · · · · · · · · · · · · · · · ·	
6(LENOVO	THINK	PAD					
11000-	12081	1SL	5.00	19E	533.			53.
116261 05-01-11				1	+ - Current year section 179	(D) · Asset disp	osed	

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Depreciation and Amortization Detail FORM 990 PAGE 10

					_	UNA JOU FAGE .		· · · · · · · · · · · · · · · · · · ·	990
Asset						Description of	of property		
Number		Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	*	990 PF	<u>GE 10</u>	TOTA	<u>L –</u>			Y	······································
44	πv	ENT PI	ANNTN		<u>ג זאזידיי</u>	<u>55409.</u>	0.	42117.	4472.
		071205	5SL	5.00	17	5383.		5383.	
45	SO	FTWARE	E NEW	DATAE	ASE	GART			0.
		04 ₁ 07 ₁ 06	SSL	5.00	17	2617.		2354.	263.
46	SO	FTWARI 091990	<u>S DATA</u>	BASE 5.00	<u>GAR</u> 17				
47	BW	SOFTV		<u>D.00</u>	<u>µ</u> /	5494.		4945.	549.
		01 ₂₂₀	7SL	5.00	17	1125.		788.	225.
5 . F. S	*	990 PZ	<u>AGE 10</u>) TOTA	<u>л –</u>	· · · · · · · · · · · · · · · · · · ·		////	443.
	*	GRAND				14619.	0,	13470.	1037.
				990	PAG	<u>E 10 DEPR</u> 177834.		10000	
		<u>a j_{en} 1</u>			1	<u>1//034.</u>	0.	137328.	20431.
				<u> </u>			·		
		a	·		1	·····		· · · · · · · · · · · · · · · · · · ·	
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116261 05-01-11				<u> </u>	<u></u>	# - Current year section 17	9 (D) · Asset disp	osed (

1562		,						OMB No. 1545-0172
		Depreci	ation and Information of	Amo	rtizatio	n 990		2011
Department of the Treasury Internal Revenue Service (99)	► Se	e separate instri			your tax re			Attachment
Name(s) shown on return						ch this form relate	is	Sequence No. 179
NATIONAL OFF	-HIGHWAY V	EHICLE						
CONSERVATION	COUNCIL,	INC		FORM	990 PZ	AGE 10		39-1978220
Part I Election To Ex	pense Certain Propert	y Under Section 17	9 Note: If you have	any listed	property, c	omplete Part	V before vo	U complete Part I
 Waximum amount (s 	see instructions)						1 1	50000.
2 Total cost of section	179 property place	d in service (see i	instructions)				2	
3 Inteshold cost of se	ection 179 property b	pefore reduction i	n limitation				3	2000000.
4 Reduction in limitati	on. Subtract line 3 fr	om line 2. If zero	or less, enter -0-		•••••••••••••••••••••••••••••••••••••••		4	2000000.
5 Dollar limitation for tax yea	r. Subtract line 4 from line	1. If zero or less, enter -	0 If married filing separ	ately, see ins	structions		5	48 ·
6	(a) Description of prop	perty		st (business		(c) Electe		······································
		· · · · · · · · · · · · · · · · · · ·						
7 Listed property. Ent							·	
8 Total elected cost o	f section 179 proper	ty. Add amounts	in column (c), lines	6 and 7			8	
9 Tentative deduction	 Enter the smaller of 	of line 5 or line 8						
to Carryover of Ulsano	wed deduction from	line 13 of your 20)10 Form 4562				10	
IT business income in	nitation. Enter the sn	naller of business	income (not less t	han zero)	or line 5		44	
12 Section 179 expens	e deduction. Add lin	ies 9 and 10, but	do not enter more	than line	11		12	
13 Carryover of disallo	wed deduction to 20	12. Add lines 9 a	nd 10. less line 12		▶ 13			
Note: Do not use Part I	or Part III below for	listed property. In	nstead, use Part V.				J	······································
Part II Special D	epreciation Allowar	nce and Other D	epreciation (Do no	ot include	listed prope	erty.)		
14 Special depreciation	n allowance for quali	fied property (oth	er than listed prop	erty) plac	ed in service	durina		
the tax year						-		
15 Property subject to	section 168(f)(1) ele	ction				••••••••	15	
10 Other depreciation	(including ACRS)						16	
Part III MACRS D	epreciation (Do not	t include listed pr	operty.) (See instru	ictions.)				······································
	· · · · · · · · · · · · · · · · · · ·		Section					
17 MACRS deductions	s for assets placed ir	n service in tax ye	ars beginning befo	re 2011		··· ··· ·	17	19941.
10 If you are electing to group	o any assets placed in servi	ice during the tax year	into one or more general :	asset accour	ts, check here			
	Section B - Assets	Placed in Servic	e During 2011 Tax	Year Us	ing the Gen	eral Depreci	ation Syste	 em
(a) Classification		(b) Month and year placed	(c) Basis for deprect (business/investmerection)	iation	(d) Recovery			
		in service	only - see instructi	ons)	period	(e) Conventior) (f) Method	(g) Depreciation deduction
19a 3-year property							1	
b 5-year property		- ·	4	905.	5 YRS.	HY	SL	490.
<u>c</u> 7-year property								±50.
d 10-year propert	у							
e 15-year propert	У					· ·····		
f 20-year propert	У							······································
g 25-year propert	у				25 yrs.		S/L	
h Residential ren	tal property	1			27.5 yrs.	MM	S/L	
		1			27.5 yrs.	MM	S/L	
i Nonresidential	real property	1			39 yrs.	MM	S/L	
· · · · · · · · · · · · · · · · · · ·		1				MM	5/	
S	ection C - Assets P	laced in Service	During 2011 Tax	Year Usir	ng the Alter	native Depre	ciation Sv	stem
20a Class life							S/L	<u> </u>
b 12-year					12 yrs.		S/L	······································
c 40-year		1			40 yrs.	ММ	 	
	(See instructions.)							<u>I</u>
21 Listed property. Er		28						
22 Total. Add amount			es 19 and 20 in co	lumn (a)	and line 21	•••••••	21	<u> </u>
Enter here and on	the appropriate lines	of your return. P	artnerships and S	corporatio	015 - 500 inet	·r	22	20421
23 For assets shown a	above and placed in	service during th	e current vear. entr	er the			<u> </u>	20431.
portion of the basis	attributable to sect	ion 263A costs			23			
116251								1

		(2011)	<u>CON</u>	<u>SERVATI(</u>	<u> </u>	<u>OUNC:</u>	IL, (INC					39-1	1978	220	Page 2
Pa	rt V	Listed Proper amusement.)	ty (Include a	utomobiles, cer	tain oth	ier vehicl	es, certa	ain comp	outers	, and pr	operty use	ed for en	tertainm	ent, rec	reation, o	or
		Note: For any	vehicle for wi	hich you are us	ing the :	standard	mileage	e rate or	dedua	tina lea	se expens	e. comol	ete oniv	242 24	th colur	nns (a)
		unougn (c) or a	Section A, all	of Section B, a	ina Sec	tion C if a	applicat	vie.								113 (d)
				on and Other I			ution: S	ee the in	struc	tions for	limits for	passenge	er autom	obiles.)		
24a	<u>.</u> Do you	have evidence to		siness/investmer	nt use cla	aimed?		es 🗌	No	24b if "	Yes," is th	ne evider	ce writte	en?] Yes [No
	_	(a)	(b) Date	(c)		(d)		(e)		(f)		(g)	()	n)		(i)
	Type (list w	of property	placed in	Business/		Cost or	Basi (bus	s for deprecines/inves	ciation	Recover		thod/	Deprei	ciation		cted
	(IISL VE	ehicles first)	service	use percentag	e ^{ot}	her basis	(000	use only)		period	Conv	rention	dedu	ction		on 179 ost
25	Specia	I depreciation all	owance for c	ualified listed r	property	v placed i	in servic	e durina	the ta	ax vear a	and					/31
	used n	nore than 50% in	a qualified h	usiness use		placea		o danng		an year e		0.5				
26	Proper	ty used more that	an 50% in a c	ualified busine	SE 1160.			<u></u>			<u></u>	. 25				
				1											r	
				%						<u> </u>						
				%												
			: <u>.</u>	%	_											
27	Proper	rty used 50% or i	less in a qua	lified business	use:											
			<u> </u>	9	6	_					S/L ·					
			: :	9	6						S/L-				-	
				9						1	S/L·					
28	Add a	mounts in colum				and on	line Of			1	O/L ·				4	
20		mounte in colum	n (i), in co 20	Finter base and			, 11110 2 1, ,	pager	•••••	••••••	•••••	. 28				
23	Aug al	mounts in colum	n (i), in e 20. i											. 29		<u></u>
~						B - Infor										
Con	npiete	this section for v	enicles used	by a sole prop	rietor, p	artner, o	r other '	more the	an 5%	5 owner,	" or relate	d persor	ı.			
IT YC	ou prov	vided vehicles to	your employ	ees, first answe	er the qu	uestions	in Secti	on C to s	see if	you mee	et an exce	ption to a	completi	ing this :	section f	or
thos	se vehi	icies.														
					((a)	(b)	ſ	(c)		(d)	6	e)	<u> </u>	(f)
30	Total b	usiness/investmen	t miles driven	durina the		hicle		hicle	1	Vehicle		hicle		nicle		hicle
		lo not include con								- on one		11010	V61	1010		11016
31		commuting miles						•								
		other personal (n							ŀ						.I	
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	ariven	۱	••••••		ļ				<u> </u>							
		miles driven duriı														
	Add li	nes 30 through 3	32								1					
34	Was t	the vehicle availa	ble for perso	nal use	Yes	No	Yes	No	Ye	s No	o Yes	No	Yes	No	Yes	No
		g off-duty hours?							<u> · · · ·</u>	<u> </u>			103	110	162	
35	Was t	the vehicle used	primarily by a	a more								+				+
		5% owner or rela			1				1							
26	le and	other vehicle avai						+		_				·	<u> </u>	<u> </u>
30						1		1								1
	use?				<u> </u>											
			Section (C - Questions	for Emp	oloyers V	Vho Pro	vide Vel	hicles	s for Use	e by Their	Employ	ees			
Ans	swer th	nese questions to	o determine i	f you meet an e	exceptio	on to com	pleting	Section	B for	vehicles	used by (employee	es who a	ire not i	more tha	in 5%
ow	ners o	r related persons											-			
37	Do yo	ou maintain a writ	tten policy st	atement that p	rohibits	all perso	nal use	of vehic	es. in	cluding	commutin				Vee	
	emplo	ovees?						01 10110	, in	oluding	commutan	g, by you	41		Yes	<u>s No</u>
38	Dovo	oyees? ou maintain a writ	tten nolicy et	atomont that n	robibito			····				••••••	•••••	••••		
••	omple	ovoco2 See the i	networtians fo	atement that p		persona	iuse or	venicies	, exce	pt comr	nuting, by	your				
~~	empic	oyees? See the i	Instructions to	or venicies use	d by coi	rporate o	fficers,	directors	, or T	% or mo	re owners	s			🖵	
		ou treat all use of														
40	Do yo	ou provide more t	than five veh	icles to your en	nployee	s, obtain	informa	ution from	n you	r employ	ees abou	t				
	the u	se of the vehicles	s, and retain	the information	receive	əd?										
41	Do yo	ou meet the requ	irements con	cerning qualifie	ed autor	mobile de	emonstr	ation us	e?						···	
	Note	: If your answer t	o 37, 38. 39.	40, or 41 is "Ye	es," do i	not com	olete Se	ction R f	or the	COVerer	vehicles	•••••			···	
P	art V	I Amortization	<u></u>						010							
		(a)			(b)		(c)			(d	0	1-	<u> </u>		(4)	
		Description		Dat	e amortizatio	n	(C) Amortiz amou	able	1	Co	de	(e Amorti	zation		(f) Amortizatio	n
	Ame	tization of anat-	that he alian		begins	<u> </u>	amou	nt		sect	ion	period or p			Amortizatio for this yea	¥
<u>42</u>		rtization of costs	mat begins (uuring your 201	1 tax y	ear:										
-					: :											
					: :											
43	Amo	rtization of costs	that began t	pefore your 201	1 tax ye	ear							43	-		
<u>4</u> 4	Tota	I. Add amounts i	n column (f).	See the instruc	tions fo	or where	to repor	t				•••••	44			
											************	••••••	<u>_</u>			

