COMMITTEE ON NATURAL RESOURCES

Disclosure Form

As required by and provided for in House Rule XI, clause 2(g) and the Rules of the Committee on Natural Resources

Effect of the President's FY-2013 Budget and Legislative Proposals for the Bureau of Land Management and the U.S. Forest Service's Energy and Minerals Programs on Private Sector Job Creation, Domestic Energy and Minerals Production and Deficit Reduction.

March 20, 2012

For Individuals:
1. Name:
2. Address:
3. Email Address:
4. Phone Number:
* * * *
For Witnesses Representing Organizations:
1. Name: Laura E. Skaer
2. Name of Organization(s) You are Representing at the Hearing: The Northwest Mining Association
3. Business Address: 10 N. Post St Ste 305, Spokane WA 99201
4. Business Email Address: [Information redacted for privacy]
5. Business Phone Number: 509-684-1158 [Information redacted for privacy]

Name/Organization: Laura E. Skaer / The Northwest Mining Association

Title/Date of Hearing: Effect of the President's FY-2013 Budget and Legislative Proposals for the Bureau of Land Management and the U.S. Forest Service's Energy and Minerals Programs on Private Sector Job Creation, Domestic Energy and Minerals Production and Deficit Reduction. March 20, 2012

- 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 in Business Administration, with honors 1970 (economics and accounting majors) and J.D. cum laude 1974, University of Missouri; attended several technical talks on mining, mine development, mineral economics, mineral supply and demand, mine reclamation, environmental permitting and the 3809 regulations.
- 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. Lawyer -- Member of the Colorado and Missouri Bar; trustee of the Rocky Mountain Mineral Law Institute;
- 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. 32 years experience working in the oil & gas and hardrock mining industries (vice president, COO and general counsel of Skaer Enterprises Inc, an independent oil & gas exploration and production company; vice president and general counsel of Combined Metals Reduction Company, a privately owned mining company); executive director of the Northwest Mining Association
- d. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) that you have received in the current year and previous four years, including the source and the amount of each grant or contract. **None**
- 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. **None**
- f. Any other information you wish to convey that might aid the Members of the Committee to better understand the context of your testimony. **No**

Name/Organization: Laura E. Skaer / The Northwest Mining Association

Title/Date of Hearing: Effect of the President's FY-2013 Budget and Legislative Proposals for the Bureau of Land Management and the U.S. Forest Service's Energy and Minerals Programs on Private Sector Job Creation, Domestic Energy and Minerals Production and Deficit Reduction. March 20, 2012

In	addition.	for	witnesses	representing	organizations:

- g. Any offices, elected positions, or representational capacity held in the organization(s) on whose behalf you are testifying. **Executive Director**
- h. Any federal grants or contracts (including subgrants or subcontracts) from the <u>Department of the Interior</u> (<u>and /or other agencies invited</u>) 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). **None**
- i. 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). **None**
- j. A list of any countries from which the organization(s) you represent at the hearing have received foreign donations and the total amount of donations received from each country, for the current year and the previous four years, by each organization. **None**
- k. 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)). **See Attached**

Form **990**

Return of Organization Exempt From Income Tax

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

จMB No. 1ॐ5-0047 2010

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For the 2	2010 calendar year, or tax year beginning , 2010, and endi	ng		_
В	Check if ap			lover Ident	ification Number
	Addre	ss change Northwest Mining Association			
	\vdash	change 10 N. Post Street #305	91	-0491	
	\vdash	Spokane, WA 99201-0772	□ lelet	phone num	
	Initial	return Postano, Mai 33201 0772	50	9-624	-1158
	Termi	nated ()			
	Amen	ded return	G Gross	s receipts 5	1,379,804.
	Applic	Northwest Mining Association 10 N. Post Street #305 Spokane, WA 99201-0772 F Name and address of principal officer:	H(a) is this a group re	turn for aff	
		Same As C Above	H(b) Are all affiliates in	ncluded?	FI FI
1	Tayaeyer		If 'No,' attach a li	st. (see ins	structions) Yes No
<u>.</u>	Websi	· · · · · · · · · · · · · · · · · · ·	-		
			H(c) Group exemption	number 🏲	
K		organization: Corporation Trust X Association Other► L Year of Forma	ation: M	State of le	egal domicile: WA
	art I	Summary			
	1 Br	efly describe the organization's mission or most significant activities: Promotic	n of mining	ı indu	stry issues
ģ					
Governance					
Ë					
ŏ		eck this box Fig. if the organization discontinued its operations or disposed of mo	re than 25% of its	net acce	
Ö	3 Nu	mber of voting members of the governing body (Part VI, line 1a)	10 man 20 /0 01 ms	. 3	30
ø,	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4	30
ij.	5 To	tal number of individuals employed in calendar year 2010 (Part V, line 2a)	, , , , , , , , , , , , , , , , , , , ,	5	
Activities &	6 To	tal number of volunteers (estimate if necessary).		6	300
ĕ	7a To	tal unrelated business revenue from Part VIII, column (C), line 12		7a	300 59,800.
	b Ne	t unrelated business taxable income from Form 990-T, line 34		7b	
					0.
	8 Co	ntributions and grants (Part VIII, line 1h)	Prior Yea		Current Year
E E	9 Pr	ogram service revenue (Part VIII, line 2g).			548,613.
Revenue	10 Inv	restment income (Part VIII, column (A) lines 2.4 and 7.4)			826,540.
Ę,	11 Ot	restment income (Part VIII, column (A), lines 3, 4, and 7d)	6,	849.	2,693.
_	12 To	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		160.	1,958.
	12 10	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,301,	710.	1,379,804.
	13 Gr	ants and similar amounts paid (Part IX, column (A), lines 1-3)			
	14 Be	nefits paid to or for members (Part IX, column (A), line 4)			
	15 Sa	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10) \dots	530,	216	568,838.
ses	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)		==	300,030.
Expenses	h To	ral fundraising expenses (Part IX, column (D), line 25) ►			
Ä	17 Oti				
	18 To	ner expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			687,524.
	19 Re	ral expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,256,362.
, 0	IJ Re	venue less expenses. Subtract line 18 from line 12	. 178,	214.	123,442.
is or nces			Beginning of Curre		End of Year
3889 3818	20 To	al assets (Part X, line 16)			1,432,172.
Net Assets Fund Baland		al liabilities (Part X, line 26)		317.	317,579.
	22 Ne	t assets or fund balances. Subtract line 21 from line 20	. 991,	151.	1,114,593.
Рε	ırt II	Signature Block			
Und	ler penalties	of perjur y , I declare that I have examined this return, including accompanying schedules and statements, and ration of preparer (other than officer) is based on all information of which preparer has any knowledge.	to the best of my knowle	dan and h	allof It in town
corr	ipiete. Decia	ration of preparer (other than officer) is based on all information of which preparer has any knowledge.	the best of my knowle	age and be	aller, it is true, correct, and
Sig	ηn	Signature of officer	Date		
He	re	Laura E. Skaer	Executive	Diroc	1+0~
		Type or print name and title.	TYECULIAE	DITTEC	101
		Print/Type preparer's name Preparer's signature Date			PTIN
D٠	: 4	Date .	Check	Ш"	
Pa			self-emplo	yed I	200965047
	eparer	Firm's name Batty, Erlandsen & Assoc., PS			
US	e Only	Firm's address ► 107 S HOWARD ST STE 205	Firm's EIN	► 91-	1144863
		SPOKANE, WA 99201	Phone no.		
May	y the IRS	discuss this return with the preparer shown above? (see instructions)		(303	X Yes No
D.A.					140

	990 (2010) Northwest Mining Association	91-049147	<u>'5 .,</u> F	⊃age 2
Par				
	Check if Schedule O contains a response to any question in this Part III			
1	Briefly describe the organization's mission:		•	
	Promotion of mining industry issues.			
2	Did the organization undertake any significant program services during the year which were not listed o	n the prior		
	Form 990 or 990-EZ?		Yes X	No
	If 'Yes,' describe these new services on Schedule O.		,	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices?	Yes X	No
_	If 'Yes,' describe these changes on Schedule O.			,,,
4	Describe the exempt purpose achievements for each of the organization's three largest program service	se hy avnancae	Section 501	(c)(3)
•	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants are expenses, and revenue, if any, for each program service reported.	nd allocations to	others, the	total
48	(Code:) (Expenses \$including grants of \$) (F			<u> </u>
	Convention and trade show held December of each year provides for			
	keep up to date on current issues, developments, etc. in the mini	ng industry	<u>7 2,02</u>	1
	Attending			
			- -	
			- 	
4 b		Revenue \$)
	Short Course - Educational courses on issues in the mining indus	try. 182	Attendi	.ng
		on actual names before taking about south control for		
40	: (Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
	Service Directory - Preparation of publication listing associati	on membersh	nip and	/
	various reference information.			
		_ _		
				
		-		
40	Other program services. (Describe in Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4	Total program service expenses ►			

Form 990 (2010) Northwest Mining Association

Par	t IV Checklist of Required Schedules			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	4		
5	is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? In 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 as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	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	11 b		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	11 c		X
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 c		X
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	-	X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	X	-
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	121		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		 	X
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV</i>	14t		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15	-	X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		X
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		+	X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990	20	b	

Page 4

BAA

aı	Checklist of Required Scriedules (Continued)		Yes	No
21	Did the expenientian valuet may then \$5,000 of grants and other espictance to governments and expenientians in the			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		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 and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
ł	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III.	27		Х
	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):			
ä	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
١	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	ļ	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 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 Schedule N, Part II.	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
ì	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			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
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? Note. All Form 990 filers are required to complete Schedule O	38	X	1007.7
R / /		Forn	า 990	(2010)

TEEA0104L 12/21/10

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Χ	
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Χ	
	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	Χ	
	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
,	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5а	202000000000000000000000000000000000000	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X	
	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	X	
	Organizations that may receive deductible contributions under section 170(c).			
	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		
	olf '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 required to file	7с		
	I If 'Yes,' indicate the number of Forms 8282 filed during the year	,,,		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	\$60,000 mm 100	100000000000000000000000000000000000000
	Did the organization receive any runds, directly or indirectly, to pay premiums on a personal benefit contract?	7 f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			-
•	as required?	7 g		
r	ղ If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9 a		
ŀ	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12	-		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_		
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
;	a Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
	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			
,	c Enter the amount of reserves on hand	14		Х
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation in Schedule O.</i>			(2010)
DA/	TEEA0105L 11/30/10	Lotu	1 220	(2010)

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or characteristics.	low, and for nges in
Schedule O. See instructions.	_
Check if Schedule O contains a response to any question in this Part VI	X
Section 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 30	The second secon
b Enter the number of voting members included in line 1a, above, who are independent 1b 30	Englanding Control (Control
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	
officer, director, trustee or key employee?	
of officers, directors or trustees, or key employees to a management company or other person?	3 X X
since the prior Form 990 was filed?	- 1
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5 X
6 Does the organization have members or stockholders?See.Schedule.O	6 X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See. Schedule 0	7a X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	
a 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 or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9 X
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	
	Yes No
10a Does the organization have local chapters, branches, or affiliates?	10a X
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	
11 a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O	12a X
12a Does the organization have a written conflict of interest policy? <i>If 'No,' go to line 13</i>	IZa A
to conflicts?	12Ь
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done.	12c
13 Does the organization have a written whistleblower policy?	
14 Does the organization have a written document retention and destruction policy?	14 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	37
a The organization's CEO, Executive Director, or top management official	
b Other officers of key employees of the organizationSeeSchedule.O	15b X
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)	
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a X
b If 'Yes,' 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?	16b
Section C. Disclosure	
17 List the states with which a copy of this Form 990 is required to be filed ► WA	
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply.	available for public
Own website Another's website X Upon request	
Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest postatements available to the public. See Schedule O	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the or ► Pat Heywood 10 N. Post Street, Ste. 305 Spokane WA 99201 (509) 624-1158	ganization:
rat neywood to M. rost street, ste. 303 Spokane WA 33201 (303) 024 1130	
	Form 990 (2010)

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 organiza	tion nor any	relate	d or	gan	izat	ion co	mpe	ensated any current of	ficer, director, or trust	ee.
(A)	(B)			(((D)	(E)	(F)
Name and title	Average hours per week (describe hours for related organizations in Schedule O)	ndividual trustee or director	institutional trustee		a Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) Joe Baird					-	ed.				
1st VP	-	Х		Х				0.	0.	0.
(2) Steve Alfers										
Trustee	0	Х						0.	0.	0.
(3) Louie Cononelos										
Trustee	-	X						0.	0.	0.
(4) Fred Fox										
Trustee	0	X				ļ		0.	0.	0.
(5) Mark Ioli										
Trustee	0	Х						0.	0.	0.
(6) Hugh Miller										
Trustee	0	X						0.	0.	0.
(7) John Mudge									:	
Trustee	0	X						0.	0.	0.
(8) Leslie Olmstead										
Trustee	0	X					<u></u>	0.	0.	0.
(9) Bill Orchow										
Trustee	0	X					<u> </u>	. 0.	0.	0.
(10) Ron Parratt										
Trustee	0	X	ļ					0.	0.	0.
(11) JP Tangen									_	_
Trustee	0	X		ļ				0.	0.	0.
(12) Scott Bending			į					_	_	
Trustee	0	X	<u> </u>	ļ				0.	0.	0.
(13) John Beaudry										•
Trustee	0	X	1_		<u> </u>			0.	0.	0.
(14) Richard Brown										^
Trustee	0	X				ļ		0.	0.	0.
(15) Jim Butler										^
Trustee	0	X	-	-	-	-		0.	0.	0.
(16) Teresa Conner										0
Trustee	0	X	 	-		 	ļ	0.	0.	0.
(17) Ralph Noyes	_							0.	0.	0.
Trustee	0	X				2/21/10	<u> </u>	1	U.	Form 990 (2010)

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)										
(A)					(0	:)			(D)	(E)	(F)
	Name and title		Posi		check	k all t	nat a	pply)	Reportable compensation from	Reportable compensation from	Estimated amount of other
		hours per week (describe hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensate	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
				ro .			ted				
/10\	Debbie Struhsacker		 								
7(10)	Trustee	0	X	ĺ					0.	0.	0.
(19)	Vicki Veltkamp				-						
7.2.7	Trustee	0	X						0.	0.	0.
(20)	George G. Byers										_
	Trustee	0	X			ļ			0.	0.	0.
(21)	Michael Brown	_							•	_	_
	Trustee	0	X	-		-	ļ	-	0.	0.	0.
(22)	Neil_Eurick		v				Ì	İ	0.	0.	0.
	Trustee	0	X	-	╁				0.	0.	<u> </u>
(23)	Kris_Hefton Trustee	0	X						0.	0.	0.
(24)	Bruce Hansen		1	-		 		-	<u> </u>		
(24)	Trustee	0	X						0.	0.	0.
(25)	Scott Lawson										
	Trustee	0	X						0.	0.	0.
(26)	Dean McDonald										
	Controller	0	X				_	ļ	0.	0.	0.
(27)	Steven West										_
	Trustee	0	X		ļ	-		┿	0.	0.	0.
(28)	Sam McGeorge		1,,							0.	0.
	Trustee	0	X		+-	+-		-	0.	0.	0.
_(29)	Mark Smith	0	X						0.	0.	0.
1 5	Trustee Sub-total		12		L		1		191,425.	0.	14,642.
	Total from continuation sheets to Part VII, Section	Α						>	0.	0.	0.
	Total (add lines 1b and 1c)								191,425.	0.	14,642.
2	Total number of individuals (including but not limite	ed to the	ose	liste	d at	oove) wl	no re	eceived more than	1 \$100,000 in report	able compensation
	from the organization • 1										
	Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such the such that the schedule of the such that the	individu	al							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
4	For any individual listed on line 1a, is the sum of rethe organization and related organizations greater such individual.	tnan 31	うして	KUU !	IT	res	-cor	TIDIE	le Scriedule J ioi	ı from	4 X
5	Did any person listed on line 1a receive or accrue of services rendered to the organization? If 'Yes,'	comper comple	sati te S	on fi che	rom dule	any J fo	uni or si	relat uch p	ed organization o person	r individual	5 X
Sec	tion B. Independent Contractors Complete this table for your five highest compensa	ited ind	ener	nder	nt cc	ntra	cto	rs th	at received more	than \$100,000 of	
1	complete this table for your five highest compensation from the organization.	itou iiiu									
	(A)								Description	3)	(C) Compensation
	Name and business address Description of services Compensation										
						.— -					
2	Total number of independent contractors (including	g but no	ot lin	nited	d to	thos	e li	sted	above) who rece	ived more than	
-	\$100,000 in compensation from the organization	0									Form 990 (2010

Form 990

Continuation Sheet for Form 990

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service

Name of the Organization

Northwest Mining Association

Employler Identification number

91-0491475

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated **Employees** (F) (E) (C) (D) (B) (A) Reportable compensation from related organizations (W-2/1099-MISC) Reportable compensation from the organization (W-2/1099-MISC) Estimated amount of other Position (check all that apply) Name and Title Average Individual trustee or director compensation from the organization and related organizations hours per week Highest compensated employee Institutional trustee Officer employee RJ Smith 0 0. 0. 0 Χ Trustee Luke Russell 0. 0 Χ 0 0 President Rich DeLong 0. 0 0. 0 X 2nd VP Peter Scott 0. 0. 0 Χ 0. Secretary James Frank 0. 0. Χ 0 0 Treasurer Laura E. Skaer 14,642. 0. 191,425 X 55 Exec. Direc.

Page 9

Par	t VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	5.			
PROGRAM SERVICE REVENUE	h Total. Add lines la-lf. Business Code 2a Convention & Trade Show b Short Course c Service Directory Advert. d e	687,918. 78,822. 59,800.	78,822.	59,800.	687,918.
ROGR	f All other program service revenue g Total. Add lines 2a-2f	.► 826,540.			
<u> </u>	3 Investment income (including dividends, interest and other similar amounts)	2,693.			2,693.
	## Comparison of				
OTHER REVENUE	c Gain or (loss)				
	c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19				
	10a Gross sales of inventory, less returns and allowances	.► 798.	798.		
	Miscellaneous Revenue Business Code 11a Miscellaneous b c	1,160.			1,160.
	d All other revenue	1,160. 1,379,804	79,620	59,800.	691,771.

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).

Do r. 6b, 7	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and 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			e de la companya de l	
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	191,425.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	280,052.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,079.			
9	Other employee benefits	50,543.			
10	Payroll taxes.	34,739.			
	Fees for services (non-employees):	01,703.			
	a Management				
	Legal	30,935.			
	Accounting	5,050.			
	d Lobbying	52,718.			
	e Professional fundraising services. See Part IV, line 17				
f	Investment management fees ,				
ç	g Other				
12	Advertising and promotion	5,184.			
13	Office expenses	16,006.			
14	Information technology				
15	Royalties				
16	Occupancy	66,175.			
17	Travel	56,507.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				,
19	Conferences, conventions, and meetings	10,524.			
20	Interest				
21					
	Depreciation, depletion, and amortization	6,282.			
23	Insurance	2,931.			
24	covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
;	a Miscellaneous Convention Ex.	130,614.			
	b Printing and Publications	86,954.			
	c Contract Services	71,241.			
	d Miscellaneous	37,806.			
	e Equipment Rent	32,970.			
	f All other expenses	75,627.			
25	Total functional expenses. Add lines 1 through 24f	1,256,362.			
26					Form 990 (2010)

BAA

Pa	rt X	Balance Sheet _					
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,180,157.	2	1,344,443.
	3					3	
	4	Accounts receivable, net	72,914.	4	59,240.		
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part		5			
	6	Receivables from other disqualified persons (as define persons described in section 4958(c)(3)(B), and contraponsoring organizations of section 501(c)(9) voluntar organizations (see instructions)	ed und ibuting ry emp	er section 4958(f)(1)), employers and loyees' beneficiary		6	
S	7	Notes and loans receivable, net				7	
A S S E T S	8	Inventories for sale or use				8	
S	9	Prepaid expenses and deferred charges			9,042.	9	5,945.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a	46,167.			
	b	Less: accumulated depreciation		24,948.	15,464.	10 c	21,219.
	11	Investments — publicly traded securities			,	11	***********
	12	Investments – other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	1,891.	15	1,325.		
	16	Total assets. Add lines 1 through 15 (must equal line			1,279,468.	16	1,432,172.
	17	Accounts payable and accrued expenses				17	218,131.
	18	Grants payable				18	
	19	Deferred revenue			110,131.	19	99,448.
L I	20	Tax-exempt bond liabilities	Tax-exempt bond liabilities.			20	
A	21	Escrow or custodial account liability. Complete Part I	V of S	chedule D		21	
 	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
É	23	Secured mortgages and notes payable to unrelated the				23	
-	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities. Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	288,317.	26	317,579.		
N		Organizations that follow SFAS 117, check here					
N E T		27 through 29 and lines 33 and 34.		•			
A S	27	Unrestricted net assets			989,151.	27	1,100,295.
∢ SSETS	28	Temporarily restricted net assets				28	12,298.
	29	Permanently restricted net assets			2,000.	29	2,000.
Q R		Organizations that do not follow SFAS 117, check he	ere 🟲	and complete			
		lines 30 through 34.		_			
DZC	30	Capital stock or trust principal, or current funds		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		30	
₽	31	Paid-in or capital surplus, or land, building, or equipment	nent fui	nd		31	
Ĺ	32	Retained earnings, endowment, accumulated income	, or oth	er funds		32	
B4 L420Eの	33	Total net assets or fund balances			991,151.	33	1,114,593.
5	34	Total liabilities and net assets/fund balances			1,279,468.	34	1,432,172.

Form **990** (2010)

Form 990 (2010) NOICHWest MINING ASSOCIATION	1-04914/	5	Page 12			
Part XI Reconciliation of Net Assets						
Check if Schedule O contains a response to any question in this Part XI						
	1 1					
1 Total revenue (must equal Part VIII, column (A), line 12)		1,379, 1,256,	 			
2 Total expenses (must equal Part IX, column (A), line 25)						
3 Revenue less expenses. Subtract line 2 from line 1						
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5 Other changes in net assets or fund balances (explain in Schedule O)	5		0.			
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	6	1,114,	,593.			
Part XII Financial Statements and Reporting						
Check if Schedule O contains a response to any question in this Part XII						
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Ye	s No			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b Were the organization's financial statements audited by an independent accountant?		. 2b X	2			
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,	. 2c	X			
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 separate basis, consolidated basis, or both:	issued on a					
X Separate basis Consolidated basis Both consolidated and separate basis						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	. За	X			
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required audi	t 3b				
BAA		Form 99	n (2010)			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations: Complete Parts I-A and	B. Do not complete Part I-C.
---	------------------------------

• Section 501(c) (other than section 501(c)(3)) organizations; Complete Parts I-A and C below. Do not complete Part I-B.

• Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy '	Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then
• Section 501(c)(4), (5), or (6) organizations: Complete Part III.	

	333(1311 331 (3)(1))	rgariizationer complete i art iiii					
Name	of organization	Employer identifica					
	rthwest Mining Asso	91-049147					
Pai	rt I-A Complete if the or	rganization is exempt under section	on 501(c) or is a	section 527 organiz	ation.		
1	Provide a description of the	organization's direct and indirect political c	ampaign activities in	Part IV.			
2	Political expenditures						
3	Volunteer hours						
Pai	rt I-B Complete if the o	rganization is exempt under section	on 501(c)(3) .				
1	Enter the amount of any exc	sise tax incurred by the organization under	section 4955	▶\$			
2	Enter the amount of any exc	sise tax incurred by organization managers	under section 4955.				
3		a section 4955 tax, did it file Form 4720 for					
4:	a Was a correction made?				Yes No		
	b If 'Yes,' describe in Part IV.						
Pa	rt I-C Complete if the o	rganization is exempt under section	on <mark>501(c)</mark> , excep	t section 501(c)(3).			
1	Enter the amount directly ex	pended by the filing organization for section	n 527 exempt function	on activities 🟲 \$			
2	Enter the amount of the filin function activities	g organization's funds contributed to other	organizations for sec	ction 527 exempt			
3	3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b						
4	4 Did the filing organization file Form 1120-POL for this year?						
5	Enter the names, addresses	and employer identification number (EIN) s. For each organization listed, enter the a ions received that were promptly and direc al action committee (PAC). If additional spa	of all section 527 po	litical organizations to w	hich the filing		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0		
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

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

Schedule C (Form 990 or 990-EZ) 2010

Part II-A Complete if t section 501(the organization	is exempt under sec	ction 501(c)(3) and	filed Form 5768 (ele	ection under			
		ngs to an affiliated group.						
		ked box A and 'limited cor	ntrol' provisions apply.					
	Limits on Lobbyi			(a) Filing organization's totals	(b) Affiliated group totals			
1a Total lobbying expenditu	res to influence pub	olic opinion (grass roots lo	bbving)					
b Total lobbying expenditures to influence a legislative body (direct lobbying)								
c Total lobbying expenditures (add lines 1a and 1b)								
d Other exempt purpose expenditures								
e Total exempt purpose expenditures (add lines 1c and 1d).								
f Lobbying nontaxable am both columns.	nount, Enter the amo	ount from the following tab	ole in					
If the amount on line 1e, col	umn (a) or (b) is: T	he lobbying nontaxable a	mount is:					
Not over \$500,000		20% of the amount on line 1e.						
Over \$500,000 but not over \$1,	000,000	\$100,000 plus 15% of the excess	over \$500,000.					
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.					
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.					
Over \$17,000,000		\$1,000,000.						
g Grassroots nontaxable a	· ·	· · · · · · · · · · · · · · · · · · ·						
h Subtract line 1g from lin								
i Subtract line 1f from line	e 1c. If zero or less,	enter -0						
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?								
(Some	e organizations that	I-Year Averaging Period L made a section 501(h) el	Jnder Section 501(h) ection do not have to c	omplete all of the five				
(columns	made a section 501(h) els below. See the instruction	ons for lines 2a through	n 2f.)				
	Lobby	ying Expenditures During	4-Year Averaging Perio	od				
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total			
2a Lobbying non-taxable amount					-			
b Lobbying ceiling amount (150% of line 2a, column (e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
e Grassroots ceiling amount (150% of line 2d, column (e))								
f Grassroots lobbying expenditures				Calcalata O /F	000 0# 000 573 0010			
BAA				Schedule C (Form	990 or 990-EZ) 2010			

Schedule C (Form 990 or 990-EZ) 2010 Northwest Mining Association Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) (b) Yes No Amount 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?..... c Media advertisements?..... d Mailings to members, legislators, or the public?..... e Publications, or published or broadcast statements?..... f Grants to other organizations for lobbying purposes?..... g Direct contact with legislators, their staffs, government officials, or a legislative body?..... h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?... i Other activities? If 'Yes,' describe in Part IV..... j Total. Add lines 1c through 1i..... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?...... c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?........... Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members?..... Χ 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?..... Χ 2 3 Did the organization agree to carryover lobbying and political expenditures from the prior year?...... Χ 3 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.' Dues, assessments and similar amounts from members..... 1 487,858. Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 27,796. 2a **b** Carryover from last year..... 2b 27,796. 2 c 48,786. 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political 0. 4 0. Taxable amount of lobbying and political expenditures (see instructions)...... Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-E2) 2010 Northwest Mining Association 91-049 Part IV Supplemental Information (continued)		Page 4
		·
		·
		<u> </u>
		-
	•	
	- -	
	. _ -	

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Noi	thwest Mining Association	91-0491475
Par		
	the organization answered 'Yes' to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor funds are the organization's property, subject to the organization's exclusive legal control?	advised Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds caused only for charitable purposes and not for the benefit of the donor or donor advisor, or for any purpose conferring impermissible private benefit?	Yes No
Par	t II Conservation Easements. Complete if the organization answered 'Yes' to F	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	· · · · · · · · · · · · · · · · · · ·	historically important land area
		certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the last day of the tax year.	form of a conservation easement on the
	Tast day of the tax year.	Held at the End of the Tax Year
a	Total number of conservation easements	2a
	Total acreage restricted by conservation easements.	2b
	Number of conservation easements on a certified historic structure included in (a).	2c
	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic	
	structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated be tax year ►	y the organization during the
4	Number of states where property subject to conservation easement is located ►	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handlin and enforcement of the conservation easements it holds?	g of violations, Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easemen	ats during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements do \$\blacktrianglerightarrow\$	uring the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense st include, if applicable, the text of the footnote to the organization's financial statements that describes conservation easements.	atement, and balance sheet, and ibes the organization's accounting for
Par	till Organizations Maintaining Collections of Art, Historical Treasures, or Oth Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.	ner Similar Assets.
		· · · · · · · · · · · · · · · · · · ·
1 a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue art, historical treasures, or other similar assets held for public exhibition, education, or research in Part XIV, the text of the footnote to its financial statements that describes these items.	statement and balance sheet works of n furtherance of public service, provide,
t	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue state historical treasures, or other similar assets held for public exhibition, education, or research in fur following amounts relating to these items:	ement and balance sheet works of art, therance of public service, provide the
	(i) Revenues included in Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for fir amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	nancial gain, provide the following
	Revenues included in Form 990, Part VIII, line 1	
ŀ	Assets included in Form 990, Part X	

Part III Organizations Maintai	ning Collectio	ns of Art	, Historic	cal Treasure	es, or C	Other Similar Ass	ets (co	<u>ntinu</u>	ıed)
items (check all that apply):	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):								
a Public exhibition		d	Loan or e	exchange prog	rams				
b Scholarly research		е	Other _						
_	c Preservation for future generations								
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.									
assets to be sold to raise funds ra	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Part IV Escrow and Custodial 9, or reported an amou	Arrangement unt on Form 99	s. Comple 90, Part X	ete if org <, line 21	janization a	nswere	d 'Yes' to Form 9	90, Pa	irt IV,	, line
1a Is the organization an agent, trus included on Form 990, Part X?	tee, custodian, or	other inter	mediary fo	r contributions	or other	assets not	Yes	Г	No
b If 'Yes,' explain the arrangement									
							Amount		
c Beginning balance									
d Additions during the year									
e Distributions during the year									
f Ending balance									
2a Did the organization include an a		90, Part X,	line 21?				Yes	Ĺ	No
b If 'Yes,' explain the arrangement	in Part XIV.								
Part V Endowment Funds. Co							-		
	(a) Current year		Prior year	(c) Two ye		(d) Three years back	(e) F	our year	rs back
1a Beginning of year balance	2,000	J.	2,000	0.	2,000.				
b Contributions									
c Net investment earnings, gains, and losses	40	3.	73	3.	112.				
d Grants or scholarships	40	3.	73		112.				
e Other expenditures for facilities and programs									
f Administrative expenses									
g End of year balance	2,000	0.	2,000).	2,000.				
Provide the estimated percentage	of the year end b	palance hel	d as:						
a Board designated or quasi-endow	ment ►	%					,		
b Permanent endowment ►	<u>100.00</u> %								
c Term endowment ►	ુ %								
3a Are there endowment funds not in	n the possession	of the organ	nization tha	et are held and	d admini	stered for the			
organization by:	Tare possession	or the organ	nzadori die	at are field affe	a dumini.	stered for the		Yes	No
(i) unrelated organizations							3a(i)		X
(ii) related organizations							3a(ii)		X
b If 'Yes' to 3a(ii), are the related o	rganizations listed	d as require	d on Sche	dule R?			3b		X
4 Describe in Part XIV the intended	uses of the orga	nization's e	ndowment	funds.					
Part VI Land, Buildings, and E	Equipment. Se	e Form 9	90, Part	X, line 10.					
Description of investment	(a) C	ost or othe (investmer		(b) Cost or oth basis (other)	ner)	(c) Accumulated depreciation	(d) E	Book v	alue
1a Land									
b Buildings	,								
c Leasehold improvements	, , , , , , , , , ,								
d Equipment				46,1	67.	24,948.		21	,219.
e Other									
Total. Add lines 1a through 1e (Column		orm 990, F	Part X, colu	ımn (B), line 1	0(c).)	,,.,,.,.,.,.		21	,219.
RAA							lule D (F		

TEEA3302L 12/20/10

Part VII Investments-Other Securities. See Fo	orm 990, Part X, li	ne 12. N/A	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year ma	ition: rket value
(1) Financial derivatives			· · · · · · · · · · · · · · · · · · ·
(2) Closely-held equity interests			
(3) Other			
(A)			
<u>(B)</u>			
<u>(C)</u>			
(D)			
(E)			
(F) (G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.).			
Part VIII Investments-Program Related. (See	Form 990, Part X.	line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valua	ation:
	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Cost or end-of-year ma	rket value
(1)			T
(2)			
(3)			
(4) (E)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.).			
Part IX Other Assets. (See Form 990, Part X,	line 15) N/A	1	
(a) De	scription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(8) (9)			
(8) (9) (10)	?) line 15)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E)			. ,
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Part X Other Liabilities. (See Form 990, Part	X, line 25)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Part X Other Liabilities. (See Form 990, Part (a) Description of liability			
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes	X, line 25)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Part X Other Liabilities. (See Form 990, Part (a) Description of liability	X, line 25)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2)	X, line 25)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3)	X, line 25)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4)	X, line 25)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	X, line 25)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	X, line 25)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	X, line 25)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	X, line 25)		
(8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column(E) Part X Other Liabilities. (See Form 990, Part (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	X, line 25) (b) Amount		

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Schedule D (Form 990) 2010 NOT LINEST MINITING ASSOCIATION	91-0491475	Page 5
Part XIV Supplemental Information (continued)		
	•	
	•	
	•	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		

#### SCHEDULE J (Form 990)

### Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.