NATIONAL OFF-HIGHWAY VEHICLE

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2011 DEPRECIATION AND AMORTIZATION REPORT - CUTRRENT YEAR FEDERAL -

NATIONAL OFF-HIGHWAY VEHICLE

	Current Year Deduction	•	•0	832.	3659.	7852.	520.	•	1800.	14663.	60.	81.	118.	259.	•	.0	•0	.0	0.	ization Deduction
	Current Sec 179	· · ·								.0			•	0.						nercial Revital
	Accumulated Depreciation	4000.	638.	7488.	32927.	27482.	1768.	2230.	4500.	81033.	210.	203.	295.	708.	780.	670.	4056.	1628.	1227.	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction
IL, INC	Basis For Deprectation	4000.	638.	8320.	36586.	39260.	2600.	2230.	.0006	102634.	1200.	1622.	2350.	5172.	780.	670.	4056.	1628.	1227.	Section 179, Salv
TON COUNCIL	Reduction In Basis				•					•				0						* ITC,
CONSERVATION	Bus % Excl	1											· · · · · · · · · · · · · · · · · · ·							
CONS -	Unadjusted Cost Or Basis	4000.	638.	8320.	36586.	39260.	2600.	2230.	.0006	102634.	1200.	1622.	2350.	5172.	780.	670.	4056.	1628.	1227.	(D) - Asset disposed
תפאםעם ז	Line No.	17	17	17	17	17	17	17	17		017	017	017	· · · -	17	17	17	17	017	7-(Q)
	Life	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00		20.0(20.0(20.00		5.00	5.00	5.00	5.00	10.00	
Y HI I	Method	SL	SL	SL	SL	J.C	JL 2L	IJ.	L.		L L	ц	ц.		IJ	3L				
CORRENT	Date Acquired	BIKE041603	04010451	06200681	103006SL	07050751	08080751	040101SL	060908ST		01010751	01230851	04010851		010104SL	01010481	071405SL	05020581	06300051	
	Description	103 SUZUKI DIRT BIKE	_> ∞	MIRAGE TRAILER 3REGIONAL	4RAM 3500 DODGE	5GOOSENECK TRAILER	SIGNANGE – TRUCK & 6TRAILER	700 HONDA RECONS	MIRAGE CARGO 8TRAILER	* 990 PAGE 10 TOTAL -	9MONTANA OFFICE	INS OVERHEAD DOOR - 10MARE	CONSTRUCT FOR OVRHD DR	* 990 PAGE 10 TOTAL -	12GATERFOAM POSTERS	13DISPLAY CASES 2'	14BANNER STANDS	15DHP DESKTOP PC	1 (RUSS)	
	Asset No.						.*					Ē.	11		н н	 i	н 	н Г	÷	128102

2011 DEPRECIATION AND AMORTIZATION REPORT

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0. 0. **.** 0 • • . 0 0. • 0 0. 0. • 0. 0 0 124. Current Year Deduction Current Sec 179 1199 1400 4470 875 1584 894 827 1944. 551 2000 2080 1144 570 709 759. Accumulated Depreciation 563 1346 1125 NATIONAL OFF-HIGHWAY VEHICLE 1199 1400 3725 875 1584 894 1944 20.00 2080 1144 827 551 570 709 893 563 1249 1584 Basis For Depreciation INC CONSERVATION COUNCIL, Reduction In Basis Bus % Excl 1199, 1400. 3725. 875. 1584 894 1944. 827 551 2000 2080 570 709. 893 1144 563. 1584. Unadjusted Cost Or Basis 1249 YEAR FEDERAL S S Ling 17 11 $\frac{1}{7}$ 17 1717 0.0017 10.0017 17 17 17 17 17 10.0017 17 10.001 10.001 0.001 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 Life Method 010104SL 08|22|05|SL 21302ISL 100505SI - HEIDI120702 111505SL 5|3 0|0 0|SL 10 5|3 0|0 0|ST 06|1.2|00|SL 0 6 3 0 0 0 S L 030100SL 053000SL 022704SL 09|15|02<mark>|</mark>SL 030304SL 20702SL 10901SL 09|27|06|SL CURRENT Date Acquired 4018D ω 321 22ATX-IC8000 SERVER 24CONFERENCE CHAIRS TREADMILL NORDIC 25CONFERENCE TABLE SCREEN 26DESK SET (ANN'S) LATERAL STORAGE STORAGE 32|UNBIND (BINDER) 17HP PAVILION PC 31 TREADMILL NTTL **35LAPTOP TOSHIBA** 18HP PENTIUM PC 9SAVIN COPIER Description AUDIO VISUAL PC 782CDB 782CD SOUND EQUIP 3 3MICROPHONE PROJECTOR ATERAL 23CABINET 29CABINET С С 2 OPRACK 28|(18') 34HP 2.1 HP3050 Asset No.

128102 05-01-11

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

2011 DEPRECIATION AND AMORTIZATION REPORT

Ш	DEPRECIATION AND AMORTIZATION REPORT	CURRENT YEAR FEDERAL	YEAR	FEDE	RAL	I	ONAL ERVAT	NATIONAL OFF-HIGHWAY VEHI(CONSERVATION COUNCIL, INC	NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC	F	
, et	Description	Date Acquired	Method	Life	Line No.	Unadju Cost Or I	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Deprectation	Current Sec 179
36	36NEW BOOTH PARTS	111607SL		5.00 17	17	2072.			2072.	1449.	
<u>ب</u>	2 ЛС П В 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	01100751		5.00 17	7	4905.			4905.	3433.	

	4.	1.	47.	49.	84.	.0	2.		3	8	2.	5.	÷.	L	÷.			
Current Year Deduction	414	86	24	14	38	180	702	27	22	248	52	145	80	1	3	20	6	
Current Sec 179		- 1. -								· · .		-				~.		
Accumulated Depreciation	1449.	3433.	617.	373.	960.	450.	1755.	417.	112.	124.	26.							
Basis For Depreciation	2072.	4905.	1233.	747.	1922.	. 668	3509.	1390.	670.	745.	260.	1450.	830.	750.	230.	200.	912.	
Reduction In Basis						•												
Bus % Excl										<u>.</u>				• .				
Unadjusted Bus Cost Or Basis Ex	2072.	4905.	1233.	747.	1922.	.668	3509.	1390.	670.	745.	260.	1450.	830.	750.	230.	200.	912.	
Line No.	17	17	17	17	17	17	17	17	17	17	17	19B	19B	19B	19B	19B	19B	
Life	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	3.00	3.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	
Method	1																	
Date Acquired	111607SL	01100751	05070851	071308SL	111108SL	102308SL	090808SL	01210951	01271051	052510SL	CAMERO 70710	061011SL	091211SL	091211SL	091211SL	100711SL	100711SL	
Description	36NEW BOOTH PARTS	37/SERVER	HP TX 2120 LAPTOP 39KAREN	HP DV6917 LAPTOP - 40RUSS	SONY HDR-SR12 CAMERA	HP DV5 LAPTOP - JACK	NEC SV8100 43TELEPHONE	GREAT FALLS 50UPHOLSTERY	SP SYSTE	AMD WINDOWS 7 528YSTEM	CANNON FS300 53DIGITAL VIDEO CAMER	CASIO XJ-A255V PROJECTOR	55ASUS K53V COMPUTER	56ASUS K53V LAPTOP		120	EPSON POWERLITE 591760 PROJECTOR	
Asset No.	36N	375	田 五 四 田 石 田 石 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	40 H 0 H 0 H 0 H 0 H 0 H 0 H 0 H 0 H 0 H	41 <mark>C</mark>	42 <u>U</u>	4 1 1 1 1 1 1	200	51AMD	52 <u>S</u>	00 20 20 20 20	54 <u>P</u> C	55A.	56A	57 <u>म</u> 19	5 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8 5 8	2 <u>9</u> 日 2	_

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

128102 05-01-11

NATIONAL OFF-HIGHWAY VEHICLE - CURRENT YEAR FEDERAL -

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	Accumulated Depreciation	4000.	63	832	20	533	28	су. 19	630	69	<u>~</u>	∞	_	0	∞	ω.	02	62	$\frac{22}{2}$	ი	\sim	47	2 8 1	\sim	894	22	ا الكسير	55	00	~~ .	14	· ·	_	759.	-
CLE	Basis For Depreciation	4000	63	832	о С	926	SU	23	006	പ്പ		ເຈັ	വി	5	m	67	02	62	22	19	1400.	72	87	\sim	~	82	_	· م	00	~~	14	-	-		_
AY VEHICLE IL, INC	* Reduction In Basis		2																																
OFF-HIGHWAY ION COUNCIL	Unadjusted Cost Or Basis	4000.	S. J.	ŝ	658	26	0	5	006	69	20	62	സ	17	m	<u>~</u>	<u>S</u>	62	22	<u></u> б	\sim	72	87	\sim	894.	82		S	00	~~	14	-	_	893.	_
NATIONAL (CONSERVAT	d Life	19	0	਼	0	•	0	5.00	•		0.0	20.00	0.0		2	4	<u> </u>	00.	.	•	•	°	਼	਼	00.		0.0	0.0	0.0	0.0	0.0	0	0	5.00	0
NA' COI	Date Acquired Method	03	04	006SL	00	07	807SL	101SL	0.8			308SL	08			40	050	053	00 0SL	045	505SL	S O	00	02	505SL	00	00	00	00	00		40	025	0	0 <u>4</u> S
- I	Acqu	부	40	5	03	0	08	0	و و		<u>2</u>	012	4 0		<u>਼</u>	<u>਼</u>	岩	20	69	음	0	80	건	8	믂	<u>0</u>	ല്ല	문	<u>6</u>	<u> </u>	<u>6</u>	2	<u>H</u>	1109	<u>S</u>
- NEXT YEAR FEDERA	Description	03 SUZUKI DIRT BIKE	2ADVENTURE TRAIL CART	MTRAGE TRAILER REGIONAL		SCOOSENECK TRAILER		RECONS	BMTRAGE CARGO TRAILER	* 990 PAGE 10 TOTAL -	9MONTANA OFFICE	INS OVERHEAD DOOR - WARE	CONSTRUCT FOR OVRHD DR	* 990 PAGE 10 TOTAL -	E	13DISPLAY CASES 2'	BANNER STANDS	DHP DESKTOP PC	DESK SET (RUSS)	THP PAVILION PC	PENTIUM I	SAVIN COPIER 4018D	TREADMILL NORDIC TRACK	HP PC 782CD - HEIDI	2ATX-IC8000 SERVER	3AUDIO VISUAL CABINET	CONFERENCE CHAIRS	CONFERENCE TABLE	DESK SET (ANN'S)	LATERAL STORAGE (18')	STORAGE	DR SCREEN	NTTL 321	UNBIND (BINDER)	SOUND EQUIP MICROPHONE
	Asset No.					· u		, (* 			· 0·	10	11	1	1.2		14	- LC	16	17	18	10	20	21	22	23	24	25	261	0.00	29	00	31	32	33

128103 05-01-11

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

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ŗ	Amount Of Depreciation	1000 1000
	Accumulated Depreciation	1346. 12346. 12346. 12869. 13444. 13444. 13444. 13444. 13444. 13444. 13444. 1345. 1345. 1345. 1345. 145. 1571. 157
CLE	Basis For Depreciation	1584 1584 1584 19295 19287 19287 19287 19287 19287 19287 12839 12899 12899 12280 12899 17280 1260 12809 17261 1760 1260 1260 1260 1260 1260 1260 1260 12
AY VEHICLE IL, INC	* Reduction In Basis	
OFF-HIGHWAY ION COUNCIL	Unadjusted Cost Or Basis	1584 1584 1584 1584 1928
NATIONAL OFF CONSERVATION	Life	00000000000000000000000000000000000000
NAT: CONS	Method	
1	Date Acquired	0000 00000 0000 0000 0000 0000 0000 0000 0000 0000
- NEXT YEAR FEDERAL	Description	34HP PC 782CDB 35LAPTOP TOSHIBA 35LAPTOP TOSHIBA 35LAPTOP TOSHIBA 35BEW BOOTH PARTS 375ERVER 375ERVER 39HP TX 2120 LAPTOP - KAREN 40HP DV6917 LAPTOP - RUSS 415ONY HDR-SR12 CAMERA 42HP DV5 LAPTOP - JACK 415ONY HDR-SR12 CAMERA 42BHP DV5 LAPTOP - JACK 42BHP DV5 LAPTOP - JACK 42BHP DV5 LAPTOP - JACK 42BHP DV5 LAPTOP - JACK 55CSTUS F5300 DIGITAL VIDEO CAMERA 55CANON FS300 DIGITAL VIDEO CAMERA 55ASUS K53V COMPUTER 55ASUS K53V COMPUTER 55ASUS K53V COMPUTER 55ASUS K53V COMPUTER 55ASUS K53V COMPUTER 55ASUS K53V COMPUTER 55ASUS F73V COMPUTER 55ASUS F73V COMPUTER 55ASUS F73V COMPUTER 56ASUS F73V COMERLITE 1760 PROJECTOR 60LENOVO THINK PAD TABLET * 990 PAGE 10 TOTAL - * 44EVENT PLANNING SOFTWARE 45SOFTWARE DATABASE GARTNER 45SOFTWARE DATABASE GARTNER 45SOFTWARE DATABASE GARTNER 47BW SOFTWARE * 990 PAGE 10 TOTAL - * GRAND TOTAL 990 PAGE 10 DEPR
	Asset No.	

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

					TAXPAYER:	s copy
	99		Return of Organization Exempt Fi	rom	Income Tax	OMB No. 1545-0047
Form	33		Under section 501(c), 527, or 4947(a)(1) of the Internal Reve	nue Co	de (except black lung	2012
		he Treasury e Service	benefit trust or private foundatio The organization may have to use a copy of this return to satistication		reporting requirements.	Open to Public Inspection
A Fo	or the S	2012 calend	ar year, or tax year beginning and e			inspection
B Ch	eck if plicable:		organization		D Employer identific	ation number
	Address		ONAL OFF-HIGHWAY VEHICLE			
	change Name change		ERVATION COUNCIL, INC			
	Initial			oom/suit		078220
	Termin-	213	4TH ST SW	0011/501		154-9190
	Amende Ireturn	; Oity, tov	vn, or post office, state, and ZIP code		G Gross receipts \$	661739.
	Applica- Ition pending	GREA	T FALLS, MT 59404		H(a) Is this a group ref	
			nd address of principal officer: RUSS EHNES TH_ST_SW, GREAT FALLS, MT 59404		for affiliates?	
I Ta	ax-exer	not status:	X 501(c)(3) 501(c) () \checkmark (insert no.) 4947(a)(1) or	-		uded? Yes No
			NOHVCC.ORG		H(c) Group exemption	ist. (see instructions)
		-	X Corporation Trust Association Other ►	L Yea	ar of formation: 1998 M	
Pa		Summary				
g	1 E	Sriefly describ	be the organization's mission or most significant activities: EDUCA HIGHWAY VEHICLES	TION	REGARDING TH	HE SAFE USE
Activities & Governance	_		Internation VEHICLES If the organization discontinued its operations or dispose			
- No	3 N	lumber of vo	ting members of the governing body (Part VI, line 1a)		3	12
ଞ	4 M	lumber of inc	dependent voting members of the governing body (Part VI, line 1b)	•••••	4	12
ies	5 1	fotal number	of individuals employed in calendar year 2012 (Part V, line 2a)		5	7
tivit	6 1	fotal number	of volunteers (estimate if necessary)		6	0
Ac	/a 	otal unrelate	d business revenue from Part VIII, column (C), line 12	••••••	<u>7a</u>	0.
		ver uniterated	business taxable income from Form 990-T, line 34	<u> </u>		0.
e	8 (Contributions	and grants (Part VIII, line 1h)	-	Prior Year 0.	Current Year 0.
Revenue	9 F	Program serv	ice revenue (Part VIII, line 2g)		646710.	651180.
Rev	10 I	nvestment in	come (Part VIII, column (A), lines 3, 4, and 7d)		769.	797.
	11 (12]	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3591.	9762.
	12	Grants and si	• · add lines 8 through 11 (must equal Part VIII, column (A), line 12) imilar amounts paid (Part IX, column (A), lines 1·3)		651070.	<u> </u>
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
es	15 \$	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)		283048.	314548.
Expenses	16a I	Professional	fundraising fees (Part IX, column (A), line 11e)	[0.	0.
Ä			sing expenses (Part IX, column (D), line 25)	0.		
	17 (18 ⁻	Uther expense Total expense	es (Part IX, column (A), lines 11a·11d, 11f·24e) es. Add lines 13·17 (must equal Part IX, column (A), line 25)		306996.	322754.
	19	Revenue less	s expenses. Subtract line 18 from line 12		590044.	637302.
t Assets or Id Balances	[61026. Beginning of Current Year	24437 . End of Year
Ssets	20		(Part X, line 16)		262378.	304137.
Pund I			s (Part X, line 26)		16362.	33684.
_		Signatu	r fund balances. Subtract line 21 from line 20		246016.	270453.
		-	, I declare that I have examined this return, including accompanying schedules	tete hne a	tements, and to the best of m	w knowledge and belief it is
true	, correc	t, and complet	e. Declaration of preparer (other than officer) is based on all information of wh	ich prepa	arer has any knowledge.	y knowledge and bellet, it is
Sig			re of officer		Date	
Her	e		S EHNES, EXECUTIVE DIRECTOR print name and title			
		· · · ·			Date Check	PTIN
Pai	d		aparer's name Preparer's signature		FEB 2 1 2013 if self-employ	P00039907
Pre	parer	Firm's name	DOUGLAS WILSON & COMPANY, P.C.		Firm's EIN	<u>81-0446334</u>
Use	Only	Firm's addre	ss 1000 FIRST AVENUE SOUTH			
<u></u>			GREAT FALLS, MT 59401		Phone no. 4	06-761-4645
			nis return with the preparer shown above? (see instructions)			
232	001 12-1	10-12 LENA	For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2012

		NATIONA	L OFF-HI	GHWAY VEHICLE		
	990 (2012)	CONSERV	ATION CO	UNCIL, INC		39-1978220 Page 2
Par		ment of Program Se		-		
	Check i	f Schedule O contains a re	sponse to any q	uestion in this Part III		<u></u>
1		ON PECARDANC			TAIR 23 17 119911- AF -	- <i>a</i>
	EDUCALI	ON REGARDING	THE SAFE	USE OF OFF-H	IGHWAY VEHICLE	<u>is</u>
				·····		
2	Did the organ	ization undertake any sign	ificant program s	ervices during the year wh	nich were not listed on	······································
	the prior Forn	n 990 or 990-EZ?				Yes X No
	if Yes," desc	cribe these new services or	n Schedule O.			
3	Did the organ	ization cease conducting,	or make significa	int changes in how it cond	ucts, any program services	?
		cribe these changes on Scl				
4	Describe the	organization's program sei	vice accomplish	ments for each of its three	largest program services, a	is measured by expenses.
	revenue if ar	ly, for each program servic	tions are require	d to report the amount of	grants and allocations to oth	hers, the total expenses, and
4 a				including scatter of A) (Reve	661720
	EDUCAT	ION REGARDING	THE SAFE		IGHWAY VEHICLE	enue \$ 661739.)
			THE DATE	ODE OF OFF-h	IGHWAI VENICU	24 2
				······································		· · · · · · · · · · · · · · · · · · ·
				· ··· ··· ··· ···		
	:					
		·····				
4b	(Code:) (Expenses \$		including grants of \$) (Rev	enue \$)
						······································
		····	· · · · · · · · · · · · · · · · · · ·			
						,,,,,,,,,,,,,_,,,,,,,,,,,,,,,
		····				
				······		
4c	(Code:) (Expenses \$		including grants of \$) (Real	/enue \$)
					/ (nov	alue ș /
					······································	
	:					
	<u> </u>			······		
	:					
	Other are				· · · · · · · · · · · · · · · · · · ·	
4d		am services (Describe in Se				
	(Expenses \$	am service expenses 🕨	including grants o	532797.) (Revenue \$)
-+0		am sei vice expenses		556171.		

NATIONAL OFF-HIGHWAY VE

	990 (2012) CONSERVATION COUNCIL, INC 39-1978	220	P	age 3
Fai	t IV Checklist of Required Schedules	1		
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
2	If "Yes," complete Schedule A	1	X	
23	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for nublic office? If "Yes," complete Schedule C. Part I			i
4	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
	during the tax year? If "Yes " complete Schedule C. Part II			
5	during the tax year? If "Yes," complete Schedule C, Part II	4		X
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III			77
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5_		<u>x</u>
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
	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	⊢' −		<u> </u>
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	- <u>-</u>		
	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 endowments, permanent			<u></u>
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	ļ	x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	x	
b	but the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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			T
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
L	Schedule D, Parts XI and XII	12a	-	X
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
14a	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? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<u>14a</u>		X
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV		1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> x</u>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15	+	<u>X</u>
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	1.0		**
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16	+	<u> </u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	47		v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17	-	<u>x</u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	bid the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."		1	
	complete Schedule G, Part III	19		x
2 0a	bid the organization operate one or more nospital facilities? If "Yes," complete Schedule H	20a	_ _	X
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC

Par	t IV Checklist of Required Schedules (continued)	<u> </u>		ago -
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		105	140
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	<u>- 4 !</u>		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			<u></u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	_20		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	any tax-exempt bonds?	24c		Í
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	2.10		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	2.54		
	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, highest compensated employee, or disqualified	200		<u> </u>
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		<u> </u>
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	1		
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21	ļ	_
	instructions for applicable filing thresholds, conditions, and exceptions):		1	ļ
а		28a		x
b		28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	- 31		<u> </u>
	Schedule N, Part II	32	1	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u><u></u> <u>→</u></u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		+	1
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
k	it "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		
	within 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?	_000		
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Do the organization conduct more than 5% of its activities through an entity that is not a related organization	00		+
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		-	+ <u>~</u>
	Note. All Form 990 filers are required to complete Schedule O	38	x	
				1/2012

Form 990 (2012)