Employer identification number

	-0491475
Part I Questions Regarding Compensation	
	Yes No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 9 VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	90, Part
X First-class or charter travel Housing allowance or residence for per	sonal use
Travel for companions Payments for business use of personal	residence
Tax indemnification and gross-up payments  Health or social club dues or initiation f	
Discretionary spending account Personal services (e.g., maid, chauffeu	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding paymen reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.	nt or
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all office	ers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2 X
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organi. CEO/Executive Director. Check all that apply.	zation's
X Compensation committee Written employment contract	
☐ Independent compensation consultant ☐ Compensation survey or study	
Form 990 of other organizations X Approval by the board or compensation	n committee
4 During the year did any person listed in Form 990 Part VII Section A line 1a with respect to the filing	organization
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing or a related organization:	organization
a Receive a severance payment or change-of-control payment from the organization or a related organization	! ! !
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b X
c Participate in, or receive payment from, an equity-based compensation arrangement?	
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	
The feet to drift of filled fat of flet the persons and provide the applicable amounte for each feet fill are m	
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.	
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compount on the revenues of:	pensation
	5a
a The organization?	
<b>b</b> Any related organization?	50
If 'Yes' to line 5a or 5b, describe in Part III.	
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any comp	pensation
contingent on the net earnings of:	
a The organization?	
<b>b</b> Any related organization?	6b
If 'Yes' to line 6a or 6b, describe in Part III.	
7 For persons listed in Form 990, Part VII. Section A. line 1a, did the organization provide any non-fixed p	payments not
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed process described in lines 5 and 6? If 'Yes,' describe in Part III	7
	ł i l
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subjective exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III	8

Schedule **J** (Form 990) 2010

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2010

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(I)-(D)	reported in prior Form 990 or Form 990-EZ
Laura E. Skaer	(i) 160, 425	. 31,000.	0,	4,813.	9,829.	206,067.	194,101.
-	0 (ii)		0		0		0.
	(0)						
2	(ii)						
	(0)		n n n n n n n n n n n n n n n n n n n		 		1 1 1 1 1 1 1
3	(ii)						
-	ω						
4	(ii)						
	ω						
2			             		 		
	(i)						
9	(E)						
	(9)						
7							
	0						as about these about about these these terms them
8	(ii)						
	(1)	1 1 1		1 1 1	         	             	
6	(ii)						
	(j)		         				
10	(ii)						
	(j)	             		 	1 1 1	             	1 1 1 1
11	(ii)						The state of the s
	(1)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	                     				
12	(ii)						
	()	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	           		         		
13	(ii)						
	(1)	1			             	             	
14	(ii)				- 1		
	()		           		)             	           	
15	(ii)		table Late divine and the second				
2	(0)						
BAA	LAUX!		TEEA4102L 11/15/10	/15/10		Sched	Schedule J (Form 990) 2010
						1	

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990 or 990-EZ.

<u>Nc</u>	orthwest Mining Association	91-0491475
	Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder	
	The association has both corporate members and individual membe	rs
	Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Bod	У
	Members are able to elect the trustees for the Association.	
	Form 990, Part VI, Line 11b - Form 990 Review Process	
	The 990 is prepared by the independent accounting firm that pre	formed the audit.
	This is then reviewed by the Finance Director and then the Exec	utive Director before
	being filed. A copy of the 990 is kept at the office for review	by the Trustees.
	Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers	s & Key Employees
	Compensation and bonuses for all employees are reviewed and app	roved by a
	compensation committee appointed by the Trustees.	
	Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
	Copies are available at the Corporate offices in Spokane Washin	gton.
	·	

### Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(except black lung benefit trust or private foundation)
 ► The organization may have to use a copy of this return to satisfy state reporting requirements.

	For the	2009 calen	dar year,	or tax year b	eginning	, 200	9, and ending			,				
В	Check if a	applicable:		C		· · · · · · · · · · · · · · · · · · ·			ployer Id	entification N	umber			
	X Addr	ess change	Please use IRS label	Northwe:	st Mining A	Association		91	91-0491475					
	$\overline{}$	ie change	or print or type.	10 N. Po	ost Street	#305			ephone n		· · · ·			
	H	al return	Sée specific	Spokane	, WA 99201-	-0772			24-11					
	$\vdash$	nination	Instruc- tions.					<u></u>	<u> </u>					
	-	nded return								1	201	710		
	$\vdash$	ication pending	F Name a	I and address of pr	incipal officer:		L L	(a) Is this a group r	ss receip		,301,			
	☐ ∠bbi	ication pending		As C Abor		- Wildill		(b) Are all affiliates			Yes	X No		
	Tay	exempt statu				4047(-)(1)		if 'No,' attach a			Yes	No.		
<u>'</u>				(c) ( b	)◀ (insert no.)	4947(a)(1) or	527							
		site: ► N/			[v]			(c) Group exemptio						
K	Form o	f organization:	Corpora	ation Trust	X Association	Other >	Year of Formatio	n: I	M State	of legal domic	ile: WA			
		Summa			· · · · · · · · · · · · · · · · · · ·									
	1 B	rietty descri	be the org	ganization's i	nission or most s	significant activities: _]	<u>Promotion</u>	<u>of minin</u>	g_in	<u>dustry</u>	<u>issue</u>	<u>ss.                                   </u>		
၁င	_													
Governance	_													
)Ve	2 0	heck this bo	)X ►	if the organi	zation discontinu	ed its operations or dis					- <del>-</del>			
			otina mem	nbers of the	overnina body (f	Part VI, line 1a)	sposed of mon	5 (nan 25% of	3	1		30		
თ	4 N	lumber of in	depender	nt voting men	nbers of the gove	erning body (Part VI, li	ne 1b)		4			30		
iţie	5 ⊤	otal number	of emplo	yees (Part V	, line 2a)				. 5			5		
Activities &	6 T	otal number	of volunt	teers (estima	te if necessary).				6			270		
⋖	7a ⊺	otal gross u	nrelated b	ousiness reve	enue from Part V	III, column (C), line 12			7	а	55,	100.		
	bΛ	let unrelated	business	s taxable inco	me from Form 9	90-T, line 34			7	b		0.		
					•			Prior Ye	ar	Cu	rrent Yea	ar		
Φ						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		420	,120		490,	366.		
'n	9 P	rogram serv	vice reven	iue (Part VIII	,,,,,,,,,,,,,,		,677		804,	335.				
Revenue	<b>10</b> Ir	nvestment ir	ncome (Pa	art VIII, colur	nn (A), lines 3, 4	, and 7d)		12	,552			849.		
ш						, 9c, 10c, and 11e)		1	,841			160.		
						Part VIII, column (A),		1,272	,190	. 1	,301,	710.		
						A), lines 1-3)								
	14 B	Benefits paid	to or for	members (P	art IX, column (A	a), line 4)								
Ø	<b>15</b> S	alaries, othe	464		530,	216.								
nse	16a P	rofessional	fundraisin	ng fees (Part										
Expenses	Ь⊤				(, column (D), line									
ú	17 C					, 11f-24f)	<del></del>	558	, 962		593,	280		
				nes 13-17 (m	1,023	,123,								
						2			,963		178,			
		10101140 1000	CAPONSO	o, cabace n	ne to nom me i	2 , , , , , , , , , , , , , , , , , , ,								
anc	20 T	intal accoto i	(Part Y li	no 16)				Beginning o			d of Yea			
Ass Ba	21 T							1,092	, 514 , 577		,279,			
Net Assets or Fund Balances	22											317.		
P.	22   N art		ure Bloc		act line 21 from 1	ine 20		812	<u>,</u> 937	•	991,	<u> 151.</u>		
	41 6 11								-	<del></del>				
		true, correct, a	es of perjury, and complete	I declare that I have a control of p	ave examined this retu reparer (other than off	rn, including accompanying so icer) is based on all information	chedules and state on of which prepare	ments, and to the be or has any knowledg	est of my je.	knowledge a	nd belief, it	is		
Sig	n	<b>&gt;</b>						1						
He	re	Signature	of officer			***********		Date						
		► Laura	a E. S1	kaor			•	Executive	. Dir	ogtor				
		· —	rint name and	77777				Executive	DII	ector				
		<u> </u>					Date	Check if		Preparer's id (see instructi	entifyina nı	umber		
Pa	id							self-		(seé instructi	ons)	**		
Pr		Preparer's signature	employed	لــا -	P00965	750								
pa	rer's			mas H. R	ndsen & Ass	soc., PS	1			100303	133			
Ųs		Firm's name (or yours if self-			D ST STE 20				04	11 / 40 / 0	1			
Or	าเง	employed), address, and				13		EIN ►		1144863				
		ZIP + 4		KANE, WA		· · · · · · · · · · · · · · · · · · ·		Phone no.	<b>►</b> (5	<del></del>	4-1268	٦		
Ma	y the IR	S discuss th	ııs return v	with the prep	arer shown abov	e? (see instructions).				X Y	es	No		

	990 (2009) Northwest Mining Association	91-0491475	^ Page <b>2</b>
Pai	3		
1	Briefly describe the organization's mission:		
	Promotion of mining industry issues.		
2	Did the organization undertake any significant program services during the year which were not listed or	the prior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program ser	rvices? Yes	X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants an expenses, and revenue, if any, for each program service reported.	s by expenses. Section 50 nd allocations to others, the	1 (c) (3) e total
4 a	(Code:) (Expenses \$including grants of \$) (Convention and trade show held December of each year provides for	rum for attendees	)
	keep up to date on current issues, developments, etc. in the minimattending	ng_industry2,3	<u>22</u> 
41	Code:	(Revenue \$	)
4 c	(Code:) (Expenses \$including grants of \$) (  Service Directory - Preparation of publication listing association various reference information.	(Revenue \$on membership and	)
,			
40	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4 e	Total program service expenses ►		

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

Form 990 (2009) Northwest Mining Association

Part V Statements Regarding Other IRS Filings and Tax Compliance

*****************************			- 7	- 1	
1 - [	Enter the number reported in Day 2 of form 1006. Applied Common, and Transmitted of LLC			Yes	No
1	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 0			
b E	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0			
<b>c</b> [	Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and reportable gaming	1 c		
2a 8	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.	<b>2</b> a 5			
2b	f at least one is reported on line 2a, did the organization file all required federal employmer	it tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ret				
t	Did the organization have unrelated business gross income of \$1,000 or more during the yea this return?		3a	Х	
b l	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3 b	X	
4a /	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other f	or other authority over, a inancial account)?	4a		Х
	If 'Yes,' enter the name of the foreign country: ►				
İ	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts.	Foreign Bank and			
	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	-	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shel		5 b		Х
c ļ	lf 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Er Tax Shelter Transaction?	ntity Regarding Prohibited	5 c		
6a l	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible?	and did the organization	6a	Х	
b	If 'Yes,' did the organization include with every solicitation an express statement that such c deductible?	ontributions or gifts were no	t 6ь	Х	
7	Organizations that may receive deductible contributions under section 170(c).				
a l	Did the organization receive a payment in excess of \$75 made partly as a contribution and provided to the payor?	partly for goods and services	7a		
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 w Form 8282?	hich it was required to file	7с		
e	If 'Yes,' indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiu	ms on a personal			
	benefit contract?		7 e		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber		7 f		<u> </u>
	For all contributions of qualified intellectual property, did the organization file Form 8899 as For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For		7g 7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporti		/ 11		
:	supporting organization, or a donor advised fund maintained by a sponsoring organization, I holdings at any time during the year?	nave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		9 a		
	Did the organization make any distribution to a donor, donor advisor, or related person?		9 b		
	Section 501(c)(7) organizations. Enter:	I I			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
	Section 501(c)(12) organizations. Enter:	•• •			
	Gross income from other members or shareholders	11 a	+		
i	amounts due or received from them.)	11 ь	ļ		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1 . 1	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			

BAA

Form 990 (2009)

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

Sec	tion A.	Governin	g Bod	y and	Mana	igem	ent												<del></del>
																		Yes	No
1 a	Enter the	number of w	oting m	embers	of the	gover	rning t	ody					1:	a		30			
ŧ	Enter the	number of v	oting m	embers	that ar	re inde	epend	ent					1	ь		30			
2	Did any o	officer, directo irector, truste	or, truste e or ke	ee, or ke y emplo	ey emp	oloyee	have	a fam	nily rela	ations	nip or a	business	s relatio	onship w	ith any	other	2		X
3	Did the o	rganization o s, directors o	lelegate r truster	control es, or ke	over m	nanag oloyee:	jement s to a	t dutie: mana	s cust	omaril	y perfor pany or	med by o	or unde	er the di	ect supe	ervision	3		Х
4	Did the o	rganization n prior Form 9	nake an	y signifi	icant ch	hange:	s to its	s orga	nizatio	onal do	cumen	ts					4	-	X
5		rganization b															5		Х
6		organization															6	X	
7 a	Does the	organization g body?	have m	nembers ∋Sc.h•	s, stock .edule	kholdei e. 0.	rs, or	other I	persor	ns who	may e	lect one	or more	e memb	ers of th	e	7a	Х	
Ł	Are any c	decisions of t	he gove:	rning bo	ody sub	bject t	to appr	roval b	by mer	mbers,	stockh	olders, o	r other	persons	i?		7 b		X
8	the follow	5														_			
á	The gove	rning body?.															8a	Х	
t	Each con	nmittee with	authority	y to act	on beh	nalf of	the go	overni	ing boo	dy?							8 b	Х	
9	ls there a organizat	any officer, di ion's mailing	irector o addres	ir trustees? <i>If 'Y$\epsilon$</i>	e, or ke es,' pro	ey em ovide t	iployee the nai	e listed mes ai	d in Pa and add	art VII, <i>dresse</i>	Sections in Sch	n A, who hedule Q	canno	t be read	ched at I	the	9		Х
		Policies	(This	Sectio	on B r	reque	ests ii	nforn	natio	n abc	out pol	icies no	ot requ	uired b	y the I	nterna			
Reve	enue Code	.)																	
												•						Yes	No
		organization															10a		X
		loes the orga ches to ensu															10 b		
		organization p															11		X
11 /	<b>\</b> Describe	in Schedule	O the p	rocess,	if any,	used	by the	e orgar	nizatio	n to re	eview th	is Form 9	990.	See S	chedu	le O			
12 a	Does the	organization	have a	written	conflict	t of in	nterest	policy	y?	Vo,' go	to line	13					12a		Χ
b	Are office to conflict	ers, directors ts?	or trust	ees, and	d key e	mploy	yees re	equire	d to di	isclose	annual	lly interes	sts that	could c	ive rise		12b		
	Schedule	organization O how this i	is done.														12 c		
13	Does the	organization	have a	written	whistle	eblowe	er polic	су?									13	Х	
14	Does the	organization	have a	written	docum	ient re	etention	n and	destru	uction	policy?.						14		Χ
15	Did the propersions,	rocess for de comparability	eterminir y data, ส	ng comp an <b>d</b> conf	oensatio Itempor	on of t	the fol	llowing stantia	g perso ation c	ons ind	clude a delibera	review a tion and	nd app decisio	roval by n?	indeper	ndent			
a	The organ	nization's CE	.O, Exec	utive Di	irector,	or top	p man	ageme	ent off	ficial	, , , , , , ,						15a	Х	
b		cers of key e															15 b	Χ	
	If 'Yes' to	line 15a or	15b, des	scribe th	ne proce	ess in	i Scher	dule C	D. (See	e instri	uctions.	)							
16 a	Did the or entity dur	rganization ir ing the year?	nvest in, ?	. contrib	oute ass	sets to	o, or pa	articip	oate in	a join	t ventur	e or simi	ilar arra	angemer	nt with a	taxable	16a		X
b	If 'Yes,' h in joint ve status wit	as the organ enture arrang th respect to	ization a jements such ar	adopted under a rangeme	l a writt applicat ents?	ten po ble fed	olicy or deral t	r proce tax law	edure : v, and	requiri taken	ng the o	organizat o safegua	tion to e ar <b>d</b> the	evaluate organiz	its part ation's e	icipation exempt	16b		-
Sec	tion C.	Disclosur	'es																
17	List the st	tates with wh	nich a co	py of th	nis Forn	n 990	is req	uired :	to be	filed <b>&gt;</b>	_ <u>WA</u>								
18	Section 6 inspection	104 requires n. Indicate ho	an orga ow you r	nization nake the	า to ma lese ava	ake its ailable	Forms	s 1023 ck all	3 (or 1 that a	024 if pply.	applica	ble), 990							
	Own	website		Anothe	er's wet	bsite		X	Upo	n requ	est								
19	statemen	in Schedule ( ts available t	o the pu	ublic.												•	-		ncial
		name, physi ywood 10																	

BAA

Form 990 (2009)

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

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

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

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

Check this box if the organization did no	t comper	isate a	any (	curre	ent (	officer	, dir	ector, or trustee.		
(A)	(B)				c)			(D)	(E)	(F)
Name and Title	Average hours					that app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Luke Russell										
1st VP	0	X		X				0.	0.	0.
Joe Baird										
2nd VP	0	X		Х				0.	0.	0.
Steve Alfers										
Trustee	0	X						0.	0.	0.
Louie Cononelos										
Trustee	0	X						0.	0.	0.
Fred Fox										
Trustee	0	X						0.	0.	0.
Mark Ioli										
Trustee	0	X						0.	0.	0.
Hugh Miller										
Trustee	0	X						0.	0.	0.
John Mudge										
Trustee	0	X						0.	0.	0.
Leslie Olmstead	_								,	
Trustee	0	X						0.	0.	0.
Bill Orchow	_									
Trustee	0	X						0.	0.	0.
Ron Parratt	_									
Trustee	0	Х						0.	0.	0.
JP_Tangen										
Trustee	0	X						0.	0.	0.
Scott Bending										
Trustee	0	X						0.	0.	0.
Alan Branham	_									
Trustee	0	Х						0.	0.	0.
Richard Brown										
Trustee	0	X				-		0.	0.	0.
Jim Butler								_		
Trustee	0	X		.		-		0.	0.	0.
Teresa Conner	_								_	
Trustee	0	Х					İ	0.	0.	0.