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CONSERVA	FION	COUNCIL	INC
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	990 (2012) CONSERVATION COUNCIL, INC		39-1978	220	P	age 5		
Par					· ·	<u></u>		
	Check if Schedule O contains a response to any question in this Part V							
					Yes	No		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0							
¢	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	7					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	х			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X		
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 a	autho	rity over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		x		
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 A	\ccou	nts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		x		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction	}	5b		X		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
6a	bes the organization have annual gross receipts that are normally greater than \$100,000, and did th	e org	anization solicit			<u> </u>		
	any contributions that were not tax deductible as charitable contributions?			6a		x		
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	or gifts					
	were not tax deductible?		U C	6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided to the payor?	7a		x		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	uired					
	to file Form 8282?			7c		x		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			:	<u> </u>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontra	ct?	7e		x		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		X		
g	If the organization received a contribution of qualified intellectual property, did the organization file For	orm 8	899 as required?	7g		<u> </u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation	file a Form 1098-C?	7h		1		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	id the	supporting					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any ti	ne during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.			<u> </u>				
а	Did the organization make any taxable distributions under section 4966?			9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b				
10	Section 501(c)(7) organizations. Enter:				1	1		
a		10a						
b	the public use of club facilities	10b	·					
11	Section 501(c)(12) organizations. Enter:	. ~			1			
а		11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against].				
	amounts due or received from them.)	11b						
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	1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		·····]				
a	Is the organization licensed to issue qualified health plans in more than one state?		*******	13a		1		
	Note. See the instructions for additional information the organization must report on Schedule O.					1		
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	13b						
c	Enter the amount of reserves on hand	130						
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	le O		14b		1		

NATIONAL OFF-HIGHWAY VEHICLE

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SERVATION COUNCI	L, INC	39

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 CONSERVATION COUNCIL, INC
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 Page

 Part VI
 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page

 to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X						
Sect	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 12		103							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
b	Enter the number of voting members included in line 1a, above, who are independent 1b 12									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
3	officer, director, trustee, or key employee? 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 and by or under the direct supervision	3		X						
4	of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u>X</u>						
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	X						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	<u>7a</u>		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, 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:									
а	The governing body?	8a	x							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			ļ						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		v						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		X_						
	y contract possed net required by the internal revenue Code.)			<u> </u>						
10a	Did the organization have local chapters, branches, or affiliates?		Yes	No						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	<u>10a</u>		<u>x</u>						
~	and branches to ensure their exercisions are consistent with the exercision in activities of such chapters, affiliates,			ŀ						
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		 						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ						
b	a second se									
12a	ge to the 13	12a	X							
b	set of the set of the	12b	Х							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			1						
	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		1							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		1							
а	The organization's CEO, Executive Director, or top management official	150		v						
b	Other officers or key employees of the organization	15a		X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	+	<u>⊢ ^</u>						
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?									
h		<u>16a</u>	<u> </u>	X						
.,	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									
800	exempt status with respect to such arrangements?	<u>16b</u>	1							
	ction C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ble							
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain in Schedule O)									
19										
	statements available to the public during the tax year.		a vidi							
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organize									
	MONA EHNES - 406-454-9190	uon: J		<u></u>						
	213 4TH ST SW, GREAT FALLS, MT 59404		•·							
2320 12-10	00			10040						
14-15		F	เหก	4 /AA 4 C						

NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL,

39 - 1978220Page 7

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

Check if Schedule O contains a response to any question in this Part VII

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

ta Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."

INC

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0)			(D)	(E)	(F)
Name and Title	Average			Posi	tion			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	than is boti	h an	compensation	compensation	amount of
	week	offic	ber an	dad	irecto	x/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
:	hours for	rdice				3		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ast ast		(W-2/1099-MISC)	(** =, ***** *****)	organization
	organizations	l trus	nal tr		oyee	ding.				and related
	below	Individual trustee or director	institutional trustee	ra 1	Key employee	esto	Ser .			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) DAN KLEEN	2.00									
PRESIDENT		x						0.	0.	0
(2) TOM UMPRESS	1.00								V.	0.
SECRETARY	1100	x						•		
(3) STEVE GUNDERSON	2.00		<u> </u>		<u> </u>	╂		0.	0.	0.
TREASURER	2.00									
	1.00	X	 			 	ļ	0.	0.	0.
(4) MARK MITCHELL	1.00	-								
DIRECTOR		X	ļ					0.	0.	0.
(5) NANCY MINARD	1.00									
DIRECTOR		X						0.	0.	0.
(6) BOB HAMMOND	1.00			[······································
DIRECTOR		x						0.	0.	0
(7) JAMES BARRETT	1.00			<u> </u>			1	<u>v.</u>	<u> </u>	0.
DIRECTOR		x						0.		
(8) LEWIS SCHULER	1.00		+					0.	0.	0.
DIRECTOR	<u> </u>	x								
	1 00	_		-				0.	0.	0.
	1.00									
DIRECTOR		X		<u> </u>	<u> </u>	_		0.	0.	0.
(10) TOM NIEMELA	1.00	1								
DIRECTOR		X						0.	0.	0.
(11) MIKE PINKERTON	1.00									
DIRECTOR		X						0.	0.	0.
(12) RUSSELL EHNES	40.00			1	1	\square	1			<u> </u>
EXECUTIVE DIRECTOR		1		x				69817.	0.	14410
		+	<u> </u>			+	1	09017.	<u></u> .	14412.
		1								
	·		<u> </u>	+	+-	+	+			ļ
		-		1						
		 	+	 		ļ				
		-								
		<u> </u>	1	<u> </u>		1				
								1		
		1								
222007 10 10 10				. 1					1	<u> </u>

Form Of	NATIONAL 2012) CONSERVAT							LE	E	•• • • • -			
Part \										39-197	822	<u>0</u> р	age 8
	VII Section A. Officers, Directors, Trus (A)	(B)	loy	ees,	anc (C	<u>a Hig</u> 2)	gnes	st C					<u></u>
	Name and title	Average		1) ition			(D)	(E)		(F)	
		hours per		not ci	neck r	more	than d is both		Reportable compensation	Reportable		Estimate	
		week					s boll r/trus		from	compensation from related		amount	
		(list any	Ę						the	organizations		other mpensa	
		hours for	dire		-		5		organization	(W-2/1099-MISC		from th	
		related	tee ol	ustee			Sinsat		(W-2/1099-MISC)	(··· =· ······	·	rganizat	
		organizations	1 trus	nal tri		oyee	omp				1	and relat	
		below	individual trustee or director	Institutional trustee	Ъ	Key employee	Highest compensated employee	ner			0	ganizat	ions
		line)	Indi	Inst	Officer	Ş	Emg	Former					
	: 												
													<u> </u>
						<u> </u>						·	
							†						
			<u> </u>			+		<u> </u>					
		·											
			<u> </u>		┢──			-					
1h 9	Sub-total				L	<u> </u>	<u> </u>		<u> </u>				
T	Sub-total Fotal from continuation sheets to Part V		••••	•••••					69817.		0.	144	112.
1 U 1 L	focal from continuation sheets to Part v	II, Section A	••••	•••••		•••••			0.		0.		<u> 0 </u>
2 1	Fotal (add lines 1b and 1c)					<u></u>	<u> </u>		69817.		0.	144	<u>112.</u>
2 1	Fotal number of individuals (including but i	not limited to th	lose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 of reportable			
<u>_</u>	compensation from the organization					·							0
.												Yes	No
3 [Did the organization list any former officer	, director, or tru	uste	e, ke	ey ei	mplo	oyee	, or	highest compensated e	mployee on			
	ine 1a? If "Yes," complete Schedule J for :	such individual		•••••			•••••				🔄	1	x
-4 r	for any individual listed on line 1a, is the s	um of reportab	le ç	omp	ens	atio	n an	d ot	her compensation from	the organization			T
2	and related organizations greater than \$15	0,000? If "Yes,	" cc	mpl	ete	Sch	edui	e J :	for such individual		4	F	X
5 1	Did any person listed on line 1a receive or	accrue compe	nsat	tion	from	n an	y un	relat	ted organization or indiv	idual for services			
r	rendered to the organization? If "Yes," con	nplete Schedul	le J	for s	uch	per	son					5	x
Secti	on B. Independent Contractors												_
1 (Complete this table for your five highest of	ompensated in	dep	ende	ent d	cont	tract	ors	that received more than	\$100,000 of com	ensatio	n from	
t	the organization. Report compensation for	the calendar y	/ear	end	ing י	with	or v	vithi	n the organization's tax	vear.			
	(A)								(B)			(C)	
	Name and busines	s address	N	ON.	Е				Description of	services	Com	pensati	on
												<u> </u>	
	· · · · · · · · · · · · · · · · · · ·												·
·												<u></u>	
<u> </u>	Total number of independent contact	Genelustin - 1											
2	Total number of independent contractors	(incluaing but i	not l	imite	ed to	o the	~	iste	d above) who received i	more than		je po	n en en en en en en en en en en en en en
	\$100,000 of compensation from the organ	nization -					0					<u>i 111 - 1</u>	

4

F a a a	000 (0	NATIONAL OFF					
	<u>990 (2</u> t VIII		COUNCIL,	INC		<u>39-1978</u>	220 Page 9
		Check if Schedule O contains a response					[]
				n this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f g	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f; \$					513, UT 514
Program Service Revenue	2a b c d e f	DIRECT SUPPORT ANNUAL CONFERENCE OTHER PROGRAM PROJECT AGENCY CONTRACT INDIRECT SUPPORT All other program service revenue	Business Code 611600 611600 611600 611600 611600 611600	521199. 58037. 35780. 30000. 500. 5664.	521199. 58037. 35780. 30000. 500. 5664.		
	3 4 5	Total. Add lines 2a-2f Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bonc Royalties	erest, and d proceeds	<u>651180.</u> 797.	797.		
	6a b c d	Gross rents	(ii) Personal				
	b c d	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)					
Other Revenue	b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses Not income or (less) from fundraising	b				
	9a b c	Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities	a				
	ь	Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue	b				
	11 a b c	SALE OF MERCHANDISE REIMBURSEMENT OF EXP	Business Code 611600 611600	7661. 2101.	7661. 2101.		
	d e 12	All other revenue	>	9762.		0	0

NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC

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). Check if Schedule O contains a response to any question in this Part IX (A) Total expenses Do not include amounts reported on lines 6b. (B) (C) (D) Fundraising Program service 7b, 8b, 9b, and 10b of Part VIII. Management and expenses general expenses expenses 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments, 3 organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, trustees, and key employees 84229. 84229. Compensation not included above, to disgualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 172553. 172553. 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7358. 7358. Other employee benefits 9 28493. 28493. Payroll taxes 10 21915. 21915. Fees for services (non-employees): 11 Management а Legal b Accounting С 895. 895. Lobbying h Professional fundraising services. See Part IV, line 17 е f Investment management fees 557. 557. Other. (If line 11g amount exceeds 10% of line 25, a column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 25385. 25385. 13 Office expenses 5463. 5463. Information technology 14 2355. 2355. Royalties 15 Occupancy 16 23330. 23330. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 10920. 10920. 23 Insurance 3963. 3963. Other expenses, Itemize expenses not covered 24 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 0.) (..... ANNUAL CONFERENCE а 78638. 78638. PROGRAM SHOWS/WORKSHOPS b 48096. 48096. COTHER PROJECTS EXPENSE 42868. 42868. d ADVENTURE TRAIL PROJECT 17022. 17022. e All other expenses 63262. 31625. 31637. 25 Total functional expenses. Add lines 1 through 24e 637302. 532797. 104505. 0. Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here L if following SOP 98-2 (ASC 958-720)

Form 990 (2012)

NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC

Form 990 (2012)
Part X Balance Sheet

					(A) Regipting of upon	1	(B)
	1	Cash - non-interest-bearing			Beginning of year		End of year
	2		••••••		17366.	1	19251
		Savings and temporary cash investments	••••••••••••••••••		162547.	2	223256
	3 4	Pledges and grants receivable, net	••••••••••••••••••			3	
	4 5	Accounts receivable, net			36928.	4	<u> </u>
	5	Loans and other receivables from current and for				. •	1
		trustees, key employees, and highest compensation		• •	and a strange of the second second second second second second second second second second second second second		an an an an an an an an an an an an an a
	~	Part II of Schedule L				5	
	6	Loans and other receivables from other disqualit	fied persons	(as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(E	3), and contributing			
		employers and sponsoring organizations of sect	ion 501(c)(9)	voluntary			
3	-	employees' beneficiary organizations (see instr).	Complete P	art II of Sch L		6	
ADDELD	7	Notes and loans receivable, net	••••••			7	
Č	8	Inventories for sale or use	•••••••••••••••••••		21239.	8	17112
	9	Prepaid expenses and deferred charges				9	
	TUa	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	168417.	20337.	10c	15698
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			3961.	15	3661
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		262378.	16	304137
	17	Accounts payable and accrued expenses			12171.	17	20273
	18	Grants payable			4191.	18	1411
	19	Deterred revenue				19	
	20	Tax-exempt bond liabilities				20	
les	21	Escrow or custodial account liability. Complete	Part IV of Sc	hedule D		21	
	22	Loans and other payables to current and former	r officers, dir	ectors, trustees,			
Liabilities		key employees, highest compensated employee	es, and disqu	alified persons.	a de la companya de la companya de la companya de la companya de la companya de la companya de la companya de En companya de la companya de la companya de la companya de la companya de la companya de la companya de la comp		а. -
		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated third pa	rties		23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelate	d third partie	s		24	
	25	Other liabilities (including federal income tax, pa	yables to rel	ated third			
		parties, and other liabilities not included on lines	s 17-24). Con	nplete Part X of			
		Schedule D			0.	25	12000
	26	Tabal Balaithe Add Bass 1711 1 Ar			16362.	26	33684
		Organizations that follow SFAS 117 (ASC 958		re 🕨 🗶 and			
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 ar					
ä	27	Unrestricted net assets			246016.	27	270453
	28	lemporarily restricted net assets				28	
	29					29	
Į,		Organizations that do not follow SFAS 117 (A	SC 958), ch	eck here 🕨 🗌			· · · · · · · · · · · · · · · · · · ·
p		and complete lines 30 through 34.				. ·	ан сайтай ал сайтай ал сайтай ал сайтай ал сайтай ал сайтай ал сайтай ал сайтай ал сайтай ал сайтай ал сайтай а Сайтай ал сайтай ал с
ers	30	Capital stock or trust principal, or current funds			···	30	
FSS F	31	Paid-in or capital surplus, or land, building, or ea	quipment fur	nd		31	
Ē	32	Retained earnings, endowment, accumulated ir	ncome, or oth	ner funds		32	
Z	33	Total net assets or fund balances	,		246016.		270453
	34	Total liabilities and net assets/fund balances			262378.	33	304137

Form 990 (2012)

	NATIONAL OFF-HIGHWAY VEHICLE				
	990 (2012) CONSERVATION COUNCIL, INC	39-1978	220	Pao	le 12
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	6	617:	39.
2	Total expenses (must equal Part IX, column (A), line 25)	2		373	
3	Revenue less expenses. Subtract line 2 from line 1	3		244	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			16.
5	Net unrealized gains (losses) on investments	5			<u></u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		· · ·		
	column (B))	10	2	704	53.
Pa	t XII Financial Statements and Reporting			1012	<u></u>
	Check if Schedule O contains a response to any question in this Part XII				\square
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			Í
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		<u></u>		- 4 2.
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		1		
b	Were the organization's financial statements audited by an independent accountant?		0		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		<u>2b</u>		<u> </u>
	consolidated basis, or both:	e basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	a audit			
	review, or compilation of its financial statements and selection of an independent accountant?	le audit,			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	equie ().			
	Act and OMB Circular A-133?	ngle Audit			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		<u>3a</u>		X
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ured audit			
<u> </u>	and decomposition and steps taken to undergo such audits		<u> </u>	000	(0010)

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(Form 9 Department Internal Revo	DULE A 90 or 990-EZ) of the Treasury anue Service the organizati	Complete	ach to Form 990 or Fo	a section 501(c)(3) onexempt charitable rm 990-EZ. See :	organization or a se trust.	ction	OMB No. 1545-0047 2012 Open to Public Inspection
Name Of	the organizati		J OFF-HIGHWA			1	identification number
Part I	Beason	CONSERVA	ATION COUNCI	L. INC		3	9-1978220
	instign is not a		ty Status (All organiz	ations must complete	e this part.) See instru	uctions.	
	A church, co A school des A hospital or	nvention of churches cribed in section 17(a cooperative hospit search organization o	ecause it is: (For lines , or association of chur)(b)(1)(A)(ii). (Attach Sc al service organization perated in conjunction	ches described in <mark>sea</mark> hedule E.) described in section	ction 170(b)(1)(A)(i), 170(b)(1)(A)(iii),	o)(1)(A)(iii). Enter t	he hospital's name,
5	An organizati	on operated for the b	penefit of a college or u	niversity owned or op	erated by a governm	ental unit describ	ed in
6	section 170 A federal, sta An organizati section 170((b)(1)(A)(iv). (Comple te, or local governme on that normally rece b)(1)(A)(vi). (Complet	te Part II.) ent or governmental uni ives a substantial part e Part II.)	t described in section of its support from a	n 170(b)(1)(A)(v).		
8	A community	r trust described in se	ection 170(b)(1)(A)(vi).	(Complete Part II.)			
9 X 10	activities rela income and u See section	ted to its exempt fun unrelated business ta 509(a)(2). (Complete	xable income (less sec	ain exceptions, and (2 tion 511 tax) from bus) no more than 33 1/ sinesses acquired by	'3% of its support the organization	from aross investment
11	An organizat more publicly describes the a Type	ion organized and op / supported organiza e type of supporting of l b Ty	erated exclusively for the tions described in section and complete the section and complete the section of the	he benefit of, to perfo ion 509(a)(1) or sectio lete lines 11e through ype III - Functionally i	rm the functions of, n 509(a)(2). See sec 11h. ntegrated d	or to carry out the tion 509(a)(3). Ch	eck the box that
	foundation n	and box, reerary that	t the organization is not	controlled directly of	Indirectly by one or	more disqualified	persons other than
f	If the organiz	ration received a writi rganization, check th	nan one or more public ten determination from	the IRS that it is a Ty	pe I, Type II, or Type	Ш	section 509(a)(2).
g h	Since Augus (i) A perso the gov (ii) A family (iii) A 35%	t 17, 2006, has the o in who directly or indi erning body of the su member of a person controlled entity of a	rganization accepted a irectly controls, either a upported organization? a described in (i) above? person described in (i) about the supported or	lone or together with ? or (ii) above?	from any of the follo persons described in	wing persons? n (ii) and (iii) below	11g(i)
	ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	<u></u>	(v) Did you notify the organization in col. (i) of your support?	(vi) is the organization in col. (i) organized in the	(vii) Amount of monetary support

organization	(described on lines 1-9 above or IRC section (see instructions))	in col. (i) li: governing	sted in your document?	organizat (i) of you	tion in col. r support?	(i) organiz U.S	ed in the ?	support
	 (See insubedons))	Yes	No	Yes	No	Yes	No	
	:							
	 	+	· · · · · · · · · · · · · · · · · · ·					
· · · · · · · · · · · · · · · · · · ·								
•						-		
-						1		
			<u> </u>					
Total								

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

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Schedule A (Form 990 or 990-EZ) 2012 Part II Support Schedule for

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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.) -

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and					(6)2012	() TOTA
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-					····	
	ization'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						
5	The portion of total contributions		al data da angelarit		aan ta da da da da da da da da da da da da da		
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included				e taran ing dia 2000. Alaman ing dia 2000		
	on line 1 that exceeds 2% of the		승규는 물건을 물건을 통하는 것이 좋다.				
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.			aan tala saabaa daga waxta da shirtada sa da shirta			
See	tion B. Total Support	i di se la significa de la serve	<u>in a stratige stabilitation en</u>	a da sentra de carle de	Rear Jack Sec		
	ndar year (or fiscal year beginning in)	(a) 2008	(%) 0000	(-) 0010	()) 0011		
	Amounts from line 4	(a) 2000	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business	<u> </u>			······································		
9	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital			1			
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	一行为来计算会					
12							
	Gross receipts from related activities	, etc. (see instruct	ions)			12	
10	First five years. If the Form 990 is fo organization, check this box and sto	•					
Se	ction C. Computation of Pub	<u>p nere</u> lic Support Pe	rcentage				<u></u>
						1	
15	Public support percentage for 2012	time 6, column (f) (1 Sebedule A. Dar	livided by line 11,	column (t))		14	%
	Public support percentage from 201	i Schedule A, Pan	t II, IINE 14			15	%
101	33 1/3% support test - 2012. If the	organization did n	ot check the box (on line 13, and line	14 is 33 1/3% or	more, check this bo	x and
1	stop here. The organization qualifies	as a publicity sup	ported organizatio	n			▶∟_
	33 1/3% support test - 2011. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	nis box
17	and stop here. The organization qua	unes as a publicly	supported organi;	zation			►
17	a 10% -facts-and-circumstances tes	st - 2012. If the or	ganization did not	cneck a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fa	toot The comstal	nces" test, check	this box and stop	here. Explain in Pa	art IV how the organ	nization
	meets the "facts-and-circumstances"	test. me organiz	auon qualifiés as a	a publicly supporte	d organization		▶∟_
	b 10% -facts-and-circumstances tes	st - 2011. If the or	ganization did not	cneck a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets to	me "tacts-and-circ	umstances" test, o	check this box and	stop here. Explai	n in Part IV how the)
40	organization meets the "facts-and-ci	rcumstances" test	. The organization	qualifies as a publ	licly supported org	anization	►
10	Private foundation. If the organizati	on did not check a	a box on line 13, 10	6a, 16b, 17a, or 17	b, check this box	and see instruction	s ►
	:				Sch	edule A (Form 990	or 990-EZ) 2012

NATIONAL OFF-HIGHWAY VEHICLE

Schedule A (Form 990 or 990 EZ) 2012 CONSERVATION COUNCIL, INC Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(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	now, picase compi	oto r art n.j		· · · · · · · · · · · · ·		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and			• • • •			
	membership fees received. (Do not						
	include any "unusual grants.")	3725.					3725.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	883215.	F40627	502005	646510	6500.44	
3	Gross receipts from activities that	003213.	549627.	583297.	646710.	658841.	3321690.
Ŭ	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge			1			
6	Total. Add lines 1 through 5	886940.	549627.	583297.	646710.	658841.	3325415.
	Amounts included on lines 1, 2, and				010/10.	000041.	3323413.
	3 received from disqualified persons						0.
ł) 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						0.
	Add lines 7a and 7b	and the second second second					0.
8	Public support (Subtractline 7c from line 6.) ction B. Total Support		1.16.844635.45	이 같은 것을 알았는 것을 알았다.			3325415.
							······
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties	886940.	549627.	583297.	646710.	658841.	3325415.
	and income from similar sources	1517.	933.	774.	769.	797.	2924.
1	 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
	c Add lines 10a and 10b	1517.	-933.	774.	769.	797.	2924.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						4544.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		548694.	584071.	647479.	659638.	3328339.
14	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3) organi	zation.
	check this box and stop here						
<u>Se</u>	ction C. Computation of Publ	lic Support Pe	rcentage				
15		(line 8, column (f) d	ivided by line 13, c	olumn (f)		15	99.91 %
_16	Public support percentage from 201	1 Schedule A, Part	III, line 15			16	99.70 %
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 2	012 (line 10c, colur	nn (f) divided by lir	ne 13, column (fi)		17	.09 %
18		2011 Schedule A,	Part III, line 17			18	.30 %
19	a 33 1/3% support tests - 2012. If the	e organization did r	not check the box	on line 14, and line	e 15 is more than s	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	and stop here. The	organization qual	ifies as a publicly	supported organiz	ation	
	b 33 1/3% support tests - 2011. If the	e organization did r	not check a box on	line 14 or line 19:	and line 16 is m	ore than 33 1/3%	► LAU and
	line 18 is not more than 33 1/3%, ch	eck this box and s	top here. The ora	anization qualifies	as a publiciv supp	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14.19	a, or 19b. check th	his box and see in	structions	
	023 12-04-12						FZ\ 001

(Form	HEDULE D 990) ment of the Treasury Revenue Service	Supplemental Financial Statements ► 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.		OMB No. 1545-0047 2012 Open to Public Inspection
Name	e of the organizat	on NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC	-	loyer identification number
Par		ations Maintaining Donor Advised Funds or Other Similar Funds or A	ccou	nts. Complete if the
<u></u>	organizatio	n answered "Yes" to Form 990, Part IV, line 6.		
) Fund	ds and other accounts
1	Total number at e	nd of year		
2	Aggregate contrib	putions to (during year)		
		from (during year)		
	Aggregate value a	at end of year		
5	are the organizati	on inform all donors and donor advisors in writing that the assets held in donor advised fund	ds	
6	Did the organizati	on's property, subject to the organization's exclusive legal control? on inform all grantees, donors, and donor advisors in writing that grant funds can be used o	•••••••	
v	for charitable pur	poses and not for the benefit of the donor or donor advisor, or for any other purpose confer	nly	
	impermissible pri	vate benefit?		
Par		vation Easements. Complete if the organization answered "Yes" to Form 990, Part IV,		Yes No
1	Purpose(s) of cor	iservation easements held by the organization (check all that apply).		
		n of land for public use (e.g., recreation or education) Preservation of an historical	vimn	ortant land area
		of natural habitat		
	Preservatio	n of open space	00000	
2	Complete lines 2	a through 2d if the organization held a qualified conservation contribution in the form of a co	nserv	ation easement on the last
	day of the tax yes	ar.	100111	anon ousement on the last
				Held at the End of the Tax Year
а	Total number of o	conservation easements	2a	
b	Total acreage res	tricted by conservation easements	2b	
c	Number of conse	ervation easements on a certified historic structure included in (a)	2c	
d	Number of conse	ervation easements included in (c) acquired after 8/17/06, and not on a historic structure		
	listed in the Natio	onal Register	_2d	
3	Number of conse	ervation easements modified, transferred, released, extinguished, or terminated by the organ	nization	n during the tax
4	year			
4 5		s where property subject to conservation easement is located		
Ð	violations and e	ation have a written policy regarding the periodic monitoring, inspection, handling of		
6	Staff and volunte	nforcement of the conservation easements it holds?		Yes No
7	Amount of exper	uses incurred in monitoring, inspecting, and enforcing conservation easements during the year	he yea	ar 🕨
8	Does each cons	ervation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	ear 🗩	\$
	and section 170	h)(4)(B)(ii)?	5)(I)	
9	In Part XIII, desc	ribe how the organization reports conservation easements in its revenue and expense state	 mont	
	include, if applic	able, the text of the footnote to the organization's financial statements that describes the or	naniza	tion's accounting for
	conservation eas	sements.		_
Pa	rt III Organi	zations Maintaining Collections of Art, Historical Treasures, or Other	Simi	lar Assets.
	Complete	if the organization answered "Yes" to Form 990, Part IV, line 8.		
1a	If the organization	n elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	nd ba	ance sheet works of art,
	historical treasu	res, or other similar assets held for public exhibition, education, or research in furtherance of	i publi	c service, provide, in Part XIII,
		otnote to its financial statements that describes these items.		
b	If the organizatio	n elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and I	balanc	e sheet works of art, historical
	relating to these	er similar assets held for public exhibition, education, or research in furtherance of public se	ervice,	provide the following amounts
	-			•
	(iii) Accepte inclu	cluded in Form 990, Part VIII, line 1 ded in Form 990, Part X	🏲	\$
2		ded in Form 990, Part X	. 🟲	\$
-	the following an	nounts required to be reported under SFAS 116 (ASC 958) relating to these items:	, provi	ae
a	Revenues inclu	led in Form 990. Part VIII line 1	•	٠
	Assets included	led in Form 990, Part VIII, line 1 in Form 990, Part X	📘	¢
		in Form 990, Part X	🚩	Ψ

HA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
and the instructions for Form 990,
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2-10-12

aha				· · · · · · · · · · · · · · · · · · ·	11						
	Ule D (Form 990) 2012 CONSERVA	ATION COUN	<u>رىلەن</u> مەمالا ب				• Circuit	<u> 39-19</u>	7822() Pa	ige 2
3	Using the organization's acquisition accession	onections of Ar	L, FISTO		easures, or	othe	SIMILA	Ir Asse	tS(contin	ued)	
,	Using the organization's acquisition, accession (check all that apply):	on, and other record	s, cneck	any of the	tollowing that a	are a sig	inificant i	use of its (collectior	n items	\$
а	Public exhibition		<u> </u>								
a b	Scholarly research	d			hange progran						
		e		ntner							
C	Preservation for future generations										
•	Provide a description of the organization's co	ections and explain	n how the	ey further the	he organizatior	n's exen	pt purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	r receive donations of	of art, his	torical trea	sures, or other	similar	assets		-		_
-	to be sold to raise funds rather than to be ma	aintained as part of t	he organ	ization's co	llection?				Yes		N
ai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	gements. Comple	ete if the o	organizatio	n answered "Y	'es" to F	orm 990	, Part IV, I	ine 9, or		
a	Is the organization an agent, trustee, custodi							_			-
	on Form 990, Part X?	••••••		•••••				L	Yes] N
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:			·				
									Amount	t	
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
e	Distributions during the year						. 1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				•		Yes] N
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanatio	n has been	provided in P	art XIII		•••••••••••			i ''
'aı	t V Endowment Funds. Complete i	f the organization ar	swered '	'Yes" to Fo	orm 990, Part IV	V. line 10	0.	********			d
		(a) Current year		ior year	(c) Two years			ears back	(e) Fou	r vears	har
la	Beginning of year balance							ours suor		yours	Dat
b	Contributions										
с	Net investment earnings, gains, and losses					_					
d	Grants or scholarships										
e	Other expenditures for facilities										
·	and programs	1									
f	Administrative expenses								-		
ġ											
	End of year balance										
2_	Provide the estimated percentage of the cur	rent year end baland		g, column (a)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment										
С	Temporarily restricted endowment										
_	The percentages in lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	zation tha	it are held a	and administer	ed for tl	ne organi	zation			
	by:									Yes	N
	(i) unrelated organizations	••••••••••••••••••••••••••••••							. 3a(i)		
	(ii) related organizations								3afii)		
b	It "Yes" to 3a(II), are the related organization	is listed as required	on Schec	lule R?					. 3b		
4	Describe in Part XIII the intended uses of the	e organization's end	owment t	funds.							-
a	rt VI Land, Buildings, and Equip	nent. See Form 99	0, Part X,	, line 10.							
	Description of property	(a) Cost or basis (invest			st or other s (other)		ccumulat preciation		(d) Boo	ok valu	1 0
1a	Land							·	- -		
b	Buildings										
c	Leasehold improvements										
	Equipment										
	-dedatation										
					10144-						
e	Other				184115.		1684	17.		<u>156</u> 156	

NATIONAL OFF-HIGHWAY VEHICLE

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Schedule D (Form 990) 2012 CONSERVATIO Part VII Investments - Other Securities. Set	N COUNCIL, IN	NC	39-1	978220	Page 3
(a) Description of security or category (including name of security)	e Form 990, Part X, line 1 (b) Book value		ation: Cost or end-of	waar markat val	
1) Financial derivatives	(b) Book Value		anon. Cost of end-of	-year market val	lue
2) Closely-held equity interests					
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)(I)					
			·		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related. s	a Farm 000, David V, Kara				
(a) Description of investment type	(b) Book value		uation: Cost or end-o	f yoor more that yo	
(1)	(w) woon value		Calon. Cost of end-0	ryear market va	908
(2)					
(3)					
(4)					
(5)		-			
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line					
	Description			(b) Book val	lue
(1) (2)					
(3)		······································			
(4)					
(5)					
(6)					
(7)		·····			
(8)	······································				
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)				
Part X Other Liabilities. See Form 990, Part X	, line 25.		P		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) INOHVAA HOLDING ACCOUNT		12000.			
(3)					
(4)				·	
(5)					
(6)					
(7)					÷
(8)					
(9)					
(10)			· · · · · · · · · · · · · · · · · · ·		
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) II					
		12000.			

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 a Net unrealized gains on investments 2a 2b b Donated services and use of facilities 2c 2c d Other (Describe in Part XIII.) 2d 2d e Add lines 2a through 2d 3 3 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4 Add lines 4a and 4b 4c 5 5 Part XII [Reconciliation of Expenses per Audited Financial Statements 1 1 1 1 2 Amounts included on line 1 but not on Form 990, Part I, line 12: 5 Part XII [Reconciliation of Expenses per Audited Financial Statements 1 1 1 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 1 2 2a 2a	Sche	Lule D (Form 990) 2012 CONSERVATION COUNCIL, INC	_	39-1978220 Page 4
1 Total revenue, gains, and other support per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2a b Prior year adjustments 2a 2a <t< th=""><th>Par</th><th>XI Reconciliation of Revenue per Audited Financial Statement</th><th>ts With Revenue per R</th><th>leturn</th></t<>	Par	XI Reconciliation of Revenue per Audited Financial Statement	ts With Revenue per R	leturn
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains on investments 2b b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c 5 Total expenses and losses per audited financial statements 1 Total expenses and losses per audited financial statements 2 1 2 2a 4 2b 5 Donated services and use of facilities 1 1 1 1 2 2a 4 2a 2 2a 2 2a 2 2a 2 2a 3 2a 4				
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 understand 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Cther (Describe in Part XIII.) c Add lines 3 and 4b. 5 Total expenses and losses per audited financial statements 1 Total expenses and use of facilities b Prior year adjustments c Cther (Describe in Part XIII.) 4 4b 5 Total expenses and losses per audited financial statements 1 Total expenses and use of facilities b Prior year adjustments c Cther (Describe in Part XIII.) a Amounts included on Form 990, Part IX, line 25: b Donated services and use of facilities b Prior year adjustments c Cther (Describe in Part XIII.) e Add lines 2a through 2d 3 Add lines 2a through 2d 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part XIII, line 7b d Add lines 2a through 2d 2d 2d	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 understand 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Cther (Describe in Part XIII.) c Add lines 3 and 4b. 5 Total expenses and losses per audited financial statements 1 Total expenses and use of facilities b Prior year adjustments c Cther (Describe in Part XIII.) 4 4b 5 Total expenses and losses per audited financial statements 1 Total expenses and use of facilities b Prior year adjustments c Cther (Describe in Part XIII.) a Amounts included on Form 990, Part IX, line 25: b Donated services and use of facilities b Prior year adjustments c Cther (Describe in Part XIII.) e Add lines 2a through 2d 3 Add lines 2a through 2d 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part XIII, line 7b d Add lines 2a through 2d 2d 2d	а	Net unrealized gains on investments	2a	
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2e a Add lines 4a and 4b 3 b Other (Describe in Part XIII.) 4a b Other (Describe in Part XIII.) 4b c Add lines 4a and 4b 4c c 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 2a 2 2a 4a 4c 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 2 2 2a 2 2a 2 2a 2 2a 2 2a 4 4c 5 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other (Describe in Part XIII.) d Cherrio Cherrio Ses d Cherrio Ses d Cherrio Ses d Cherrio Ses d Cherrio Ses d Cherrio S	b	Donated services and use of facilities	2b	
d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a a Investment expenses not included on Form 990, Part VIII, line 7b 4a 4c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 1 Total expenses and losses per audited financial statements 1 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a a Donated services and use of facilities 2a b Prior year adjustments 2b c Other (Describe in Part XIII.) 2b e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 3 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: 3 a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: 4a	c	Recoveries of prior year grants	1	
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		Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5
Part XIII Supplemental Information	Pa	rt XIII Supplemental Information		