TEEA0107L 11/10/09

Part VII Section A. Officers, Directors, Trus		\ey	En			es,	an			npl	oyees (cont.)
(A)	(B)			•	c)			(D)	(E)		<b>(F</b> )
Name and Title	Average hours per week			Officer		Mighest compensated employee		Reportable compensation the organization (W-2/1099-MISC)	Reportable compensation fron related organizatio (W-2/1099-MISC)	m ns )	Estimated amount of other compensation from the organization and related organizations
Ralph Noyes											
Trustee	0	X			<u> </u>	-		0.		0.	0.
Reinis Sipols Trustee	0	X						0		,	0
debbie Struhsacker	0							0.		0.	0.
Trustee	0	X						0.		0.	0.
Vicki Veltkamp		<u> </u>			1			0.		-	
Trustee	0	Х						0.		0.	0.
Be-Be Adams											
Trustee	0	X			_		<u> </u>	0.		0.	0.
Mark J Brown		1,7									
Trustee Ann Carpenter	0	X			$\vdash$			0.		0.	0.
Trustee	0	X						0.		0.	0.
Richard F DeLong	<del>                                     </del>	1	<u> </u>	ļ	<del>                                     </del>	-				<del>"</del>	0.
Trustee	0	X						0.		0.	0.
Sheryl Garling											
Trustee	0	X				_		0.		0.	0.
Bruce Hansen		,,									
Trustee Tamara Johnson	0	X		-	-	-		0.		0.	0.
Trustee	0	X						0.		0.	0.
Randy Weimer		1				<u> </u>		0.		9.	<u>U.</u>
Trustee	0	X						0.		٥.	0.
Stephen west											
Trustee	0	X						0.		0.	0.
1 b Total							<b></b>	180,000.		0.	14,101.
2 Total number of individuals (including but not limite	d to tho	se li	ste	d ab	ove:	) wh	o re	ceived more than	\$100,000 in rep	orta	ble compensation
from the organization   1											Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such i.	or trust	tee,	key	em	ploy	ee,	or h	ighest compensat	ed employee		Yes No
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t individual.	portable	e cor	npe	nsa If 'Y	tion ′es′	and	l oth	er compensation e Schedule J for s	from such		. 4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci	ompens	satio	n fr	om i	anv	unre	elate	ed organization for	services		
Section B. Independent Contractors											
1 Complete this table for your five highest compensation from the organization.	ted inde	pend	dent	t cor	ntra	ctors	s tha	at received more t	nan \$100,000 of	f	
(A) Name and business addres	.s							(B) Description of			<b>(C)</b> Compensation
Sing passings dadies								2001101111			
									***		
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		limi	ted	to th	1056	e list	ed a	above) who receiv	ed more than		

## SCHEDULE J-2 (Form 990)

## Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Northwest Mining Association

► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a. ► See instructions for Form 990.

Name of the Organization

Employler Identification number

91-0491475

Part I Continuation: Officers Employees	, Directors,	Trust	ees	s, K	еу	Emp	loy	ees, and Highest	Compensated	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average hours per week	hadividual trustee or director	institutional trustee	(check Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
George Byers			LU .			ed				
President	0			X				0.	0.	0
Peter Scott				Λ.				0.	<u> </u>	0.
Secretary	0			Х				0.	0.	0.
Jim Maronick				- 22			-	0.	0.	0.
Treasurer	0			X				0.	0.	0.
Laura E. Skaer		<del> </del>		11				0.		0.
Exec. Direc.	55				Х			180,000.	0.	14,101.
		<del> </del>				<u> </u>		100,000.	0.	14,101.
**************************************										1000
	:									
	1	-								

Pai	rt VIII Statement of R	evenue					
				(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S TS	1a Federated campaigns.	1a					
NA N	<b>b</b> Membership dues	1b	490,086.				
P. S.	<b>c</b> Fundraising events	1c					
FTS R A	d Related organizations						
ē,ĕ	e Government grants (contribu	<del> </del>					
SIS		, l					
HE	f All other contributions, gifts, similar amounts not included	grants, and above 1 f	280.				
E C	g Noncash contribns included		200.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	h Total. Add lines 1a-1f.	· -		490,366.			
	ir rotar, Add tilles fa-fi.		Business Code	490,300.			
PROGRAM SERVICE REVENUE	2a Convention & Trad	o Chorr	Dusiness Code	678,485.			(70 405
ξĒ	h Ch C				. 70 750	1200	678,485.
CE				70,750.	70,750.	FF 100	
RVI	c Service Directory			55,100.		55,100.	
# SE	d	l l					
RAI	e	·			1		
ROG	f All other program serv			004 005			
	g Total. Add lines 2a-2f.			804,335.			
	3 Investment income (in other similar amounts)	cluding dividends	s, interest and	6,849.			6 040
	4 Income from investme						6,849.
	<b>5</b> Royalties	(i) Real	(ii) Personal				
	6a Gross Rents		(II) I EISONAI				
	b Less: rental expenses						
	'						
	c Rental income or (loss)						
	<b>d</b> Net rental income or (						
	7a Gross amount from sales of	(i) Securities	(ii) Other	-			
	assets other than inventory.			-			
	<b>b</b> Less: cost or other basis						
	and sales expenses			-			
	c Gain or (loss)						
	<b>d</b> Net gain or (loss)	• • • • • • • • • • • • • • • • • • • •					
ш	8a Gross income from fur	ndraising events					
END	(not including. \$						
REV	of contributions report						
OTHER REVENU	See Part IV, line 18						
OTH	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) fr	rom fundraising e	vents				
	9a Gross income from ga	ming activities.					
	See Part IV, line 19						
	<b>b</b> Less: direct expenses						
	c Net income or (loss) fi	-	itles				
	10a Gross sales of invento and allowances	ry, less returns	125				
	ł czaracza w czaracza w czaracza w czaracza w czaracza w czaracza w czaracza w czaracza w czaracza w czaracza			-			
	<b>b</b> Less: cost of goods so			105	105		
	c Net income or (loss) fr		Business Code	135.	135.		
	1	Į.	business Code	0.5			C -
	11a <u>Miscellaneous</u>			25.			25.
	b	· <b></b>					
	C						
	d All other revenue						
	e Total. Add lines 11a-1				70.005	F. 101	605
	12 Total revenue. See ins	structions		1.301,710.	70,885.	55,100.	685,359.

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

All other organizations must complete column	Ά	) but are not reg	uired to	comp	olete colur	nns (B	). <i>(</i>	C١.	and (D)	1_
The other organizations must complete condition	,,,	y bat are not req	uncu to	COLLIE	JICIC COIUI	IIII (D	J. V	$\sim r_{\rm t}$	and (D)	/■

Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
1	Grants and other assistance to governments	700 - 700 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 -	expenses	general expenses	expenses
	and 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	180,000.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	259,300.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	11,075.			
9	Other employee benefits	48,018.			
	Payroll taxes				
	Fees for services (non-employees)				
	a Management				
	Legal				
	Accounting				
	d Lobbying				
	Investment management fees				
	g Other				
	Advertising and promotion				
13	Office expenses.				
14	Information technology	21,022.			
15	Royalties				
16	Occupancy	26,456.		***************************************	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	46,726.			
19	Conferences, conventions, and meetings				
20	Interest	3,001.		<u> </u>	
21	Payments to affiliates	***************************************			
22	Depreciation, depletion, and amortization	5,948.			
23	Insurance	3,238.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	Miscellaneous Convention Ex.	137,011.			
	Printing and Publications	78,441.			
	Contract Services	72,891.			
(	Equipment Rent	37,371.			
	Miscellaneous	27,461.			
	All other expenses	62,184.			
	Total functional expenses. Add lines 1 through 24f	1,123,496.			
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA	•			40 000000000000000000000000000000000000	Form <b>990</b> (2009)

					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
T	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments		T T	991,190.	2	1,180,157
	3	Pledges and grants receivable, net		<b>.</b>		3	
ĺ	4	Accounts receivable, net			66,635.	4	72,914
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part				5	
		Receivables from other disqualified persons (as define					
		and persons described in section 4958(c)(3)(B). Comp	lete Part	II of Schedule L		6	
5	7	Notes and loans receivable, net				7	
4 6 6 6 6 6	8	Inventories for sale or use				8	,
5	9	Prepaid expenses and deferred charges			7,791.	9	9,042
ļ	10 a	Land, buildings, and equipment: cost or other basis			· · · · · · · · · · · · · · · · · · ·		
		Complete Part VI of Schedule D		, -			
	b	Less: accumulated depreciation	10b	26,776.	17,906.	10 c	15,464
	11	Investments — publicly-traded securities				11	
	12	Investments – other securities. See Part IV, line 11			•	12	
	13	Investments - program-related. See Part IV, line 11.		1		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			8,992.	15	1,891
	16	Total assets. Add lines 1 through 15 (must equal line			1,092,514.	16	1,279,468
	17	Accounts payable and accrued expenses			168,655.	17	178,186
	18	Grants payable		1		18	
	19	Deferred revenue.			110,922.	19	110,131
-	20	Tax-exempt bond liabilities			110/322.	20	110/101
4 3	21	Escrow or custodial account liability. Complete Part I				21	
	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees. kev	/ emplovees.			
T		of Schedule L				22	
E	23	Secured mortgages and notes payable to unrelated the	ird partie	s		23	1 1 2
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities. Complete Part X of Schedule D				25	AND THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO SERVICE AND ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED ADDRESS OF THE PERSON NAMED ADDRESS
	26	Total liabilities. Add lines 17 through 25			279,577.	26	288,317
N		Organizations that follow SFAS 117, check here					
N E T		27 through 29 and lines 33 and 34.					
A	27	Unrestricted net assets			810,937.	27	989,151
A S S E	i	Temporarily restricted net assets				28	
5	29	Permanently restricted net assets			2,000.	29	2,000
2		Organizations that do not follow SFAS 117, check he	_	and complete	270001		2,000
		lines 30 through 34.					
ה האלו	30	Capital stock or trust principal, or current funds				30	
- 1	31	Paid-in or capital surplus, or land, building, and equip				31	
Á.	32	Retained earnings, endowment, accumulated income			.,	32	
A N C	33	Total net assets or fund balances			812,937.	33	991,151
BALANCES	34	Total liabilities and net assets/fund balances			1,092,514.	34	1,279,468
BAA		Total navinties and het assets/fully balances			1,032,314.	34	Form <b>990</b> (200

TEEA0111L 01/30/10

#### Part Xi Financial Statements and Reporting Yes No X Accrual 1 Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 2a b Were the organization's financial statements audited by an independent accountant?.... Χ 2b c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?..... Χ 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 consolidated basis, separate basis, or both: Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.... Χ 3a **b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits..... 3 b

BAA

Form **990** (2009)

#### SCHEDULE C (Form 990 or 990-EZ)

**Political Campaign and Lobbying Activities** 

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (Proxy Tax), then	
• Section 501(c)(4), (5), or (6) organizations: Complete Part III.	
Name of organization	Employer identification number
Northwest Mining Association	91-0491475
Part I-A Complete if the organization is exempt under section 501(c)	or is a section 527 organization.
1 Provide a description of the organization's direct and indirect political campaign ac	tivities in Part IV.
2 Political expenditures	<b>&gt;</b> \$
3 Volunteer hours	
Part I-B Complete if the organization is exempt under section 501(c)	(3).

8.200.00	Complete if the organization is exempt under section 501(c)(c).
1	Enter the amount of any excise tax incurred by the organization under section 4955
2	Enter the amount of any excise tax incurred by organization managers under section 4955
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4:	a Was a correction made?
	<b>b</b> If 'Yes,' describe in Part IV.
Pa	rt I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶\$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3	Total of exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4	Did the filing organization file Form 1120-POL for this year?
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee. PACC If additional space is provided information in Part IV.

or a political action committe	ee (PAC). It additional space is needed, pr	ovide information in F	art IV.	
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization.  If none, enter -0
			·	

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 Northwest Mining Associa	
	വരമ

91-0491475

Page 2

Part II-A Complete if t section 501(h	he organizatio າ)).	n is exempt under se	ction 501(c)(3) and	d filed Form 5768 (ele	ection under
<del></del>	••	ongs to an affiliated group.			
<u> </u>		cked box A and 'limited co	ntrol' provisions apply		
(The term '	Limits on Lobbyi expenditures' mea	ng Expenditures — ins amounts paid or incurr	ed.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditu	res to influence pu	ıblic opinion (grass roots lo	bbying)		
<b>b</b> Total lobbying expenditu	res to influence a	legislative body (direct lobb	oying)		
<b>c</b> Total lobbying expenditu					
<b>d</b> Other exempt purpose e					
e Total exempt purpose ex	kpenditures (add li	nes 1c and 1d)			
<b>f</b> Lobbying nontaxable am both columns.	ount. Enter the an	nount from the following tal	ble in		
If the amount on line 1e, colu	ımn (a) or (b) is:	The lobbying nontaxable a	mount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1,0	*'	\$100,000 plus 15% of the excess			
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess			
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			
<ul><li>g Grassroots nontaxable a</li><li>h Subtract line 1g from lin</li></ul>					
i Subtract line 1f from line					
				<u> </u>	
j If there is an amount oth section 4911 tax for this	ner than zero on ei vear?	ther line 1h or line 1i, did t	he organization file Fo	orm 4720 reporting	Yes No
	organizations the	4-Year Averaging Period l at made a section 501(h) el ns below. See the instructi	Under Section 501(h)	complete all of the five	
	Lobi	ying Expenditures During	4-Year Averaging Pe	riod	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	(e) Total
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					-
d Grassroots nontaxable amount				)	
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
BAA				Schedule C (Form	990 or 990-EZ) 2009

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	illec	ıror	III 3/00
	(a	a)	(b)
	Yes	No	Amount
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?      d Mailings to members, legislators, or the public?      e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities? If 'Yes,' describe in Part IV			
j Total. Add lines 1c through 1i	000000000000000000000000000000000000000	-	
b If 'Yes,' enter the amount of any tax incurred under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	(a)(E)		section E01(a)(6)
raic in-A Complete if the organization is exempt under section 501(c)(4), section 501(	(c)(ɔ)	, or s	section but (c)(b).
			Yes No
1 Were substantially all (90% or more) dues received nondeductible by members?			
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?			
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501	c)(5)	or s	section 501(c)(6)
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	is á	ńswe	ered 'Yes.'
1 Dues, assessments and similar amounts from members		1	490,086.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).			22 (22
a Current yearb Carryover from last year		2a 2b	<del> </del>
c Total		2c	49,009.
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	49,009.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exces does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and polit expenditure next year?	ical	4	0.
5 Taxable amount of lobbying and political expenditures (see instructions).		5	0.
Part IV Supplemental Information	••••		0.
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; an Also, complete this part for any additional information.		t II-B,	line 1i.
			. <b></b>
			· <b></b>

Schedule C (Form 990 or 990-EZ) 2009 Northwest Mining Association	91-0491475	Page 4
Schedule C (Form 990 or 990-EZ) 2009 Northwest Mining Association  Part IV Supplemental Information (continued)		
<del></del>		
~		

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Northwest Mining Association

Employer Identification number

				91-0491475	
Par	Organizations Maintaining Donor the organization answered 'Yes' to	Advised Funds or Other	Similar Funds or	Accounts Complete	if
	the organization answered Tes to	(a) Donor advised fun		(b) Funds and other acco	
7	Total number at and of year	(a) Donor advised fun	ags	(b) runds and other acco	ounts
2	Total number at end of year				
3	Aggregate grants from (during year)			7-7	
J A	Aggregate value at end of year		· · ·		
_					
5	Did the organization inform all donors and donor funds are the organization's property, subject to	o the organization's exclusive le	gal control?	Yes	No
6	Did the organization inform all grantees, donors used only for charitable purposes and not for the purpose conferring impermissible private benef	ne benefit of the donor or donor it??	advisor or for any otl	her <b>Yes</b>	☐ No
Pai	rt II Conservation Easements Complet	te if the organization ansv	vered 'Yes' to For	rm 990, Part IV, line I	7
1	Purpose(s) of conservation easements held by	the organization (check all that	apply).		
	Preservation of land for public use (e.g., re	creation or pleasure)	Preservation of an hi	istorically important land a	irea
	Protection of natural habitat		Preservation of certif	fied historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organizatio last day of the tax year.	n held a qualified conservation	contribution in the for	rm of a conservation ease	ment on the
				Held at the End of	the Year
á	a Total number of conservation easements			2a	
ŀ	<b>b</b> Total acreage restricted by conservation easem	nents		2b	
(	c Number of conservation easements on a certifi	ed historic structure included in	(a) 2	2c	
(	d Number of conservation easements included in	(c) acquired after 8/17/06		2d	
3	Number of conservation easements modified, t	ransferred, released, extinguish	ed, or terminated by	the organization during the	e tax
	year ►				
4	Number of states where property subject to cor	nservation easement is located	<b>-</b>		
5	Does the organization have a written policy reg and enforcement of the conservation easement	arding the periodic monitoring,	inspection, handling	of violations,	□ No
6	Staff and volunteer hours devoted to monitoring during the year ►				_
7	Amount of expenses incurred in monitoring, ins during the year ►	specting, and enforcing conserv	ation easements	\$	
8	170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			Yes	☐ No
9	In Part XIV, describe how the organization reports include, if applicable, the text of the footnote to conservation easements.	conservation easements in its revolution the organization's financial sta	enue and expense state tements that describe	ement, and balance sheet, a es the organization's acco	and unting for
Pa	rt III Organizations Maintaining Collec	tions of Art, Historical Tr	easures, or Othe	r Similar Assets	
	Complete if the organization answ	vered 'Yes' to Form 990, F	Part IV, line 8.		
1:	a If the organization elected, as permitted under treasures, or other similar assets held for publi the text of the footnote to its financial statemer	c exhibition, education, or resea	evenue statement and arch in furtherance of	d balance sheet works of a public service, provide, in	art, historical Part XIV,
ı	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items:	c exhibition, education, or resea	arch in furtherance of	public service, provide the	e following
	(i) Revenues included in Form 990, Part VIII,				
	(ii) Assets included in Form 990, Part X				
2		t, historical treasures, or other s	similar assets for fina	ncial gain, provide the foll	owing
;	<b>a</b> Revenues included in Form 990, Part VIII, line <b>b</b> Assets included in Form 990, Part X	1		<b>≻</b> \$	
	h Assats included in Form 000 Port V		•	` <b>~</b> ¢	

Part III Organizations Maintai	ning Collection	ns of Art, Histo	prical	Treasures, or	r Other Similar Ass	ets (co	<u> ntınu</u>	<u>ed)</u>	
3 Using the organization's acquisition items (check all that apply):	on accession and		-	_	that are a significant us	e of its o	collection	on	
a Public exhibition d Loan or exchange programs									
<b>b</b> Scholarly research		e 🔛 Other							
c Preservation for future generations									
4 Provide a description of the organ Part XIV.	<b>4</b> Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.								
5 During the year, did the organizat assets to be sold to raise funds ra	ather than to be m	aintained as part	of the	organization's co	llection?	Yes		No	
Part IV Escrow and Custodial 9, or reported an amou	Arrangements unt on Form 99	S Complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if complete if comp	rgan 21.	ization answe	red 'Yes' to Form 9	90, Par	t IV,	line	
1 a Is the organization an agent, trus included on Form 990, Part X?					ner assets not	Yes		No	
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and co	emplete the follow	ing tal	ole:	, <u>.</u>				
·						Amount			
<b>c</b> Beginning balance					<del>                                     </del>			***************************************	
<b>d</b> Additions during the year									
e Distributions during the year									
f Ending balance									
2a Did the organization include an a	mount on Form 99	0, Part X, line 211	?			Yes	L	No	
b If 'Yes,' explain the arrangement in Part XIV.									
Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.									
	(a) Current year	(b) Prior yea		(c) Two years bac	k (d) Three years back	(e) F	our year	s back	
1 a Beginning of year balance	2,000	2,0	000.						
<b>b</b> Contributions									
c Net Investment earnings, gains, and losses	73	3. 1	12.						
<b>d</b> Grants or scholarships	73	3. 1	12.						
e Other expenditures for facilities and programs									
f Administrative expenses									
<b>g</b> End of year balance	2,000	2,0	00.						
2 Provide the estimated percentage	e of the year end b	palance held as:					•		
a Board designated or quasi-endow	rment ►								
<b>b</b> Permanent endowment ►	100.00%								
c Term endowment ►	%								
3a Are there endowment funds not in	n the possession (	of the organization	that a	are held and adm	inistered for the	_			
organization by:		or and or gameador.	,,,,,,,		, meter du vor tire		Yes	No	
(i) unrelated organizations			. ,		,	. 3a(i)		X	
(ii) related organizations						. 3a(ii)		X	
<b>b</b> If 'Yes' to 3a(ii), are the related o	-					. 3b			
4 Describe in Part XIV the intended									
Part VI Investments—Land, B	uildings, and E	<b>quipment.</b> Sec	e For	m 990, Part X	, line 10.				
Description of investment	<b>(a)</b> C	ost or other basis (investment)		Cost or other casis (other)	(c) Accumulated Depreciation	(d) E	Book Va	alue	
<b>1 a</b> Land									
<b>b</b> Buildings									
<b>c</b> Leasehold improvements									
<b>d</b> Equipment				42,240.	26,776.		<u>15</u>	,464.	
<b>e</b> Other			<u> </u>						
Total. Add lines 1a through 1e (Column	n (d) must equal F	orm 990, Part X,	colum	n (B), line 10(c).)				<u>,464.</u>	
RΔΔ					Sched	dule <b>D</b> (F	orm 99	30) 2009	

Closely-held equity interests	Schedule D (Form 990) 2009 Northwest Mining I	Association	91-04	.91475 Page <b>3</b>
Total. (Column (b) must equal form 500 Part X, cat. (B) line 12)  Part VIII Investments—Program Related (See Form 990, Part X, line 13)  (a) Description of Investment type  (b) Book value  (cost or end-nt-year market value  Cost or end-nt-year market value  (b) Book value  (cost or end-nt-year market value  (cost or end-nt-year market value  (d) Description  (d) Description  (d) Description  (d) Description  (d) Description  (d) Amount  Feneral Income Taxes  (e) Mart 4 (a) Description of Liability  (f) Amount  Feneral Income Taxes	Part VII Investments—Other Securities See Fo	orm 990, Part X, line	e 12. N/A	
Close year decay plant again from 20 Part X, cot (8) Inte 12)  Total. (Column (b) most equal from 20 Part X, cot (8) Inte 12)  Total. (Column (b) most equal from 20 Part X, cot (6) Inte 15)  Part X Other Assets (See Form 990, Part X, line 15)  (a) Description  Total. (Column (b) most equal from 200, Part X, cot (6) Inte 15)  (b) Book value  (c) Book value  (c) Book value  (d) Description  (e) Book value  (f) Book value  (f) Book value  (g) Book value  (h) Description  (h) Description  (h) Description  (h) Description  (h) Description  (h) Description  (h) Description  (h) Description  (h) Amount  Foderal Income Taxes			(c) Method of valu	lation arket value
Total. (Column (b) must equal Form 990. Part X, June 13)  Total. (Column (b) must equal Form 990. Part X, June 13)  Total. (Column (b) must equal Form 990. Part X, June 15)  Total. (Column (b) must equal Form 990. Part X, June 15)  (a) Description of Liabilities (See Form 990. Part X, June 15)  (b) Amount  Total. (Column (b) must equal Form 990. Part X, col. (b) June 15)  (c) Description of Liabilities (See Form 990. Part X, June 15)  (d) Description of Liabilities (See Form 990. Part X, June 15)  (e) Description of Liabilities (See Form 990. Part X, June 15)  (f) Description of Liabilities (See Form 990. Part X, June 15)  (g) Description of Liabilities (See Form 990. Part X, June 15)  (g) Description of Liabilities (See Form 990. Part X, June 15)  (g) Description of Liabilities (See Form 990. Part X, June 15)  (g) Description of Liabilities (See Form 990. Part X, June 15)  (g) Description of Liabilities (See Form 990. Part X, June 15)  (g) Description of Liabilities (See Form 990. Part X, June 15)  (g) Description of Liabilities (See Form 990. Part X, June 15)  (g) Description of Liabilities (See Form 990. Part X, June 15)  (g) Description of Liabilities (See Form 990. Part X, June 15)  (h) Amount (b) must equal form 90. Part X and (b) the 20)	Financial derivatives			
Total. (Column (b) must equal form 500 Part X, col. (b) See 12). *  Part VIII. Investments—Program Related. (See Form 990, Part X, line 13). N/A.  (c) Description of investment type.  (b) Book value.  (c) Method of valuation.  Cost or ornd-of-year market value.  Total. (Column (b) must equal form 500 Part X, col. (b) See 13). *  Part IX. Other Assets. (See Form 990, Part X, line 15). N/A.  (a) Description.  (b) Book value.  Total. (Column (c) must equal form 990, Part X col. (b) Ine 15).  Part X. Other Liabilities. (See Form 990, Part X, line 25).  (a) Description in Liability.  (b) Amount.  Total. (Column (c) must equal form 500 Part X col. (b) See 25). *  Total. (Column (c) must equal form 500 Part X col. (b) See 25). *				
Total. (Column (b) must equal Form 990, Part X, col. (8) line 12). *  Total. (Column (b) must equal Form 990, Part X, col. (8) line 13). N/A  (a) Description of investment type  (b) Book value  (c) Method of valuation (cost or and-of-year market value)  Total. (Column (b) must equal Form 990, Part X, col. (8) line 13). N/A  (a) Description  (b) Fook value  (c) Fook value  (c) Fook value  (d) Fook value  Total. (Column (c) must equal Form 990, Part X, col. (8) line 15). *  Part X: Other Liabilities (See Form 990, Part X, line 15). *  Federal Income Taxas.	Other			1400-1400
Part VIII   Investments—Program Related (See Form 990, Part X, line 13)   N/A				TOTAL CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE
Part VIII   Investments—Program Related (See Form 990, Part X, line 13)   N/A				
Part VIII   Investments—Program Related (See Form 990, Part X, line 13)   N/A				
Part VIII   Investments—Program Related (See Form 990, Part X, line 13)   N/A		and the second		
Part VIII   Investments—Program Related (See Form 990, Part X, line 13)   N/A	~			
Part VIII   Investments—Program Related (See Form 990, Part X, line 13)   N/A				
Part VIII   Investments—Program Related (See Form 990, Part X, line 13)   N/A				
Part VIII   Investments—Program Related (See Form 990, Part X, line 13)   N/A				
Part VIII   Investments—Program Related (See Form 990, Part X, line 13)   N/A				
(a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total. (Column (b) must equal form 990, Part X, col. (B) line is)  Part IX Other Assets (See Form 990, Part X, col. (B), line 15)  Part X Other Liabilities (See Form 990, Part X, col. (B), line 15)  (a) Description of Liability  (b) Amount  Federal Income Taxes	Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part X   Other Assets (See Form 990, Part X, line 15) N/A  (a) Description (b) Book value  Total. (Column (b) must equal Form 990, Part X, col. (B), line 15) Part X   Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount Federal Income Taxes	Part VIII Investments—Program Related (See	Form 990, Part X, li	ne 13) N/A	
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13.)  Part IX Other Assets (See Form 990, Part X, line 15)  N/A  (a) Description  (b) Book value  Total. (Column (b) must equal Form 990, Part X, col. (B), line 15).  Part X Other Liabilities (See Form 990, Part X, tine 25)  (a) Description of Liability (b) Amount  Federal Income Taxes	(a) Description of investment type	(b) Book value	(c) Method of valu	ıation
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)  Part X Other Liabilities (See Form 990, Part X, ine 25)  (a) Description of Liability (b) Amount Federal Income Taxes			Cost or end-of-year ma	arket value
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)  Part X Other Liabilities (See Form 990, Part X, ine 25)  (a) Description of Liability (b) Amount Federal Income Taxes				
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)  Part X Other Liabilities (See Form 990, Part X, ine 25)  (a) Description of Liability (b) Amount Federal Income Taxes				
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)  Part X Other Liabilities (See Form 990, Part X, ine 25)  (a) Description of Liability (b) Amount Federal Income Taxes	Company of the decidation of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the com		- WELFART OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)  Part X Other Liabilities (See Form 990, Part X, ine 25)  (a) Description of Liability (b) Amount Federal Income Taxes				
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)  Part X Other Liabilities (See Form 990, Part X, ine 25)  (a) Description of Liability (b) Amount Federal Income Taxes				
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)  Part X Other Liabilities (See Form 990, Part X, ine 25)  (a) Description of Liability (b) Amount Federal Income Taxes				
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)  Part X Other Liabilities (See Form 990, Part X, ine 25)  (a) Description of Liability (b) Amount Federal Income Taxes			William to the Park State Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of	
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)  Part X Other Liabilities (See Form 990, Part X, ine 25)  (a) Description of Liability (b) Amount Federal Income Taxes			ar i sara ar anna an anna	74 - FREEWALCON
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)  Part X Other Liabilities (See Form 990, Part X, ine 25)  (a) Description of Liability (b) Amount Federal Income Taxes				
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)  Part X Other Liabilities (See Form 990, Part X, ine 25)  (a) Description of Liability (b) Amount Federal Income Taxes				
(a) Description  (b) Book value  Total. (Column (b) must equal Form 990, Part X, col. (B), line 15).  Part X Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability  (b) Amount  Federal Income Taxes  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)			Control of the second second second	
Total. (Column (b) must equal Form 990, Part X, col. (B), line 15)  Part X Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount Federal Income Taxes				
Part X Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount  Federal Income Taxes  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	(a) De	escription		(b) Book value
Part X Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount  Federal Income Taxes  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)				
Part X Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount  Federal Income Taxes  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)				
Part X Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount  Federal Income Taxes  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)				
Part X Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount  Federal Income Taxes  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)				
Part X Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount  Federal Income Taxes  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)				
Part X Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount  Federal Income Taxes  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)				
Part X Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount  Federal Income Taxes  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	<del></del>			
Part X Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount  Federal Income Taxes  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	,			
Part X Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount  Federal Income Taxes  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)		······································		
Part X Other Liabilities (See Form 990, Part X, line 25)  (a) Description of Liability (b) Amount  Federal Income Taxes  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	T. 1.1. (C. l (l. )	2 173		
(a) Description of Liability (b) Amount Federal Income Taxes  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►				
Federal Income Taxes    Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►		(b) Amount		
	Federal Income Taxes	-		
			Section 600 Section	

^{2.} FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	dule <b>D</b> (Form 990) 2009 Northwest Mining Association	91-0491475	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Stat		
1	Total revenue (Form 990, Part VIII,column (A), line 12)	1,30	1,710.
2	Total expenses (Form 990, Part IX, column (A), line 25)		23,496.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		8,214.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses.	····	
	·		
7	Prior period adjustments.  Other (Describe in Part XIV).		
8			
9	Total adjustments (net). Add lines 4 through 8		70 01 4
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		78,214.
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Reve		
1	Total revenue, gains, and other support per audited financial statements		01,710.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
ā	Net unrealized gains on investments		
į	Donated services and use of facilities		
(	Recoveries of prior year grants		
c	Other (Describe in Part XIV)		
	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>		01,710.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1,30	<u> </u>
	I - I		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)		
	Add lines 4a and 4b.	<del> </del>	21 710
	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)		01,710.
Pai	t XIII Reconciliation of Expenses per Audited Financial Statements With Exp		
1	Total expenses and losses per audited financial statements	1 1,13	23,496.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
ž	a Donated services and use of facilities		
ı	Prior year adjustments		
(	Other losses		
	d Other (Describe in Part XIV)		
	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>		23,496.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
-	a Investments expenses not included on Form 990, Part VIII, line 7b		
	Add lines 4a and 4b.	-	22 400
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5   1,13	23,496.
Pai	† XIV Supplemental Information		
Com line infor	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cormation.	and 4; Part IV, lines 1b and 2b; nplete this part to provide any a	Part V, additional
BAA	TEEA3304L 02/02/10	Schedule <b>D</b> (Forn	n 990) 2009

Schedule D (Form 990) 2009 NOI LINWEST MITHING ASSOCIATION	91-04914/5	Page 5
Part XIV Supplemental Information (continued)		
active Cappiemental Information (continued)		
		<del></del>
	- <b></b>	
	~ <del></del>	

#### SCHEDULE J (Form 990)

## **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23. 
► Attach to Form 990. 
► See separate instructions.

Employer identification number

91-0491475

Northwest Mining Association

Part I Questions Regarding Compensation

			Yes	No
1 a	a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	X First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
t	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain	1 b	Χ	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Χ	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:			
	a Receive a severance payment or change-of-control payment?	4a		X
	<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
(	c Participate in, or receive payment from, an equity-based compensation arrangement?	4 c		X
	If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
	a The organization?	5a		
-	<b>b</b> Any related organization?	5 b		
	If 'Yes' to line 5a or 5b, describe in Part III.			
	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
	a The organization?	<b>6</b> a	<del></del>	
	<b>b</b> Any related organization?	6 b		
	If 'Yes' to line 6a or 6b, describe in Part III.			
7	For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III	7		
8		8		
9	If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

91-0491475

Page 2

Schedule J (Form 990) 2009 Northwest Mining Association

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W.2 and/or 1099-MISC compensation	Compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(D)-(I)(B)	reported in prior Form 990 or Form 990-EZ
Laura E. Skaer	6		25,000.		0. 4,650.	9,451.	194,101.	198,497.
i I		0.	.0		 	0.	0	
	€							
	(ii)							
	(E)	1 1 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	<b>(E)</b>					- Alleria		
	(e)							
	<b>(E)</b>							
	) () ()							
	3 6							
	<u> </u>							
a second	(E		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	i L	i						the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	6							
	(ii)					A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR		-
	ω	           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(ii)							
	(j)			 			1 1 1 1	
	(E)							
	<u> </u>				1 1 1	1 1 1		
	<b>(E)</b>							
	: S (5					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	€ (						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		1		ı				
	l L		' 1	- 1				
	ω	 	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	(II)						1	1.15 1 (Earling 000) 2000
ВАА				TEEA4102L 02/02/10	02/02/10		nalioc Talloc	Scriedule J (FOITH 990) 2009

BAA

Schedule J (Form 990) 2009

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

Employer identification number

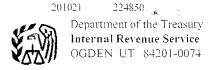
Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

Northwest Mining Association	91-04914/5
Form 990, Part VI, Line 6 - Explanation of Classes of Me	mbers or Shareholder
The association has both corporate members a	nd individual members.
Form 990, Part VI, Line 7a - How Members or Shareholde	ers Elect Governing Body
Members are able to elect the trustees for t	he Association.
Form 990, Part VI, Line 11 - Form 990 Review Process	
The 990 is prepared by the independent accou	nting firm that preformed the audit.
This is the reviewed by the Finance Director	and then the Executive Director before
being filled. A copy of the 990 is kept at t	he office for review by the Trustees.
Form 990, Part VI, Line 15b - Compensation Review & App	roval Process for Officers & Key Employees
Compensation and bonuses for all employees a	re reviewed and approved by an
compensation committee that is appointed by	the Trustees.
· 	·

Schedule <b>O</b> (Form 990) 2009	Page <b>2</b>
	Employer identification number 91-0491475
Not thiwest mining association	<u> </u>
	<del></del>
	· <del> </del>

21L910491475 ΤE 3



For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: June 7, 2010

Taxpayer Identification Number:

91-0491475 Tax Form: 990

Tax Period: December 31, 2009

162818.734991.0502.011 1 AT 0.357 375 



NORTHWEST MINING ASSOCIATION 10 N POST ST STE 305 99201-0705809 SPOKANE WA

162818

## APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is August 15, 2010.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

## Film **990**

Return of Organization Exempt From Income Tax

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

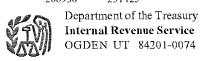
OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements.

	Earth.	0.2000!										•
_			uar year, c	or tax year begi	nning	· · · · · · · · · · · · · · · · · · ·	2008, and endir	ng	·	,		
В		applicable:	Please use						D Employ	er identifi	cation Number	
	Add	dress change	IRS label	Northwest	: Mining A	ssociation			91-	04914	75	
	Nar	me change	or print or type,				8		E Telepho			
	Init	ial return	See specific	Spokane,	WA 99201-	#220 0772		10\V		-1158		
	$\vdash$	mination	instruc-					MJ.	024	-1128		
	<del></del>		tions.									
		ended return							G Gross r	eceipts \$	1,27	4,074.
	App	plication pending	F Name a	and address of princ	ipal officer:			H(a) Is this	a group retur	n for affili		T==1
			Same 1	As C Above	3			H(b) Are ail	affiliates incl	uded?	Ye	
l	Tax-	exempt statu	ıs X 501	(c) (6 )	✓ (insert no.)	4947(a)(1)	or 527	If 'No,'	attach a list.	(see instr	uctions) —	
J		site: N/		(-) ( - )	(11100721101)	1 +3+1 (a)(1)	01 327	1		_		
ĸ					V	1		·	exemption no			
		of organization:	Corpora	ation Trust	X Association	Other ►	L Year of Forma	tion:	M s	tate of leg	jal domicile: W	A
F.	art I	Summa	ary									
	1	Briefly descri	be the org	janization's mis	ssion or most sig	gnificant activities:	Promotic	n of m	ining	indus	trv iss	1165
ø	_											<u> </u>
anc	_											
Ĕ												
Activities & Governance	2	Check this bo	)x ►	if the organizat	ion discontinue	d its operations or	disposed of me					
Ō				bers of the gov	ernina hody (P:	art VI, line 1a)	disposed of filo	re man 20	on its as	_		1.0
oo5 vo	4	Number of inc	dependen	t votina membe	ers of the gover	ning body (Part VI,	lino 1b)		• • • • • • • •	3		18
Ħ.	5	Total number	of emplo	vees (Part V II	ine 2a)	····g body (r art vi,	illie 1b)			4		17
₹	6	Total number	of valuati	eers (estimate	if necessary					5		5
Ac	7a -	Total gross u	nrelated h	usiness rovon	in ficeessary),	Line 10 polymen /	······································			6		0
	, n	Vet uprelated	l business	tovoble incom	a frame France On	I, line 12, column (	(C)			7a	6	4,150.
	<b>D</b>	· · · · · · · · · · · · · · · · · · ·	i busii iess	taxable il icolli	e irom Form 99	0-T, line 34				7b		0.
	ļ							F	rior Year		Current	Year
<u>o</u>	8 (	Contributions	and gran	ts (Part VIII, Iir	ıe 1h)				15,6	75.		0,120.
Ĕ	9 F	⊃rogram serv	ice reveni	ue (Part VIII, Iir	ne 2g)			. 1	,040,5	49.		7,677.
Revenue	10	Investment in	come (Pa	rt VIII, column	(A), lines 3, 4,	and 7d)		` <del></del>	3,8			2,552.
Œ	11 (	Other revenue	e (Part VI	II. column (A).	lines 5, 6d, 8c.	9c, 10c, and 11e).		`	1,5			
	12	Totai revenue	e — add lir	nes 8 through 1	1 (must equal F	Part VIII, column (A	\\ ling 13\	1				1,841.
	13 (	Grants and si	milar amo	ounts paid (Par	t IV golumn (A)	, lines 1-3)	1), III le 12)		<u>,061,6</u>	01.	1,21	2,190.
	14	Sepofite poid	to as far.	runts palu (Fan	CIA, COIUMIN (A)	, lines 1-3)						
	14 [	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					,					
9	15 5	, with a simple for bottom ( art ix, column (A), lines 3-10)					387,1	98.	464	4,265.		
nse	16a F	^o rofessional f	fundraisin	g fees (Part IX	, column (A), Iir	ne 11e)						
Expenses												
ŵ		b Total fundraising expenses (Part IX, column (D), line 25) ►  7 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)										
	10 7	zinei expens	es (Fart I.	A, column (A),	iines i ia-i id, i	l It-24t)			460,5		558	3,962.
	18	ı otal expense	es. Add iir	ies 13-1/ (mus	t equal Part IX,	column (A), line 25	5) <i></i>		847,7	89.	1,023	3,227.
	<b>19</b> F	Revenue less	expenses	s. Subtract line	18 from line 12				213,8	12.	248	3,963.
P 60									ning of Y			
Net Assets or Fund Balances	<b>20</b> 7	Γotal assets (	Part X. lir	ne 16)				Degii	857,7		End of Y	
A B	<b>21</b> T	Cotal liabilities	s (Part X	line 26)			***********		293,7			2,514.
ž, Š	22 /											9,577.
		vet assets or	fund bala	nces. Subtract	line 21 from line	e 20		<u>.                                    </u>	_563,9	74.	812	2,937.
Fø	rt II	Signati	ure Bloc	:K								
		Under penalties	s of perjury,	declare that have	examined this retur	n, including accompanyi cer) is based on all infor	ng schedules and sta	atements, an	d to the best	of my kno	wledge and beli	ef it is
		1.	ind complete	Decial autoff of pre-	Jarer (other than other	cer) is based on all infor	mation of which prep	parer has any	knowledge.	•	<b>-</b>	
Sig	jn 💮	<b>&gt;</b>										
He	re	Signature o	of officer					Da	te			
		► Laura	E. Sk	zaer				E			_	
			int name and					Exect	itive D	ireci	cor	
			<del></del>		<del></del>		1-					
Pai							Date	Ch se	neck if	Prep (see	arer's identifying instructions)	ı number
		Preparer's							nployed ►			
Pre	rer's	signature		nas H. Roc						P00	0965759	
Us		Firm's name (o	r Batt	y, Erland	dsen & Asso	oc., PS				1.11		
On On		yours if self- employed),			ST STE 20				ν 🛌 σ.	1_774	1062	
V1!	·y	address, and ZIP + 4		KANE, WA 9				Ell		$\frac{L-114}{(500)}$		
1/0:	/ the 10	<del></del>							ione no.	(509)	<del></del>	68
vidy	ule IK	uiscuss thi:	s leturn w	un the prepare	r snown above?	(see instructions)					X Yes	No

3-9 A0179788 211A TE 3



For assistance, call: 1-877-829-5500

Notice Number: CP211A Date: September 21, 2009

**Taxpayer Identification Number:** 

91-0491475 **Tax Form:** 990

Tax Period: December 31, 2008

176931.645218.0540.011 1 AT 0.357 370



176931

NORTHWEST MINING ASSOCIATION 10 N POST ST STE 220 SPOKANE WA 99201-0705700

## APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We have received your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above.

We have approved your request and have extended the due date to file your return to November 15, 2009.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top left of this letter.

### Reminder - You May Be Required to File Electronically

Exempt organizations may be required to file certain returns electronically. For tax years ending on or after December 31, 2006, the electronic filing requirement applies to exempt organizations with \$10 million or more in total assets if the organization files at least 250 returns in a calendar year, including income, excise, employment tax and information returns. Private foundations and charitable trusts will be required to file Forms 990-PF electronically regardless of their asset size, if they file at least 250 returns annually. For more information, go to <a href="www.irs.gov">www.irs.gov</a>. Click "Charities and Non-Profits" and look for the "e-file for Charities and Non-Profits" tab.

For tax forms, instructions and information visit <u>www.irs.gov.</u> (Access to this site will not provide you with your specific taxpayer account information.)



	990 (2008) Northwest Mining Association	91-0491475 Page 2
Par	out to grain of the property of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	
1	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	
	Promotion of mining industry issues.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	Form 990 or 990-EZ?	Yes X No
_	If 'Yes,' describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service of 'Yes,' describe these changes on Schedule O.	es? Yes X No
4	Describe the exempt purpose achievements for each of the organization's three largest program services be	
٦	and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and expenses, and revenue, if any, for each program service reported.	y expenses. Section 501(c)(3) allocations to others, the total
4 a	(Code:) (Expenses \$including grants of \$)	(Revenue \$)
	Convention and trade show held December of each year provides f	orum for attendees to
	keep up to date on current issues, developments, etc. in the min	ing industry. 2,240
	Accending	
	<u></u>	
41		(Revenue \$)
	Short Course - Educational courses on issues in the mining indu	stry. 192 Attending
40	c (Code:) (Expenses \$ including grants of \$)	(Revenue \$)
	Service Directory - Preparation of publication listing associat	ion membership and
	various reference information.	
4 0	d Other program services. (Describe in Schedule O.)	
		\$
4 €	e Total program service expenses ► \$ (Must equal Part IX, Line 25, column (	B).)

## Part IV Checklist of Required Schedules

_			Yes	No
i	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I.	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		:-
	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5	Х	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		Х
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		Х
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			37
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	9 10	Χ	X
	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Х	-
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II.	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21 22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.  Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	21		X
	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete	22		Х
	Schedule J	23	Χ	
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No, 'go to question 25			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		-
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part 1	25a		
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х

# Form 990 (2008) Northwest Mining Association Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
<b>.</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV	28a		Χ
Ŀ	Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV.	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37 BAA	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

Form **990** (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable..... 1 a 0 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?..... 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 2b Χ Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?... X 3a **b** If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O... X 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 Χ **b** If 'Yes,' enter the name of the foreign country: **>** See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 5b c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?.... 5с 6a Did the organization solicit any contributions that were not tax deductible?..... 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?..... 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?...... 7 a 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 required to file Form 828Ž? ..... 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year..... e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... 7е f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... 7f g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?..... 7g h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?... 7h Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?..... 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person?..... 9ь 10 Section 501(c)(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..... 10b 11 Section 501(c)(12) organizations. Enter: **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(aX1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?...... 12 a **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year......

BAA

Form 990 (2008) Northwest Mining Association 91-0491475 Page 6

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

ec	Cuon A. Governing Body and Management			
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		Yes	No
	a Enter the number of voting members of the governing body	- 195 SQ 983383		
ŀ	b Enter the number of voting members that are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	. 2		X
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	. 3		X
4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?	·  _		17
5	Did the organization become aware during the year of a material diversion of the organization's assets?	. 5	X	<u>X</u>
6		. 6	Λ	
7	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?See. Schedule .0	. 7a	Х	V
	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	. 7b	erald (*)	X
	Bid the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		17	
	a The governing body?	. 8a	X	
	<b>b</b> Each committee with authority to act on behalf of the governing body?	. 8b	X	X
	Does the organization have local chapters, branches, or affiliates?	. 9a		
	<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	. 9b		
	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 See. Schedule .0	. 10	Х	
	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	. 11		X
Se	ction B. Policies		T.,	Τ
		10	Yes	No_
	2a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	. 12a	X	
	<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	Х	
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	. 12c		Х
	B Does the organization have a written whistleblower policy?	. 13	X	
	4 Does the organization have a written document retention and destruction policy?	. 14	X	THE SECTION
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
	a The organization's CEO, Executive Director, or top management official?	15a		<u> </u>
	<b>b</b> Other officers of key employees of the organization? See . Schedule . 0	. 15b	X	ESC.
	Describe the process in Schedule O. (see instructions)			
16	6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 16a		Х
	<b>b</b> If 'Yes,' 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?	. 16b		
	ection C. Disclosures			
17	7 List the states with which a copy of this Form 990 is required to be filed • _ WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available. Check all that apply.	/ailable	for p	ublic
	Own website Another's website X Upon request			
19	Own website Another's website X Upon request  Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polistatements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization.			cial

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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) or 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.

Name and Tide	Check this box if the organization (A)	(B)			((				<b>(</b> D <b>)</b>	(E)	(F)
Laura E. Skaer   Exec. Direc.   40	Name and Title	Average	Position (check all that apply)						Reportable		•
Exec. Direc.   40		per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	compensation from the organization and related
William Orchow   President											
President		40	X			X			184,416.	0.	14,081.
Corge Byers   1st VP											
St VP		0			Χ				0.	0.	0.
Luke Russell   2nd VP											
Luke Russell   2nd VP		0	ĺ		Χ				0.	0.	0.
Peter Scott   Secretary											
Peter Scott   Secretary		0			Х				0.	0.	0.
Sim Maronick   Treasurer	Peter Scott										
Jim Maronick         0         X         0.         0         0           Vicki veltkamp         Exe. Committe         0         X         0.         0.         0           Exe. Committe         0         X         0.         0.         0           Michael Burnside         Trustee         0         X         0.         0.         0           Sheila Bush         Trustee         0         X         0.         0.         0           Ruth Carraher         Trustee         0         X         0.         0.         0           Mary Beth Donnelly         Trustee         0         X         0.         0.         0           Clyde Gillespie         Trustee         0         X         0.         0.         0           Mark Ioli         Trustee         0         X         0.         0.         0           Jeffery Parshley         Trustee         0         X         0.         0.         0           Robert Russell         Trustee         0         X         0.         0.         0           James Taranik         Trustee         0 <td></td> <td>0</td> <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td>0</td> <td>0.</td> <td>0.</td>		0			X				0	0.	0.
Vicki veltkamp         Exe. Committe         0         X         0.         0.         0           Michael Burnside         0         X         0.         0.         0           Trustee         0         X         0.         0.         0           Sheila Bush         0         0.         0.         0         0           Trustee         0         X         0.         0.         0           Ruth Carraher         0         X         0.         0.         0           Trustee         0         X         0.         0.         0           Clyde Gillespie         0         X         0.         0.         0           Trustee         0         X         0.         0.         0           Mark Ioli         0.         0.         0.         0           Jeffery Parshley         0.         0.         0.         0           Trustee         0         X         0.         0.         0           Robert Russell         0         0         0         0         0         0           Trustee         0         X         0.         0         0         0 <td>Jim Maronick</td> <td></td> <td></td> <td></td> <td></td> <td>.,</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Jim Maronick					.,					
Vicki veltkamp         0         X         0.         0         0           Michael Burnside         0         X         0.         0.         0           Trustee         0         X         0.         0.         0           Sheila Bush         0.         0.         0.         0           Trustee         0         X         0.         0.         0           Ruth Carraher         0         X         0.         0.         0         0           Mary Beth Donnelly         0         X         0.         0.         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0         0	Treasurer	0			X				0.	0.	0.
Michael Burnside         O.	Vicki veltkamp										
Trustee         0         X         0.         0.         0           Sheila Bush         0.         0.         0.         0.         0           Ruth Carraher         0         X         0.         0.         0.         0           Trustee         0         X         0.         0.         0.         0           Mary Beth Donnelly         0         X         0.         0.         0.         0           Clyde Gillespie         0         X         0.         0.         0.         0           Trustee         0         X         0.         0.         0.         0           Mark Ioli         0.         0.         0.         0.         0         0           Trustee         0         X         0.         0.         0.         0           Robert Russell         0         X         0.         0.         0.         0           James Taranik         0.         0.         0.         0.         0         0           Eric Williams         0         0.         0.         0.         0.         0	Exe. Committe	0	X						0.	0.	0.
Sheila Bush	Michael Burnside										
Sheila Bush   Trustee	Trustee	0	X						0.	0.	0.
Ruth Carraher       0 X       0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         Clyde Gillespie       0 X       0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         Mark Ioli       0. 0. 0. 0       0. 0         Trustee       0 X       0. 0. 0         Jeffery Parshley       0. 0. 0       0. 0         Trustee       0 X       0. 0. 0         Robert Russell       0 X       0. 0. 0         Trustee       0 X       0. 0. 0         James Taranik       0. 0. 0       0. 0         Eric Williams       0. 0. 0       0. 0	Sheila Bush										
Trustee       0 X       0. 0. 0. 0.         Mary Beth Donnelly       0. 0. 0. 0. 0.         Trustee       0 X       0. 0. 0. 0.         Clyde Gillespie       0. 0. 0. 0. 0.         Trustee       0 X       0. 0. 0. 0.         Mark Ioli       0. 0. 0. 0. 0. 0.         Trustee       0 X       0. 0. 0. 0. 0.         Jeffery Parshley       0. 0. 0. 0. 0. 0.         Trustee       0 X       0. 0. 0. 0. 0.         Robert Russell       0. 0. 0. 0. 0. 0.         James Taranik       0. 0. 0. 0. 0. 0. 0.         Eric Williams       0. 0. 0. 0. 0. 0. 0.	Trustee	0	X						0.	0.	0.
Mary Beth Donnelly       0 X       0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         Mark Ioli       0. 0. 0. 0. 0       0. 0. 0         Trustee       0 X       0. 0. 0. 0         Trustee       0 X       0. 0. 0         Robert Russell       0. 0. 0. 0       0         Trustee       0 X       0. 0. 0         James Taranik       0. 0. 0. 0       0         Trustee       0 X       0. 0. 0         Eric Williams       0. 0. 0. 0       0	Ruth Carraher										
Trustee       0 X       0. 0. 0. 0         Clyde Gillespie       0 X       0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         Mark Ioli       0. 0. 0. 0. 0       0. 0. 0         Jeffery Parshley       0. 0. 0. 0       0. 0. 0         Trustee       0 X       0. 0. 0. 0         Robert Russell       0 X       0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         James Taranik       0 X       0. 0. 0         Trustee       0 X       0. 0. 0         Eric Williams       0 X       0. 0. 0		0	X						0.	0.	. 0.
Clyde Gillespie       0       X       0.       0.       0         Trustee       0       X       0.       0.       0         Mark Ioli       0.       0.       0.       0         Jeffery Parshley       0.       0.       0.       0         Trustee       0       X       0.       0.       0         Robert Russell       0       X       0.       0.       0         James Taranik       0       X       0.       0.       0         Trustee       0       X       0.       0.       0         Eric Williams       0       0       0       0       0	Mary Beth Donnelly									·	
Trustee       0 X       0. 0. 0. 0         Mark Ioli       0. 0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         Jeffery Parshley       0. 0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         Robert Russell       0 X       0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         James Taranik       0. 0. 0. 0       0. 0         Trustee       0 X       0. 0. 0         Eric Williams       0. 0. 0       0. 0		0	X						0.	0.	0.
Mark Ioli       0       X       0       0       0         Trustee       0       X       0       0       0         Trustee       0       X       0       0       0         Robert Russell       0       X       0       0       0         Trustee       0       X       0       0       0         James Taranik       0       X       0       0       0         Eric Williams       0       0       0       0       0											
Trustee       0 X       0. 0. 0. 0         Jeffery Parshley       0. 0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         Robert Russell       0 X       0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         James Taranik       0 X       0. 0. 0         Trustee       0 X       0. 0. 0         Eric Williams       0 X       0 X		0	X						0.	0.	0.
Jeffery Parshley       0 X       0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         Robert Russell       0 X       0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         James Taranik       0 X       0. 0. 0. 0         Eric Williams       0 X       0. 0. 0											
Trustee       0 X       0. 0. 0. 0         Robert Russell       0 X       0. 0. 0. 0         Trustee       0 X       0. 0. 0. 0         James Taranik       0. 0. 0. 0       0. 0. 0         Trustee       0 X       0. 0. 0         Eric Williams       0. 0. 0       0. 0		0	X						0.	0.	0.
Robert Russell         0 X         0. 0. 0.           Trustee         0 X         0. 0. 0.           James Taranik         0. 0. 0. 0.         0. 0.           Trustee         0 X         0. 0. 0.           Eric Williams         0. 0. 0.         0. 0.									,		
Trustee         0 X         0.         0         0           James Taranik         0 X         0.         0.         0           Trustee         0 X         0.         0.         0           Eric Williams         0         0         0         0		0	X						0.	0.	0.
James Taranik0 X0.0Trustee0 X0.0Eric Williams	Robert Russell										
Trustee 0 X 0. 0. 0 Eric Williams		0	X						0.	0.	0.
Eric Williams	James Taranik				-						
	Trustee	0	X						0.	0.	0.
Trustee 0 X 0. 0.	Eric Williams										
	Trustee	0	X					L	0.	0.	0.

Compensation from the consensation in the large of the compensation from the compensation from the compensation from the compensation from the compensation from the compensation from the compensation from the compensation from the compensation from the compensation from the compensation from the compensation from the compensation from the compensation from the compensation from the compensation from the compensation.   A   X   X   X   X   X   X   X   X   X	Part VII Section A. Officers, Directors, Trus	tees, l	<b>Кеу</b>	En	npl	oye	es,	an	d Highest Co	mpensated En	nployees (cont.)
Ted Wilton  Trustee  O X V V V V V V V V V V V V V V V V V V	(A)	, , ,							(D)	(E)	(F)
Trustee 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Name and Title				,					Reportable compensation from	
Trustee 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		per week	Indiv or di	Instit	Offic	Key I	High	Form	the organization	related organizations	compensation
Trustee 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			idual	Hior	<u> </u>	empl	est c	ĕ	(,	()	organization and related
Trustee 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			trus	la tr		oyee	omp	i			organizations
Trustee 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			tee	uste		"	ensa				
Trustee 0 X 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				(D)			ted				
Trustee 0 X 0 X 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Tod Wilton			-		-					
Ib Total			v						0		
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in	Tiuscee	1 0					$\vdash$		0.	0	. 0.
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in			-			<del> </del>					
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in		1									
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in			<del>                                     </del>		<b>†</b>						
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in		1									
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in						1.					
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in		1									
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in	·										
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in				-			-				
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in		-									
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in		-	$\vdash$	-	-	-	<del> </del>				1
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in											
Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ► 1  Yes No  Jid the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person 5 X  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  Total number of independent contractors (including those in 1) who received more than \$100,000 in	1h Total	<u> </u>		<u></u>	<u> </u>	J	J		10/ /16		1/ 001
organization 1    Yes   No									<del>'</del>	<u>_</u>	<del></del>
Total number of independent contractors (including those in 1) who received more than \$100,000 in		viio rece	ived	ımc	ne u	IIan	<b>\$100</b>	J,00	o in reportable co	mpensation from	uie
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Total number of independent contractors (including those in 1) who received more than \$100,000 in	organization 1						····				Ves No
on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including those in 1) who received more than \$100,000 in											165 140
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	3 Did the organization list any former officer, director on line 1a? If 'Yes.' complete Schedule J for such ir	or truste ndividua	e, k I	еу е	emp	loye	e, o	r hig	hest compensate	d employee	3 X
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	· · ·										
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	the organization and related organizations greater the	han \$15	0,00	0?	f 'Ye	es' c	comp	olete	: Schedule J for si	uch	A V
rendered to the organization? If 'Yes,' complete Schedule J for such person	ingividual	• • • • • • •						• • • •			4 1
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	5 Did any person listed on line 1a receive or accrue or	ompens	ation	า fro	m a	ny t	unrel	ated	d organization for	services	- V
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including those in 1) who received more than \$100,000 in		reduie J	101	Suc	пре	1501	1				5 A
compensation from the organization.  (A) (B) (C) Compensation  Compensation  Compensation  2 Total number of independent contractors (including those in 1) who received more than \$100,000 in		ed inde	penc	lent	con	trac	tors	that	received more th	an \$100,000 of	
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	compensation from the organization.								T	<del>-</del>	<u> </u>
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	(A)								(E	)	(C)
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in	Name and business addres	SS							Description	of Services	Compensation
									ļ		
	O Table week as a finding of the No. 2012 Co. 2012	11	- 11						L ¢100 000 :		
		uiose ir	11)\	wHO	rece	e ve	u m	אוכ ז	u iai i ⊅ 100,000 iN		

Mar	t VIII Statement of Revenue	γ	1		
		<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt	( <b>C)</b> Unrelated business	(D) Revenue excluded from tax
			function revenue	revenue	under sections 512, 513, or 514
s .	1a Federated campaigns		(CVC) IdC		312, 313, 01 314
ANTS	<b>b</b> Membership dues				
S, GF	c Fundraising events				
AR A	d Related organizations				
IS, G	e Government grants (contributions) 1 e				
ER S	f All other contributions, gifts, grants, and				
ABE OTH	similar amounts not included above 1f 17, 405.				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	g Noncash contribus included in lns 1a-1f \$	420,120.			
	h Total. Add lines 1a-1f	420,120.			
/ENO	2a Membership Dues & Assessments 541800	94,464.	94,464.		
Æ	b Convention & Trade Show	630,323.	,		630,323.
VICE	c Short Course	48,740.	48,740.		
SER	d Service Directory Advert.	64,150.		64,150.	water to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same to the same
3AM	e				
PROGRAM SERVICE REVENUE	f All other program service revenue	007 677			
	g Total. Add lines 2a-2f	837,677.			
	3 Investment income (including dividends, interest and other similar amounts)	14,436.			14,436.
	4 Income from investment of tax-exempt bond proceeds .	,			
	<b>5</b> Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less; rental expenses				
	c Rental income or (loss)				
	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory.				
	<b>b</b> Less; cost or other basis				
	and sales expenses 1 . 884 .				
	c Gain or (loss) -1,884.	1 004	1 004		
	d Net gain or (loss)	-1,884.	-1,884.		
Ę	8a Gross income from fundraising events (not including. \$				
OTHER REVENU	of contributions reported on line 1c).				
R RE	See Part IV, line 18 a				
뿚	<b>b</b> Less: direct expenses <b>b</b>				
0	c Net income or (loss) from fundraising events▶				
	9a Gross income from gaming activities.				
	See Part IV, line 19				
	c Net income or (loss) from gaming activities`				
	10 a Gross sales of inventory, less returns				
	and allowances a 341.				
	<b>b</b> Less: cost of goods sold <b>b</b>				
	c Net income or (loss) from sales of inventory	341.	341.		
	Miscellaneous Revenue Business Code  11 a Miscellaneous	1,500.			1,500.
		1,500.		<u> </u>	1,500.
	b				
	d All other revenue.				
	e Total. Add lines 11a-11d	1,500.			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c,	1.04.			
	10c, and 11e	1,272,190.	141,661.	64,150.	646,259.

### 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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and 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	184,416.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.			
7	Other salaries and wages.	201,341.			
	Pension plan contributions (include section	201,341.			
8	401(k) and section 403(b) employer contributions)	9,461.			
9	Other employee benefits.	42,346.			
10	Payroll taxes	26,701.		· · · · · · · · · · · · · · · · · · ·	
	Fees for services (non-employees).	20,701.			
	Management				
	Legal				
	Accounting	4,913.			
	Lobbying	42,029.			
	Prof fundraising svcs. See Part IV, In 17	42,023.			
	Investment management fees				
	Other				
12	Advertising and promotion	4,038.			
13	Office expenses.	15,097.			
14	Information technology	15,057.			
15	Royalties				
16	Occupancy	24,986.			
17	Travel	42,047.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.	42,047.			
19	Conferences, conventions, and meetings	10,671.			
20	Interest	,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,257.			
23	Insurance	3,072.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.).				
a	Miscellaneous Convention Ex.	132,442.			
	Contract Services	85,520.			
	Printing and Publications	57,425.			
	Equipment Rent	35,890.			
	Postage and Shipping	22,994.			
	All other expenses.	72,581.			
25	Total functional expenses. Add lines 1 through 24f	1,023,227.			
26	Joint Costs. Check here ► if following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				,
BAA					Form 990 (2008)

.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*****							
					<b>(A)</b> Beginning of year		En	(B) d of year	-
	1	Cash — non-interest-bearing				1			
	2	Savings and temporary cash investments			742,231.	2		991,1	100
	3	Pledges and grants receivable, net			142,231.	3		331,1	190.
	4	Accounts receivable, net			93,500.	4		66 (	635.
	5	Receivables from current and former officers, directors			93,300.	4		00,0	035.
	_	or other related parties. Complete Part II of Schedule	L			5			
	6	Receivables from other disqualified persons (as define							
۸		and persons described in section 4958(c)(3)(B). Comp	lete Pa	rt II of Schedule L		6			*****************
ASSETS	7	Notes and loans receivable, net		7					
Ē	8	Inventories for sale or use				8			
s	9	Prepaid expenses and deferred charges			11,768.	9		7,	791.
		Land, buildings, and equipment: cost basis	10 a	41,649.					
	þ	Less: accumulated depreciation. Complete Part VI of							
		Schedule D	10 b	23,743.	10,241.	10 c		17,9	906.
	11	Investments - publicly-traded securities				11			
	12	Investments - other securities, See Part IV, line 11				12			
	13	Investments - program-related. See Part IV, line 11				13			•
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11				15		8,!	992.
	16	Total assets. Add lines 1 through 15 (must equal line 3			857,740.	16	$\overline{1}$	,092,5	
	17	Accounts payable and accrued expenses			193,515.	17		168,6	655.
	18	Grants payable				18			
	19	Deferred revenue		100,251.	19		110,9	922.	
į	20	Tax-exempt bond liabilities			20				
A B	21	Escrow account liability. Complete Part IV of Schedule	D	, , , , , , , , , , , , , , , , ,		21			
Ļ	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensations.	tees, k	ey employees,					
1 T		of Schedule L			20				
Ė	23	Secured mortgages and notes payable to unrelated th				22			
Ū	24	Unsecured notes and loans payable				24			
	25	Other liabilities. Complete Part X of Schedule D				25			
	26	Total liabilities. Add lines 17 through 25			293,766.	26		279,5	577
N		Organizations that follow SFAS 117, check here ►	X and	d complete lines	2307100.	20		21375	311.
Ĕ		27 through 29 and lines 33 and 34.							
ASSE	27	Unrestricted net assets		,	558,590.	27		810,9	937.
	28	Temporarily restricted net assets			3,384.	28			
Ś	29	Permanently restricted net assets			2,000.	29		2,0	000.
O R		Organizations that do not follow SFAS 117, check here		and complete				,	
F UN D		lines 30 through 34.							
D	30	Capital stock or trust principal, or current funds				30			
B	31	Paid-in or capital surplus, or land, building, and equipr	nent fu	nd [		31			
BALANCES	32	Retained earnings, endowment, accumulated income,	or othe	r funds[		32			
Ě	33	Total net assets or fund balances.			563,974.	33		812,9	937.
	34	Total liabilities and net assets/fund balances			857,740.	34	1	,092,5	514.
Pa	rt X	Financial Statements and Reporting		*******					,
_				<b>□</b>			E	Yes	No
		- ' ' ' <u></u> -	ash		Other				17
		ere the organization's financial statements compiled or re						2a	X
		ere the organization's financial statements audited by an						2 <b>b</b> X	-
	rev	Yes' to 2a or 2b, does the organization have a committe riew, or compilation of its financial statements and selec	e inat ition of	assumes responsibility an independent accoui	nor oversight of the au	ait,	:	2c X	
	<b>a</b> As	a result of a federal award, was the organization requir						1	<u> </u>
	Au	dit Act and OMB Circular A-133?						За	X
BA		Yes,' did the organization undergo the required audit or	audits?					3b	(0000)
DA	٦.						<b>⊢</b> (	11 CO 1990	

#### SCHEDULE C (Form 990 or 990-EZ)

### Political Campaign and Lobbying Activities

OMB No. 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: complete Part I-A only.

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the c	organization answere	d 'Yes	.' to	Form	990.	Part IV	line 5	(Proxy	Tax).	then

• 5	Section 501(c)(4), (5), or (6) or	ganizations: Complete Part III.			
Name	of organization			Employer identifica	tion number
No	rthwest Mining Asso	ciation		91-049147	5
Pai	To be completed See the instructio	<b>by all organizations exempt unde</b> ns for Schedule C for details.	er section 501(c)	and section 527 or	ganizations.
1	Provide a description of the	organization's direct and indirect political ca	ampaign activities in F	art IV.	
2					
3		· · · · · · · · · · · · · · · · · · ·			
Pa	rt I-B To be completed	<b>by all organizations exempt unde</b> ns for Schedule C for details.	er section 501(c)(	3).	
1	Enter the amount of any exc	ise tax incurred by the organization under s	section 4955	<b>⊳</b> \$	
2		ise tax incurred by organization managers			
3	If the organization incurred a	section 4955 tax, did it file Form 4720 for	his year?		Yes No
4:					
	If 'Yes,' describe in Part IV.				
Pa	rt I-C To be completed See the instructio	by all organizations exempt under ns for Schedule C for details.	er section 501(c),	except section 50	1(c)(3).
1	Enter the amount directly exp	pended by the filing organization for section	527 exempt function	activities ►\$	
2	Enter the amount of the filing	g organization's funds contributed to other	organizations for secti	on 527 evemnt	
3	Total of direct and indirect ex	kempt function expenditures. Add lines 1 ar	nd 2 and enter here a	nd on	
4		Form 1120-POL for this year?			Yes X No
5	State the names, addresses made. Enter the amount paid received and promptly and d	and employer identification number (EIN) of d and indicate if the amount was paid from irectly delivered to a separate political orga al space is needed, provide information in	of all section 527 politi the filing organization	cal organizations to whi	ch payments were
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's own internal funds. If none, enter-0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
				-	

Schedule C	(Form	990 or 990-EZ	2008	Northwest	Mining	Association
------------	-------	---------------	------	-----------	--------	-------------

91-0491475

Page 2

Part II-A To be comp under section	leted by organ on 501(h)). See	<b>izations exempt unde</b> the instructions for Se	r section 501(c)(3) chedule C for deta	) that filed Form 5768 ils.	3 (election
		ongs to an affiliated group.			
		cked box A and 'limited cor	ntrol' provisions apply.		
(The term	Limits on Lobby 'expenditures' me	ing Expenditures — ans amounts paid or incurr	ed.)	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditu	ures to influence pu	ıblic opinion (grass roots lot	bbying)		
		legislative body (direct lobby			
		and 1b)			
e lotal exempt purpose e	expenditures (add li	nes 1c and 1d)			
f Lobbying nontaxable an both columns.	nount, Enter the ar	nount from the following tab	le in		
If the amount on line 1e, col	umn (a) or (b) is:	mount is:			
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$1	: :	\$100,000 plus 15% of the excess of	· · · · · ·		
Over \$1,000,000 but not over \$		\$175,000 plus 10% of the excess of			
Over \$1,500,000 but not over \$ Over \$17,000,000	\$17,000,000	\$225,000 plus 5% of the excess ov	/er \$1,500,000.		
	amount (enter 25%	\$1,000,000. of line 1f)			
		ne g is more than line a			
		ne f is more than line a			
section 4911 tax for this	s year?	ther line 1h or line 1i, did th		n 4/20 reporting	Yes No
(So	me organizations t colur	4-Year Averaging Period Unat made a section 501(h) el nas below. See the instructi	lection do not have to d	complete all of the five h 2f.)	
	Lo	obying Expenditures During	4-Year Averaging Per	od	
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	<b>(d)</b> 2008	<b>(e)</b> ⊺otal
2a Lobbying non-taxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					1990 or 990-FZ) 2008
BAA					

Schedule C (Form 990 or 990-EZ) 2008 Northwest Mining Association  Part II-B To be completed by organizations exempt under section 501(c)(3) that has (election under section 501(h)). See the instructions for Schedule C for de	ve NO	-0491 T filed		Page <b>3</b> 5 <b>768</b>
		a)	-(t	o)
	Yes	No	Amo	ount
<ul> <li>During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:</li> <li>a Volunteers?</li> <li>b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?</li> <li>c Media advertisements?</li> <li>d Mailings to members, legislators, or the public?</li> <li>e Publications, or published or broadcast statements?</li> <li>f Grants to other organizations for lobbying purposes?</li> <li>g Direct contact with legislators, their staffs, government officials, or a legislative body?</li> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?</li> <li>i Other activities? If 'Yes,' describe in Part IV.</li> <li>j Total lines 1c through 1i.</li> <li>2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> <li>b If 'Yes,' enter the amount of any tax incurred under section 4912</li> <li>c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912</li> </ul>				
Part III-A To be completed by all organizations exempt under section 501(c)(4), se 501(c)(6). See the instructions for Schedule C for details.	ction 5	01(c)(	5), or se	ction
<ul> <li>Were substantially all (90% or more) dues received nondeductible by members?</li> <li>Did the organization make only in-house lobbying expenditures of \$2,000 or less?</li> <li>Did the organization agree to carryover lobbying and political expenditures from the prior year?</li> <li>Part III-B To be completed by all organizations exempt under section 501(c)(4), se</li> </ul>			2	Yes No X X X
501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Pa answered 'Yes.' See Schedule C Instructions for details.	rt III-A	ques	tion 3 is	cuon ;
1 Dues, assessments and similar amounts from members		1	4	97,179.
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).				
a Current year		2a		30,051.
<b>b</b> Carryover from last year		2b		
c Total		2c		30,051. 60,718.
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po expenditure next year?	ss litical	4		0.
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5		0.
Part IV Supplemental Information				
Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a Also, complete this part for any additional information.	nd Part I	I-B, lin	e 1i.	

BAA

Schedule C (Form 990 or 990-EZ) 2008 Northwest Mining Association  Part IV Supplemental Information (continued)	91-0491475	Page 4
Supplemental information (continued)		
·		
	:	
	·	

#### SCHEDULE D (Form 990)

### Supplemental Financial Statements

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12 Open to Public Inspection

Employer Identification number Northwest Mining Association 91-0491475 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 2 Aggregate contributions to (during year).... Aggregate grants from (during year) . . . . . . Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements..... 2a **b** Total acreage restricted by conservation easements...... 2b 2c d Number of conservation easements included in (c) acquired after 8/17/06...... 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable vear ► Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? No Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a if the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1..... 

Part III Organizations Maintai	ning Colle	ctions	of Art, Histo	orical Treasures, o	r Other Similar As	sets (con	itinued)
3 Using the organization's accession that apply):	n and other re	cords, ch	neck any of the	following that are a sig	gnificant use of its collec	tion items (	check all
a Public exhibition			<b>d</b> Loan o	r exchange programs			
<b>b</b> Scholarly research			e Other				
c Preservation for future genera							
4 Provide a description of the organ Part XIV.	ization's colle	ections an	d explain how	they further the organiz	zation's exempt purpose	in	
5 During the year, did the organizati assets to be sold to raise funds ra	ion solicit or r ather than to b	eceive do se mainta	onations of art, ined as part of	historical treasures, or the organization's colle	other similar	Yes	No
Part IV Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1 a is the organization an agent, trust included on Form 990, Part X?	tee, custodian	, or other	intermediary f	or contributions or othe	er assets not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement i							
						Amount	
c Beginning balance							
d Additions during the year							
e Distributions during the year							
f Ending balance							
2a Did the organization include an ar		n 990, Pa	art X, line 21?.			Yes	No
b If 'Yes,' explain the arrangement i			1.	157 11 5	100 B 1 D 1 D 1		
Part V Endowment Funds Co							
3 D double (	(a) Current		(b) Prior year	(c) Two years back	(d) Three years back	(e) Four	years back
<b>1 a</b> Beginning of year balance	۷,	000.					
<b>b</b> Contributions		110					
c Investment earnings or losses		112.					
<b>d</b> Grants or scholarships		112.					
e Other expenditures for facilities and programs	****						
f Administrative expenses		000					
g End of year balance		000.				<u> </u>	
2 Provide the estimated percentage of the year end balancé held as:							
a Board designated or quasi-endowment * %							
<b>b</b> Permanent endowment ►	100.00%						
c Term endowment ►	8						
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  Yes No							
(i) unrelated organizations						. 3a(i)	X
(ii). related organizations			, , , , , , , , , , , , , , , , , , , ,				X
<b>b</b> If 'Yes' to 3a(ii), are the related or						. 3b	X
4 Describe in Part XIV the intended							
Part VI Investments-Land, Buildings, and Equipment. See Form 990, Part X, line 10.							
Description of investment		(a) Cost	or other basis estment)	(b) Cost or other basis (other)	(c) Depreciation	<b>(d)</b> Book	≺ Value
1 a Land			7				
<b>b</b> Buildings							
c Leasehold improvements	F						
<b>d</b> Equipment	r						
<b>e</b> Other	+			41,649.	23,743.		17,906.
Total. Add lines 1a-1e (Column (d) shot		n 990 Ps	art X column (i				17,906.
BAA	4 044411 011	., 220, 1 6	, coluinii (L	-), iiio 10(0).)		dule <b>D</b> (Form	
					CONC	~~~~ (1 OIII	1 2207 2000

Part VII Investments—Other Securities See F	orm 990, Part X, li	ine 12. N/A	71170 rage 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation
Financial derivatives and other financial products		Cost or end-of-year ma	rket value
Closely-held equity interests.			
Other			
			·····
Total. (Column (b) should equal Form 990 Part X, col. (B) line 12.) ▶			
Part VIII Investments-Program Related (See		line 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valu	ation
		Cost or end-of-year ma	irket value
Total. Column (b)(should equal Form 990, Part X, Col. (B) line 13.)		The State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the State of the S	
Part IX Other Assets (See Form 990, Part X,		A	
<b>(a)</b> De	scription		(b) Book value
	(4)		
Total. Column (b) Total (should equal Form 990, Part X, col	(P) line 15)		
Part X Other Liabilities (See Form 990, Part	.( <i>B), lille 13).</i>		
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(A) / Williams	Annual Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Conference of the Confe	
		200 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1 (1971) 1	
		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
-			
Total. Column (b) Total (should equal Form 990, Part X, col. (B) line 25)	<b>&gt;</b>		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D	(Form 990) 2008	Page <b>5</b>
Part XIV	(Form 990) 2008 Supplemental Information (continued)	
****		
		· <del>-</del>
		·

#### SCHEDULE J (Form 990)

### **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes' to Form 990, Part IV, line 23.

Name of the organization

Northwest Mining Association

Plant Association

Employer identification number 91-0491475

Part | Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. X First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) X 1 h Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?..... 2 Χ Indicate which, if any, of the following organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a: 4a a Receive a severance payment or change of control payment? ..... b Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... 4b 4c If 'Yes' to any of 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5 a a The organization?..... 5b **b** Any related organization?..... If 'Yes' to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: 6a a The organization?..... 6b **b** Any related organization?.... If 'Yes' to line 6a or 6b, describe in Part III. For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III. Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III .....

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 Northwest Mining Association

Part | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

91-0491475

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdowr	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
<b>(A)</b> Name	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other compensation	compensation	benefits	(d)-(l)(g)	reported in prior Form 990 or Form 990-EZ
Laura E. Skaer	(n) 155,416		0.	0.	14,081.	198,497.	
	0	0.	0.	0	0.	0.	
	(1)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 1 1 1 1 1 1 1 1	1 1 1	
	(ii)						
	()	             		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(ii)						
	(0)		             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(ii)				And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s		
	()		           	             	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(E)						
	()				 	1	
	0				           	 	: 
	(6)				1 1 1	1 1 1 1 1 1 1 1	
	()			           	           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	(1)						
	(6)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	             	1 1 1 1 1 1 1 1 1			
	()		                 	 	1 1 1		1 1 1 1 1 1
	(E)						
	(0)	           	1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	<b>(E)</b>						
	(0)	             	             	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
			and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		3		
	(1)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	 	
	(3)						
	()	               			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(i)						
	(0)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(ii)						0000 0000
ВАА			TEEA4102L 08/1	08/11/08		Schec	Schedule J (Form 990) 2008

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No. 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Northwest Mining Association	91-0491475
<u>Form 990, Part VI, Line 6 - Explanation of Classes of M</u>	embers or Shareholder
The association has both corporate members	and individual members.
Form 990, Part VI, Line 7a - How Members or Sharehol	ders Elect Governing Body
Members are able to elect the trustees for	the Association.
Form 990, Part VI, Line 10 - Form 990 Review Process	
The 990 is prepared by the independent acco	unting firm that preformed the audit.
This is then reviewed by the Finance Direct	or and then the Executive Director before
being filled. A copy of the 990 is kept at	the office for review by the Trustees.
Form 990, Part VI, Line 15b - Compensation Review & App	proval Process for Officers & Key Employees
Compensation and bonuses for all employees	are reviewed and approved by an
compensation committee that is appointed by	the Trustees.
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	