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service Name of the organization	Supplemental Information to Form 990 or 990- 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. NATIONAL OFF-HIGHWAY VEHICLE		OMB No. 1545-0047 2012 Open to Public Inspection
	CONSERVATION COUNCIL, INC		identification number 978220
FORM 990, PAR			
PREPARES THE	FORM 990. THE FORM IS REVIEWED BY THE BOARD	AT TH	E NEXT
SCHEDULED BOZ	ARD MEETING. THE BOARD APPROVES THE FORM 990	BEFOR	E IT IS
FORM 990, PAN	RT VI, SECTION B, LINE 12C: ANNUAL REVIEW OF THE BOARD'S ANNUAL MEETING	CONFLI	CT OF
	RT VI, SECTION C, LINE 18: FORMS 1023 AND 990 ANIZATION'S OFFICE UPON REQUEST.	CAN E	BE OBTAINED
	RT VI, SECTION C, LINE 19: ALL GOVERNING DOCU	MENTS	CAN BE
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Depreciation and Amortization Detail FORM 990 PAGE 10

Asset					Description of	f property		
lumber	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
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Depreciation and Amortization Detail FORM 990 PAGE 10

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Asset					Description o	f property		
Number	Date placed	Method/	Life	Line	Cost or	Basis	Accumulated	Current year
	in service	IRC sec.	or rate	No.	other basis	reduction	depreciation/amortization	deduction
26	DESK SET							
	063000 LATERAL		10.0		2000.		2000.	0
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			ELEPH		2500			
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51	LAMD SP				1 2320 •	ra i tut i i	695.	278
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	05251		3.00		745.	·	372.	248
53	3CANNON	FS300			VIDEO CAMERA			240
	07071	<u>0SL</u>	5.00	17	260.		78.	52
54	ACASIO X				TOR			
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Depreciation and Amortization Detail FORM 990 PAGE 10

Asset					Description	of property		
Number	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
61	HP LASER			100	COLOR M45DN			
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64	18-250MM				OR CAMERA		· · · · · · · · · · · · · · · · · · ·	<u>156</u> .
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epartment of the Tre	asurv	(Including I	ation and An nformation on Li	sted Property)			2012 Attachment
ernal Revenue Servine(s) shown on rel	the second second second second second second second second second second second second second second second se	See separate instru		h to your tax ret				Sequence No. 179
	OFF-HIGHWAY	VOUT OF D	Bus	ness or activity to which	n this form relate	s		Identifying number
<u>ONSERVA</u>	TION COUNCIL,	INC	FO	RM 990 PA	<u>GE 10</u>			39-1978220
art i Electi	on To Expense Certain Prop	erty Under Section 179	Note: If you have any	isted property, co	mplete Part	V befo	re yo	u complete Part I.
	mount (see instructions)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	••••••			1	500000.
2 Iotal cost o	f section 179 property pla	iced in service (see in	structions)				2	
Inresnoid c	ost of section 179 proper	ty before reduction in	limitation			🖵	3	2000000.
Reduction in	n limitation. Subtract line (3 from line 2. If zero o	or less, enter -0-				4	
	for tax year. Subtract line 4 from li		If married filing separately, s	ee instructions			5	
3	(a) Description of	property	(b) Cost (bus	siness use only)	(c) Elected	d cost		
	erty. Enter the amount fro							
Total electe	d cost of section 179 pro	perty. Add amounts i	n column (c), lines 6 ar	nd 7			8	
Tentative d	eduction. Enter the small	er of line 5 or line 8 .					9	
Carryover o	f disallowed deduction fro	om line 13 of your 20 [.]	11 Form 4562			1	10	
Business in	come limitation. Enter the	smaller of business i	income (not less than 2	ero) or line 5			11	
Section 179	expense deduction. Add	l lines 9 and 10, but o	to not enter more than	line 11			12	
Carryover o	f disallowed deduction to	2013. Add lines 9 an	id 10, less line 12	▶ 13				· · · · · · · · · · · · · · · · · · ·
ote: Do not u	se Part II or Part III below	for listed property. In	stead, use Part V.				1	
Part II sr	pecial Depreciation Allow	vance and Other De	preciation (Do not inc	lude listed proper	tv.)			
Special der	preciation allowance for qu	ualified property (othe	er than listed property)	placed in service	durina		Т	
	r						14	
5 Property su	bject to section 168(f)(1)	election	•••••••••••••••••••••••••••••••••••••••	••••••••••		····	15	
3 Other depr	eciation (including ACRS)							
	ACRS Depreciation (Do	not include listed pro	perty.) (See instruction	s.)			16	
		•••••••	Section A					
7 MACRS de	ductions for assets place	d in service in tax vea	ars beginning before 2	10		T	477	10552
8 If you are elect	ing to group any assets placed in a	service during the tax year in				╤╤╞	17	10553
	Section B - Asse	ts Placed in Service	During 2012 Tax Yea	r Using the Gen	aral Depreci	iation (C	
· · · · · · · · · · · · · · · · · · ·		(b) Month and	(c) Basis for depreciation				Syste	
(a) C	lassification of property	year placed in service	(business/investment use only - see instructions)	(d) Recovery period	(e) Convention	n (1) Me	thod	(g) Depreciation deduction
9a 3-year	property							
	property		6001	E ID C		-		
	property		6281	. <u>5 YRS.</u>	MQ	SL		367
	r property							
	r property							
	r property							
g 25-yea	r property			25 yrs.		S/	′L	
h Reside	ntial rental property	/		27.5 yrs.	MM	S	/L	
		/		27.5 yrs.	MM	S,	/L	
i Nonres	sidential real property	1		<u>39 yrs.</u>	MM	S,	/L	
		/			MM	S	/L	
	Section C - Asset	s Placed in Service	During 2012 Tax Year	Using the Altern	ative Depre	ciatio	n Sys	stem
0a Class I						S,		
b 12-yea			· · · · · · · · · · · · · · · · · · ·	12 yrs.			/L	
c 40-yea	r	1		40 yrs.	MM		/L	
Part IV s	ummary (See instructions	S.)				_,		·····
1 Listed pro	perty. Enter amount from	line 28					21	<u> </u>
	amounts from line 12, lin	*****************	es 19 and 20 in column	(a), and line 21		F	<u> </u>	
Enter here	and on the appropriate lin	nes of your return. Pa	artnerships and S com	orations - see inst			22	10000
3 For assets	shown above and placed	l in service during the	Current vear enter the		• •••••	1	11	10920
	the basis attributable to s							
								A set of the set of

portion of the basis attributable to section 263A costs ²¹⁶²⁵¹ ¹²⁻²⁸⁻¹² LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2012) CONSERVATION COUNCIL, INC 39-197		
	8220 Pag	ae 2
Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, r	ecreation, or	10 -
amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,	Oth onlymping	(4)
through (c) of Section A, all of Section B, and Section C if applicable.		; (a)
Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobile	s.)	
24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written?	Yes 🗌	No
(a) (b) (c) (d) (e) (f) (g) (h)	(i)	<u></u>
Type of property Date Dustress/ (introduction and provide the date Dustress) Cost or Basis for depreciation Recovery Method/ Depreciation	Elected	
(inst vehicles hist) service use percentage other basis use only) period Convention deduction	section 17	79
25 Special depreciation allowance for qualified listed property placed in service during the tax year and		
used more than 50% in a qualified business use		
26 Property used more than 50% in a qualified business use:		<u> </u>
27 Property used 50% or less in a qualified business use:		
:: % S/L ·		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28		
29 Add amounts in column (i) line 26. Enter have and an line 7 means d	9	
Section B - Information on Use of Vehicles		
Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.		
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing the	is section for	
those vehicles.		
(a) (b) (c) (d) (e)	(f)	·
30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle	Vehicle	۵
year (do not include commuting miles)	- Voinoio	<u>, </u>
31 Total commuting miles driven during the year		
32 Total other personal (noncommuting) miles		
driven		
33 Total miles driven during the year.		
Add lines 30 through 32		
34 Was the vehicle available for percental use Van Na Na Na Na Na Na Na Na Na Na Na Na Na	o Yes	No
during off-duty hours?		NO
35 Was the vehicle used primarily by a more		
than 5% owner or related person?		
	1 1	
36 Is another vehicle available for personal		
36 Is another vehicle available for personal use?		
36 Is another vehicle available for personal use?	t more then 50	
36 Is another vehicle available for personal use?	ot more than 59	%
36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are no owners or related persons.		
36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are no owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your	Yes	5% No
36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are no owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	
36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your	Yes	
 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 	Yes	
36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are no owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use?	Yes	
36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are no owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you provide more than five vehicles to your employees, obtain information from your employees about	Yes	
36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are no owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	Yes	
 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? 	Yes	
36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are no owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?	Yes	
36 Is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization	Yes	
36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: <i>If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.</i> (a) 0 Description of costs	(f) Amortization	
36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: if your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) (e) O bate amortization Amortization Bate amortization Bate amortization Bate amortization	(f)	
36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) Description of costs (b) (c) (c) (d) (e) Amortizable	(f) Amortization	
36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: if your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (a) (b) (c) (d) Amortizable arround begins Amortizable arround begins Amortizable arround begins	(f) Amortization	

44 Total. Add amounts in column (f). See the instructions for where to report 44

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Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-1878
	For calendar year 2012, or fiscal year beginning, 2012, and ending	,20	0040
Department of the Treasury	Do not send to the IRS. Keep for your records.	, ²⁰	2012
Internal Revenue Service Name of exempt organization		Employer	1
	HIGHWAY VEHICLE	Enthroyer	identification number
CONSERVATION		39-1	<u>97</u> 8220
Name and title of officer			<u>J10220</u>
RUSS EHNES			
EXECUTIVE DIR			
	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	um for which you are using this Form 8879-EO and enter the applicable amount, if any, ia, below, and the amount on that line for the return being filed with this form was blank lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applica	c then leave	line 1h 2h 3h 4h or 5h
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	661739
2a Form 990-EZ check h	ere b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check	k nere L b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check h	ere b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check her	e b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declara	tion and Signature Authorization of Officer		
1-888-353-4537 no later t processing of the electron payment. I have selected	al institution account indicated in the tax preparation software for payment of the orgar institution to debit the entry to this account. To revoke a payment, I must contact the U han 2 business days prior to the payment (settlement) date. I also authorize the financi- nic payment of taxes to receive confidential information necessary to answer inquiries a a personal identification number (PIN) as my signature for the organization's electronic electronic funds withdrawal.	.S. Treasury al institutions	Financial Agent at s involved in the
· · · · · · · · · · · · · · · · · · ·	DUGLAS WILSON & COMPANY, P.C.		
	ERO firm name	_ to enter n	ny PIN 04649 Enter five numbers, but
			do not enter all zeros
enter my PIN o	e on the organization's tax year 2012 electronically filed return. If I have indicated withir ith a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a n the return's disclosure consent screen.	authorize the	aforementioned ERO to
indicated within	i the organization, I will enter my PIN as my signature on the organization's tax year 201 n this return that a copy of the return is being filed with a state agency(ies) regulating cl enter my PIN on the return's disclosure consent screen.	2 electronic: harities as pa	ally filed return. If I have art of the IRS Fed/State
Officer's signature 🕨	Date ►		
Part III Certific	ation and Authentication		
	/our six-digit electronic filing identification		
	by your five-digit self-selected PIN. 8106793992 do not enter all zer		
I certify that the above n confirm that I am submit e-file Providers for Busin	umeric entry is my PIN, which is my signature on the 2012 electronically filed return for ting this return in accordance with the requirements of Pub. 4163, Modernized e-File (N ess Returns.	the organiza 1eF) Informat	tion indicated above. I tion for Authorized IRS
ERO's signature 🕨	Date ►		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To	 Do So	
LHA For Paperwork R 223051 11-05-12	eduction Act Notice, see instructions.		Form 8879-EO (2012)

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0 3926. 0 . **.** • 0 312 1800 6038. 09 0 0 Ö 81 118 259 Current Year Deduction 0 0 Current Sec 179 4000 638 8320 2288 6300 284. 36586 2230 270 413 967 670 Accumulated Depreciation 35334 95696 780 4056 16281227 NATIONAL OFF-HIGHWAY VEHICLE 2600. 36586. 4000 638 8320 39260 2230 0006 1200 1622 2350 5172 780 670 4056. 1628 102634 1227 Basis For Depreciation INC CONSERVATION COUNCIL ò * Reduction In Basis 0 Bus % Excl 9000 2600. 638 39260. 4000 8320. 36586 1200 2230 1622. 2350. 5172 780 670. Unadjusted Cost Or Basis 102634 4056 1628 1227 Ŝ. 5 17 5 17 7 1 5 17 20.0017 20.0017 20.0017 1 17 17 10.0017 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 Life Method DIRT BIKE04160381 03 00 6SL 080807ST 06200651 07|05|07|ST 040104SL 04010151 0 6|0 9|0 8|ST 010107SL 012308SL 040108SL 071405SL 010104SL 010104SL 05|02|05|SIL 0630000SL Date Acquired 990 PAGE 10 TOTAL CONSTRUCT FOR OVRHL TOTAL ß TRAILER INS OVERHEAD DOOR 2GATERFOAM POSTERS - TRUCK 00 HONDA RECONS TRAIL 2 16DESK SET (RUSS) 4RAM 3500 DODGE MONTANA OFFICE MIRAGE TRAILER 15DHP DESKTOP PC 10 3DISPLAY CASES **14BANNER STANDS** MIRAGE CARGO Description PAGE ADVENTURE GOOSENECK SUZUKI SIGNANGE REGIONAL **STRAILER** 8TRAILER 990 CART OWARE 03 11DR Asset No.

'ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

(D) - Asset disposed

CURRENT 2012 DEPRECIATION AND AMORTIZATION REPORT

NATIONAL OFF-HIGHWAY VEHICLE

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0. 0 • 0 0. 0 0 0 **.** 0 . . 0 Ō 0 ō Ö 0 ō Current Year Deduction Current Sec 179 1199 875 894 1944. 1400 4470 15842000 827 551 2080 1144 709 759. 1249. 570 563 1346 Accumulated Depreciation 1400 1199 3725 875 894 1584 827 1944 551 2000 2080 1144 570 709 893 563 1584 1249 Basis For Depreciation INC CONSERVATION COUNCIL Reduction In Basis Bus % Excl 1199 1400 3725. 875 1584 894 1944 2000 2080 1144 570. 709 893. 827 551 563 Unadjusted Cost Or Basis 1584 1249 Ъ, 17 17 17 17 11 17 17 0.0017 10.0017 10.0017 10.0017 17 17 17 17 0.001 10.001 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 Life Method 010104SL 100505SL 08220551 121302SL HEIDII12070281 111505SL 05300051 053000<u>S</u>L 061200SL 063000SL 030100<u>|</u>SL 053000SL 022704SL 091502SI 110901/SL 030304SL 20702SL Date Acquired 4018D ω 321 22ATX-IC8000 SERVER 24CONFERENCE CHAIRS TREADMILL NORDIC 25CONFERENCE TABLE SCREEN 26DESK SET (ANN'S) LATERAL STORAGE STORAGE С Ч 32UNBIND (BINDER) **31**TREADMILL NTTL T PENTIUM PC 19SAVIN COPIER Description AUDIO VISUAL 782CDB PAVILION 782CD SOUND EQUIP 3 3MICROPHONE PROJECTOR ATERAL 23 CABINET **29CABINET** Ъ С Ъ С 20TRACK (18.) 1 7нр 18HP 21 HP3 **仙** PP 020 28 ന Asset No.

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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35LAPTOP TOSHIBA

NATIONAL OFF-HIGHWAY VEHICLE

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209. 40. 491 149 384 180 702 278 223. 248 522 46. 247 290 166 150 Current Year Deduction Current Sec 179 1863 4414 864 522 1344 630 695 335. 372 78 145 . 83 93 7.0 2457 23 Accumulated Depreciation 20 2072 4905 1233 747 1922 899 745 3509 1390 670 260 1450 830 750. 230 200 Basis For Depreciation INC CONSERVATION COUNCIL * Reduction In Basis Bus % Excl 2072. 4905 1233. 899 747 1922 3509 1390 670 745 260 1450. 830. 750. 230. 200. Unadjusted Cost Or Basis δ, N 5 17 -1 5 11 5 2 5 ٢. 5 5 17 2 17 11 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 3.00 3.00 5.00 5.00 5.00 5.00 5.00 5.00 Life Method 11607SL 0111007SL 0 5|0 7|0 8|SL 071308SL 11108SL 02308SL 90808<u>8</u>1 012109SL 0.1/2.7/1.0/S.L 05|25|10|SL 53DIGITAL VIDEO CAMERO70710SL 061011SL 0 911 211 1ISL 0 9|1 2|1 1|SL 091211SL 007111SL Date Acquired 5ASUS K53V COMPUTER CANON PIXMA MG8120 HP TX 2120 LAPTOP HP DV6917 LAPTOP 57PORTABLE PRINTER 6ASUS K53V LAPTOP 36NEW BOOTH PARTS Т CASIO XJ-A255V HP OFFICE JET SONY HDR-SR12 HP DV5 LAPTOP SP SYSTEM AMD WINDOWS 7 Description CANNON FS300 GREAT FALLS NEC SV8100 50UPHOLSTERY 3TELEPHONE 54PROJECTOR 58PRINTER 52SYSTEM 37SERVER CAMERA **39KAREN** 4 ORUSS **2JJACK** 51AMD 41 ഗ ഹ Asset No.

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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16. 35. 0 **.** 0 156. 28 94 38 4511 112112 10920 Current Year Deduction 0. **.** õ Current Sec 179 5383 2617 5494 1013 46589 14507 157759 Accumulated Depreciation NATIONAL OFF-HIGHWAY VEHICLE 536. 500 14619. 2084 1119 5383 2617 5494 632 1410 61690 1125. 184115. Basis For Depreciation INC CONSERVATION COUNCIL. 0 • * Reduction In Basis 0 Bus % Excl 536 2084. 632 500 1410. 1119 61690. 5383. 2617. 5494. 1125. Unadjusted Cost Or Basis 14619 184115 1 FEDERAL 1.9BE 9 B <u>Б</u> 19B 19<u>म</u> 19B Ŝ, 71 17 5 77 5.00 5.00 5.00 5.00 5.00 00.0 5.00 5.00 5.00 5.00 Life YEAR Method 030912SL 62W/SERVICE AGREEMENTO 81 01 281 081012SI 100912SL 660LTRABOOK W/WINDOWS121112SL 071205SL 091906SL 00 91 2SL 040706SL 01|22|07|SL CURRENT Date Acquired 990 PAGE 10 TOTAL 990 PAGE 10 TOTAI SEARS POWER WASHER 18-250MM SIGMA LEN 63DISPLAY BY IMPACT SOFTWARE DATABASE 066 JET PRO POSHIBA SATELITE 61400 COLOR M45DN EXPODOME POP UP EVENT PLANNING GRAND TOTAL GART Description 65840 COMPUTER SOFTWARE NEW PAGE 10 DEPR LENOVO YOGO 47BW SOFTWARE 64FOR CAMERA LASER 5DATABASE 4 4 SOFTWARE **6GARTNER** ЦЪ Asset No.

228102 05-01-12

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

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	Amount Of Depreciation	•0	•	0	•	•	•		.006	0.0	200	$\infty \leftarrow$		n -		- (• •			5.0	• •								- - : c	- -				5 6	
	Accumulated Depreciation	0	63	832	ഹ	926	60	23	810	101734.	\mathbf{n}	o c	ີ ດີ (NIC	ז מ	20	00	0	20	-1 5	4 F	- F	~ 0		+ L C O	J	יו הנ			n .	4" C 4" C	~ ^	- i	- CC/	<u>- I</u>
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AY VEHICLE IL, INC	* Reduction In Basis			:				- -															<u>.</u>									·,			
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- NEXT YEAR FEDERAL	Description	A ATTATIVE DEVE	VOUNT PINT PINT VIENTURE TOATI CART	NAT.			CONDENSOR INCLUSION OF TRANSMICE		ACR CARGO TRATT.FR	* 990 PAGE 10 TOTAL -		OOR - WARE	R OVRHD DR	I	POSTERS			υ			PENTIUM PC		OFREADMILL NORDIC TRACK	DI		NET	CHAIRS	6-1	6DESK SET (ANN'S)	STORAGE (18')	LATERAL STORAGE CABINET	N 8 SQ	NTTL 321		3SOUND EQUIP MICROPHONE
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* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

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- NEXT YEAR FEDERAL - NATIONAL OFF-HIGHWAY VEHICLE CONSERVATION COUNCIL, INC	Amount Of Depreciation	•0	•	•		122.	L	194.	- 6 8 1 9 1 9	n i		112.	NI	ŝ	יוס	<u>ه</u> م	n -	46.	40 • 0	- C C F	• • • • • • • • • • • • • • • • • • •		: C	>`⊷	ЧC		0 0	20	3		0	0			4/94.
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	Description	AUD Dr 7807DB	PUC VOLUTE		CEDV/FR	- KAREN		ERA	HP DV5 LAPTOP - JACK		RY	-	SYSTEM	VIDEO CAMERA	CASTO XI-A255V PROJECTOR	ASUS K53V COMPUTER	ASUS K53V LAPTOP	RTABLE PRINTER		CTOR	JENOVO THINK PAD TABLET	45DN	ER WASHER W/SERVICE		POP UP DISPLAY BY IMPACT		TOSHIBA SATELITE 840 COMPUTER	WS 8	* 990 PAGE 10 TOTAL -	ARE	ART			* 990 PAGE 10 TOTAL -	* GRAND TOTAL 990 PAGE 10 DEPR
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* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed