#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

## **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)

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

OMB No. 1545-0047 Open to Public Inspection

					•
Α	For the	2011 calendar year, or tax year beginning and er	nding		
В	Check if applicable	C Name of organization		D Employer identific	cation number
[2	Addres	FORTERRA NW			
2	Name change	Doing Business As		94-3	112461
	Initial return Termin	,	loom/suite 200	E Telephone number	292-5907
F	—lated ∏Amend	ed .	200	G Gross receipts \$	9,865,861.
	lreturn Applica tion	City or town, state or country, and ZIP + 4  SEATTLE, WA 98164		H(a) Is this a group re	
	pendin	F Name and address of principal officer: GENE DUVERNOY		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
$\overline{}$	Tax-exe	empt status: $\boxed{\mathbf{X}}$ 501(c)(3) $\boxed{}$ 501(c) ( ) $\boxed{}$ (insert no.) $\boxed{}$ 4947(a)(1) or	527	` '	list. (see instructions)
		e: ► WWW.FORTERRA.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	I Year (		State of legal domicile: <b>WA</b>
	art I	Summary	L rour c	71 101 11 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16	Cuto or logar dorniono, 1122
_	T 4	Briefly describe the organization's mission or most significant activities: PROTE	СТ Е	NHANCE AND	STEWARD OUR
Activities & Governance	'	REGION'S COMMUNITIES AND LANDSCAPES.	01, 1	THE THE	JIEMINE CON
ű	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispose	ed of more	than 25% of its net as	sets.
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	29
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			28
ŝ	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)			76
ij	6	Total number of volunteers (estimate if necessary)			2681
냚	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥	'b	Net unrelated business taxable income from Form 990-T, line 34			0.
_	<del>                                     </del>	Test difficiation business taxable files file file file file file file file file		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		10,826,634.	9,264,424.
Revenue				867,860.	202,270.
Ş		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		232,078.	128,211.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-99,203.	-20,238.
				11,827,369.	9,574,667.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		704,061.	3,410,320.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	J, <del>1</del> 10, 320.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		3,304,067.	3,436,205.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	8,383.
en	loa	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  624,29	·····	0.	0,303.
Ä	b	Total fundraising expenses (Part IX, column (D), line 25)	<del>-</del> -	3,342,505.	2,991,985.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		7,350,633.	9,846,893.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			
		Revenue less expenses. Subtract line 18 from line 12		4,476,736.	-272,226.
Net Assets or Europe Ralances				ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		35,862,636.	35,291,646.
etA	21	Total liabilities (Part X, line 26)		978,118.	882,895.
		Net assets or fund balances. Subtract line 21 from line 20		34,884,518.	34,408,751.
	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a		•	knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.	
		Signature of officer		 Date	
Sig	yn			Date	
He	re	GENE DUVERNOY, PRESIDENT			
		Type or print name and title	- 15	loto I	LI DTIN
_		Print/Type preparer's name Preparer's signature		Pate Check	PTIN
Pai		•	PA 1	1/12/12 if self-employe	□ P00064733
	parer	Firm's name JACOBSON JARVIS & CO, PLLC		Firm's EIN ▶	91-2011386
Use	e Only	Firm's address 600 STEWART STREET, SUITE 1900			
		SEATTLE, WA 98101-1219		Phone no. (	<u>206)-628-8990</u>
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Check if Schedule O contains a response to any question in this Part III
_	
1	Briefly describe the organization's mission:  WE NILL ACT MITTH TAMEDIACY TO DECURE FAMILY AND CHEMADO OUR
	WE WILL ACT WITH IMMEDIACY TO PROTECT, ENHANCE AND STEWARD OUR
	REGION'S MOST PRECIOUS RESOURCES - ITS COMMUNITIES AND ITS LANDSCAPES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 5,404,193. including grants of \$ 3,410,320.) (Revenue \$ 63,963.
	CONSERVATION: IN THE PAST 20 YEARS, FORTERRA HAS CONSERVED OVER
	173,000 ACRES FROM SMALL COMMUNITY PARKS TO WORKING LANDS SPANNING TENS
	OF THOUSANDS OF ACRES. USING CUTTING-EDGE CONSERVATION STRATEGIES, WE
	ARE ACTIVELY PURSUING THE CONSERVATION OF HUNDREDS OF THOUSANDS OF
	ADDITIONAL ACRES. FORTERRA BRINGS A UNIQUE ABILITY TO CONVENE
	DISPARATE STAKEHOLDERS, LEVERAGE DIVERSE FUNDING SOURCES AND FIND
	<u> </u>
	SOLUTIONS THAT BENEFIT NOT ONLY OUR NATURAL ENVIRONMENT BUT OUR
	COMMUNITIES AND ECONOMY AS WELL. IN 2011, FORTERRA PROTECTED OVER
	4,800 ACRES IN 7 COUNTIES THROUGH 17 ACQUISITION PROJECTS (EITHER FEE
	OR CONSERVATION EASEMENT).
4b	(Code:) (Expenses \$1,633,703. including grants of \$) (Revenue \$)
	AS OF DECEMBER 2011, FORTERRA OWNED 7,498 ACRES OF FEE PROPERTIES (44
	PROPERTIES TOTAL) AND 6,539 ACRES OF CONSERVATION EASEMENT PROPERTIES
	(65 EASEMENTS). WE HAVE 55 VOLUNTEER LAND STEWARDS CARING FOR 35 OF
	THESE PROPERTIES. IN 2011 VOLUNTEERS CONTRIBUTED 4,856 VOLUNTEER HOURS
	TO RESTORATION AND STEWARDSHIP PROJECTS ON FORTERRA'S PROPERTIES.
	FORTERRA'S STEWARDSHIP DEPARTMENT ALSO RUNS MANY GREEN CITY PROGRAMS IN
	PARTNERSHIP WITH REGIONAL CITY PARKS DEPARTMENTS AND RESTORATION
	GROUPS. AS PART OF THAT PROGRAM, NEARLY 103,000 VOLUNTEER HOURS WERE
	CONTRIBUTED IN 2011 THROUGH OUR GREEN CITY PARTNERSHIPS IN SEATTLE,
	TACOMA, REDMOND, KENT, AND KIRKLAND. FORTERRA ALSO PARTICIPATES IN A
	RESTORATION PARTNERSHIP ON THE CEDAR RIVER IN KING COUNTY. ON THE CEDAR
	RIVER, 1,526 VOLUNTEER HOURS WERE CONTRIBUTED TO RESTORE 30.5 ACRES OF
40	
40	(Code: ) (Expenses \$ 835,664 · including grants of \$ ) (Revenue \$ 45,090 · POLICY: THE CASCADE AGENDA, A 100-YEAR VISION AND ACTION PLAN FOR THE
	REGION, ESTABLISHED TWO OVERARCHING GOALS: TO CONSERVE NEARLY 1.3
	MILLION ACRES OF WORKING FORESTS, FARMS, SHORELINES, PARKS AND NATURAL
	AREAS; AND TO MAKE OUR CITIES AND TOWNS GREAT PLACES TO LIVE, WORK AND
	RAISE OUR FAMILIES. TO ACHIEVE THESE GOALS, NEW CONSERVATION TOOLS AND
	NEW APPROACHES TO MANAGING GROWTH AND EXPANDING ECONOMIC OPPORTUNITIES
	IN OUR COMMUNITIES ARE NEEDED. OVER THE PAST SEVERAL YEARS FORTERRA
	HAS ADVANCED THE GOALS OF THE CASCADE AGENDA IN A NUMBER OF IMPORTANT
	WAYS. FOR EXAMPLE, WE EXPANDED OUR NETWORK OF CASCADE AGENDA CITIES TO
	19 MEMBERS. THROUGH THIS PROGRAM FORTERRA WORKS WITH CITIES TO PURSUE
	INNOVATIVE POLICIES THAT CREATE VIBRANT AND LIVABLE COMMUNITIES.
	REPRESENTING A POPULATION OF APPROXIMATELY 1.4 MILLION RESIDENTS, THE
44	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ 109, 276 • including grants of \$ ) (Revenue \$ )
40	Total program service expenses 7, 982, 836.
<del>40</del>	Form <b>990</b> (2011)
13200	SEE SCHEDIILE O FOR CONTINUATION(S)

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#### Part 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?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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	4	х	
5	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	21	
3	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 for which donors have the right to	Ť		
_	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	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		Х
h	Schedule D, Parts XI, XII, and XIII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		21
b	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			37
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		Х
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>-</b> ''-		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		

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## Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	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		Х
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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		Х
20	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	21
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If res, complete schedule in	29	22	
30	and the time Of the Was II as markets Cabadyla M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	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		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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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Form 000 (2011)

FORTERRA NW

	t V Statements Regarding Other IRS Filings and Tax Compliance		74 3112	<del>1</del> 01	P	age •
Га	Check if Schedule O contains a response to any question in this Part V					
	Check is Scriedule O contains a response to any question in this Fart v					Н.
	E	ا د ا	50		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		0			
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			4.	Х	
0-	(gambling) winnings to prize winners?	Ι		1c	Λ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ا ۵۰	76			
	filed for the calendar year ending with or within the year covered by this return				Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the control of the control o			2b	Λ	
0-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	-		0-		х
				3a		^
	•			3b		
<del>4</del> a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•	4-		х
	financial account in a foreign country (such as a bank account, securities account, or other financia	i accou	nt)'?	4a		
b	If "Yes," enter the name of the foreign country:					
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial			_		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			5b		^
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	-		0-		х
	any contributions that were not tax deductible?			6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contribu		•	Ch		
7	were not tax deductible?			6b		
7	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 so	anvicae r	rovided to the navor?	70		Х
a				7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			76		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	-		70		х
٨	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year	1 1		7c		21
			x+2	7e		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7 <del>6</del>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con If the organization received a contribution of qualified intellectual property, did the organization file I			7g		
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.			/11		
Ü	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a			8		
9	Sponsoring organizations maintaining donor advised funds.	it unly till	o daring the year.			
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:	100				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
-	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		>	12a		
	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.					
	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	13b				
С	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х

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**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	8		
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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.			
12a		12a	Х	
b	, , , , , , , , , , , , , , , , , , , ,	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		l	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?		1,,	
	The organization's CEO, Executive Director, or top management official	15a	X	37
b	Other officers or key employees of the organization	15b		X
40	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			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 900 is required to be filed \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
17 12	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 (Section 501(c)(3)s only)	availal	alo.	
18	for public inspection. Indicate how you made these available. Check all that apply.	avalidi	υ <del>c</del>	
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
13	statements available to the public during the tax year.	iiu iilid	iioiai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation· ■	•	
_0	MELISSA LAIRD, CONTROLLER - 206-292-5907	ation.		
	901 FIFTH AVENUE, SUITE 2200, SEATTLE, WA 98164			
13200	n			

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Form **990** (2011)

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Form 990 (2011) FORTERRA NW 94-3112461 Page 7

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

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

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

- 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.

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

- 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.

(A) Name and Title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) ROBIN A. APPLEFORD DIRECTOR	2.00	х						0.	0.	0.	
(2) JIM ARMSTRONG	2.00	^						0.	0.	<u></u>	
DIRECTOR	2.00	x						0.	0.	0.	
(3) ROB BERNARD											
DIRECTOR	2.00	х						0.	0.	0.	
(4) PATTI B. CASE											
SECRETARY	2.00	Х		Х				0.	0.	0.	
(5) J.J. COLLINS											
DIRECTOR	2.00	Х						0.	0.	0.	
(6) GENE DUVERNOY											
PRESIDENT/CEO	40.00	Х		Х				205,601.	0.	6,934.	
(7) NICOLE FAGHIN											
DIRECTOR	2.00	Х						0.	0.	0.	
(8) DANIEL FRIEDMAN		,,						0	0	0	
DIRECTOR	2.00	Х						0.	0.	0.	
(9) JIM GREENFIELD	2.00	х		х				0.	0.	0.	
VICE-CHAIR (10) BERT GREGORY	2.00	^		Λ				0.	0.	0.	
DIRECTOR	2.00	Х						0.	0.	0.	
(11) BOB HART	2.00							0.	0.	•	
DIRECTOR	2.00	x						0.	0.	0.	
(12) JOHN HOWELL								-			
DIRECTOR	2.00	Х						0.	0.	0.	
(13) A-P HURD											
DIRECTOR	2.00	Х						0.	0.	0.	
(14) TERRY MUTTER											
DIRECTOR	2.00	Х						0.	0.	0.	
(15) KEN MYER											
DIRECTOR	2.00	Х						0.	0.	0.	
(16) GREG NICKELS								_		_	
DIRECTOR	2.00	Х						0.	0.	0.	
(17) TOM O'KEEFE		,.						_		_	
DIRECTOR	2.00	Х						0.	0.	0.	

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Form **990** (2011)

Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	nd l	High	est	t Compensated Employ	rees (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable		Estimate	ed
	hours per	box	, unle cer ar	ss pe	rson	is bot	h an		compensation		amount	
	week (describe	$\vdash$	1		1	17 11 11 11	100,	from the	from related organizations		other ompensa	
	hours for	or director				- -		organization	(W-2/1099-MISC)		from th	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	<b></b>		organizat	tion
	organizations in Schedule		nal tr		loyee	co m p					and relat	
	O)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			C	organizati	ions
(18) PETER ORSER	,	트	드	0	ጁ	工品	E.			+		
CHAIR	2.00	X		Х				0.	0	١.		0.
(19) FRANK PRITCHARD												
DIRECTOR	2.00	Х						0.	0	١.		0.
(20) NATALIE QUICK												
DIRECTOR	2.00	X						0.	0	١.		0.
(21) FLOYD ROGERS												_
DIRECTOR	2.00	X						0.	0	٠.		0.
(22) JOE SAMBATARO	0 00											•
DIRECTOR	2.00	X						0.	0	١.		0.
(23) BRODERICK SMITH	2.00	x						0.	,			0.
OIRECTOR (24) BILL TAYLOR	2.00	^				<u> </u>		0.	0	+		<u> </u>
DIRECTOR	2.00	X						0.	١	١.		0.
(25) AARON TOSO	2.00	1				$\vdash$				+		
DIRECTOR	2.00	x						0.	1 0	١. ١		0.
(26) DAVID TOWNE		<del> </del>								╅		
DIRECTOR	2.00	x						0.	0	١. ١		0.
1b Sub-total						▶		205,601.	0	٠.	6,9	34.
c Total from continuation sheets to Part VI						$\blacktriangleright$		245,400.		١.	14,6	
d Total (add lines 1b and 1c)						<b>&gt;</b>		451,001.	0	١.	21,6	05.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wl	no r	received more than \$100	0,000 of reportable			_
compensation from the organization											17/	2
											Yes	No
3 Did the organization list any <b>former</b> officer,												Х
line 1a? If "Yes," complete Schedule J for s										. 📑	3	_^
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-					· · · · · · · · · · · · · · · · · · ·	-		4 X	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes," com	•				•						5	х
Section B. Independent Contractors	•											
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors '	that received more than	\$100,000 of compe	nsatio	on from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.			
(A)			~	_				(B)		_	(C)	
Name and business	address	N	ІИС	<u> </u>				Description of s	services	Com	pensatio	'n
2 Total number of independent contractors (i	ncluding but r	not li	mite	d to	tho	se li	ste	d above) who received n	nore than			

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\$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2011)

Form 990 (2011) FORTERRA NW 94-3112461

Form 990 (2011) FORTERRA	NW								94-311	2461
Part VII Section A. Officers, Directors, Tru	stees, Key Eı	mplo	oyee	s, a	nd ŀ	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	<b>(B)</b> Average hours	(cl		Pos		ı app	lv)	( <b>D</b> ) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	per week	Individual trustee or director Institutional trustee		Officer	Key employee	Key employee Highest compensated employee Former		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) RUTH TRUE DIRECTOR	2.00	x						0.	0.	0.
(28) DOUG WALKER DIRECTOR	2.00	x						0.	0.	0.
(29) ANDY WAPPLER DIRECTOR		х						0.	0.	0 .
(30) J. TAYLOE WASHBURN		x						0.	0.	0
(31) RON WHITENER										
DIRECTOR (32) BRUCE WILLIAMS	2.00	X						0.	0.	0
FREASURER (33) DEBBIE C. YOUNG	2.00	Х		Х				0.	0.	0
DIRECTOR	2.00	х						0.	0.	0
(34) TERESA MACALUSO EXECUTIVE VP / COO	40.00			Х				89,449.	0.	8,479
(35) CASEY O'CONNOR EXECUTIVE VP / COO	40.00			Х				37,131.	0.	1,409
(36) MICHELLE CONNOR EXECUTIVE VP / CHIEF PROGRAM OFFICER	40.00			Х				118,820.	0.	4,783
Total to Part VII, Section A, line 1c								245,400.		14,671.

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Pa	rt VII	Statement of Rever	nue					
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Membership dues Fundraising events	1c   1d   1d   1e   1s, and   1e   1a-1f: \$	668,213. 6286445. 2309766. 67,609.	9264424.			
Program Service Revenue				Business Code 531390	202,270.	202,270.		
^		All other program service reve			202,270.			
	3 4 5	Income from investment of tax	dividends, intere	est, and  roceeds	128,211.			128,211.
	6 a b	Gross rents Less: rental expenses Rental income or (loss)	(i) Real 4,800. 0. 4,800.	(ii) Personal				
	d 7 a	Nist wantal in a sure on (is a s)	(i) Securities	(ii) Other 235000.	4,800.			4,800.
	c d	and sales expenses Gain or (loss) Net gain or (loss)		235000. 0.	0.			
Other Revenue	b	Gross income from fundraising including \$ 668,2 contributions reported on line Part IV, line 18  Less: direct expenses	13 • of 1c). See a	980. 56,194.	FF 214			EF 214
	9 a	Net income or (loss) from func Gross income from gaming ac Part IV, line 19	tivities. See	<b>&gt;</b>	-55,214.			-55,214.
	с 10 а	Less: direct expenses  Net income or (loss) from gam Gross sales of inventory, less and allowances  Less: cost of goods sold	ing activities returns a					
ļ		Net income or (loss) from sale	s of inventory					
	11 a	Miscellaneous Revenu MISCELLANEOUS		Business Code 900099	30,176.			30,176.
		All other revenue  Total. Add lines 11a-11d			30,176.			
13200 01-23	<b>12</b>	Total revenue. See instructions.			9574667.	202,270.	0	• 107,973 • Form <b>990</b> (2011)

#### 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).

	plete columns (B), (C), and (D).				
	Check if Schedule O contains a respons	se to any question in thi	s Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	2 410 200	2 410 200		
	organizations in the United States. See Part IV, line 21	3,410,320.	3,410,320.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	460,796.	155,430.	288,586.	16,780
6	trustees, and key employees	400,750.	133,430.	200,300.	10,700
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	2,365,933.	1,627,819.	469,236.	268,878
8	Pension plan accruals and contributions (include	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_,,		
5	section 401(k) and section 403(b) employer contributions)	74,063.	49,742.	17,966.	6.355
9	Other employee benefits	255,242.	147,981.	83,839.	6,355 23,422
10	Payroll taxes	280,171.	184,391.	64,899.	30,881
11	Fees for services (non-employees):	,	,	,	
a	Management	87,859.	87,859.		
b	Legal	112,158.	88,833.	23,325.	
С	Accounting	39,423.	-	39,423.	
d	Lobbying	132,427.	132,427.		
е	Professional fundraising services. See Part IV, line 17	8,383.			8,383
f	Investment management fees				
g	Other	813,426.	669,584.	101,081.	42,761
12	Advertising and promotion	5,748.	1,010.	2,154.	2,584
13	Office expenses	264,851.	44,984.	121,744.	98,123
14	Information technology	40,427.	7,845.	29,084.	3,498
15	Royalties				
16	Occupancy	265,396.	372.	265,024.	
17	Travel	117,208.	82,340.	24,913.	9,955
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	85,024.	23,029.	23,227.	38,768
20	Interest	7,994.	7,994.		
21	Payments to affiliates	F1 000		F1 000	
22	Depreciation, depletion, and amortization	51,988.		51,988.	
23	Insurance	16,920.		16,920.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ACQUISITION EXPENSE	655,345.	647,345.	7,500.	500
b	STEWARDSHIP MATERIALS	204,853.	204,853.		
С	BUSINESS TAXES	73,789.	69,930.	3,859.	
d	DIRECT/FIXED EXPENSES	1.	327,441.	-395,012.	67,572
е	All other expenses	17,148.	11,307.	7.	5,834
25	Total functional expenses. Add lines 1 through 24e	9,846,893.	7,982,836.	1,239,763.	624,294
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2011)

Pai	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,492,238.	1	1,065,061.
	2	Savings and temporary cash investments			4,080,603.	2	3,433,118.
	3	Pledges and grants receivable, net			2,002,410.	3	1,550,455.
	4	Accounts receivable, net			34,936.	4	97,944.
	5	Receivables from current and former officers, di			<u> </u>		2 . , 2 = = .
		employees, and highest compensated employe					
		of Schedule L				5	
	6	Receivables from other disqualified persons (as					
	•	4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec		-			
		employees' beneficiary organizations (see instru		6			
ets	7	Notes and loans receivable, net				7	25,364.
Assets	8	Inventories for sale or use				8	
⋖	9	D ::			131,472.	9	201,108.
	l	Land, buildings, and equipment: cost or other	I I			Ť	
	104	basis. Complete Part VI of Schedule D	102	17.998.648.			
	b	Less: accumulated depreciation	10h	679,497.	15,106,392.	10c	17,319,151.
	11	Investments - publicly traded securities		3,628,656.	11	4,009,703.	
	12	Investments - other securities. See Part IV, line		210,614.	12	188,237.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11	9,175,315.	15	7,401,505.		
	16	Total assets. Add lines 1 through 15 (must equ			35,862,636.	16	35,291,646.
	17	Accounts payable and accrued expenses		563,532.	17	478,076.	
	18	Grants payable		18	2707070		
	19	Deferred revenue	192,962.	19	175,200.		
	20	Tax-exempt bond liabilities			20	.,	
s	21	Escrow or custodial account liability. Complete				21	
Liabilities	22	Payables to current and former officers, directo					
liqe		highest compensated employees, and disqualif					
Ľ		of Schedule L		and Complete Cantil		22	
	23	Secured mortgages and notes payable to unrela	ated thi	rd parties	221,624.	23	229,619.
	24	Unsecured notes and loans payable to unrelate			<u> </u>	24	,
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			978,118.	26	882,895.
		Organizations that follow SFAS 117, check he	ere 🕨	X and complete			
S		lines 27 through 29, and lines 33 and 34.	•	·			
nce	27	Unrestricted net assets			28,637,520.	27	28,946,526.
ala	28	Temporarily restricted net assets	5,436,868.	28	4,558,408.		
В	29			<u></u>	810,130.	29	903,817.
Ë		Organizations that do not follow SFAS 117, c					
ō		complete lines 30 through 34.		I			
ets	30	Capital stock or trust principal, or current funds				30	
SSI	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			34,884,518.	33	34,408,751.
	34	Total liabilities and net assets/fund balances			35,862,636.	34	35,291,646.

Form **990** (2011)

1 0111	1990 (2011)		3 T T D T (	-	гац	JC • <b>-</b>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>67.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2				<u>93.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			-	26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	34,8			
5	Other changes in net assets or fund balances (explain in Schedule O)	5				<u>41.</u>
6					,7	51.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					<u>LX</u>
				\	es/	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?		2	2b	Х	
С						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	).			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ıdit			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit		1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3	3b	Х	
			Fo	orm 9	90 (2	2011)

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FORTERRA NW 94 – 3112461

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

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(ii).  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). Complete Part III.)  A community frust described in section 170(b)(1)(A)(v). Complete Part III.)  A community frust described in section 170(b)(1)(A)(v). Complete Part III.)  A community frust described in section 170(b)(1)(A)(v). Complete Part III.)  A community frust described in section 170(b)(1)(A)(v). Complete Part III.)  A community frust described in section 170(b)(1)(A)(v). Complete Part III.)  A community frust described in section 170(b)(1)(A)(v). Complete Part III.)  A community frust described in section 170(b)(1)(A)(v). Complete Part III.)  A community frust described in section 170(b)(1)(A)(v). Complete Part III.)  A community frust described in section 170(b)(1)(A)(v). Complete Part III.)  A repairation organization and operated exclusively to test for public safety. See section 509(a)(4) for section 509(a)(4). An organization organization adoperated exclusively to test for public safety. See section 509(a)(3). Check the box describes the type of supporting organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization section 509(a)(1) or section 509(a	The	organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital city, and state:  5	1	Щ	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)	).				
A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii). Enter the hospital city, and state:  5	2	Ш	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). Complete Part II.)  A certain, state, or local government or governmental unit described in section 170(b)(1)(A)(iv).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(iv). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(iv). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross real activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross income and unrelated business taxable income flees section 511 tax) from businesses acquired by the organization after June 3 Ses section 509(a)(2). Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes or omer publicly supported organizations described in gross received section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11th.  a Type I b Type II c Type II represent the performance of the purposes of fundation managers and other than one or more publicly supported organizations described in insection 509(a)(1) or section 509(a)(1)	3	Ш	A hospital or	a cooperative hospi	tal service organization o	described	in <b>section</b>	170(b)(1)	(A)(iii).					
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(v). (Complete Part II.)  A referral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 170(b)(1)(A)(v). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross recactivities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 3 See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 1 fe through 11h.  a   Type   b   Type III c   Type III Functionally integrated   d   Type III c   Type III Functionally integrated   d   Type III c   Type III supporting organization, check this box on to controlled directly or indirectly by one or more disqualified persons oth foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509 if the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons describe	4		A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital	s nam	ne,
section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part III.)  A norganization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross recativities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 see section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes or more publicly supported organization and complete lines 11 ethrough 11th.  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes or more publicly supported organization and complete lines 11 ethrough 11th.  A community trust described organization and complete lines 11 ethrough 11th.  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons oth foundation managers and other than one or more publicly supported organizations described in (ii) and (iii) below, the governing body of the supported organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization (cless instructions)  (ii) A family member of a person described in (i) above?  (iii) A 53% controlled e			city, and stat	e:										
A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 170(b)(A)(w). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross recativities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 3 See section 509(a)(2). Complete Part III.)  10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes or more publicly supported organizations described in section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting granization and complete lines 11e through 11h.  a	5		An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a govern	mental uni	t describe	d in		
An organization that normally receives a substantial part of its support from a governmental unit or from the general public descresection 170(b)(1)(A)(vi). (Complete Part II.)  8			section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
An organization that normally receives a substantial part of its support from a governmental unit or from the general public descresection 170(b)(1)(A)(vi). (Complete Part II.)  8	6		A federal, sta	te, or local governm	ent or governmental unit	t describe	d in <b>sectio</b>	n 170(b)(	1)(A)(v).					
section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross rec activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 3 section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h.  a	7	X								or from the	general p	ublic desc	ribed	in
A community trust described in section 170(b)(1)(A)vi). (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross rec activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h.  a			•	•	•			Ü						
An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross rec activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross: income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 31 See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h.  a	8					(Complete	Part II.)							
activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 3 See section 509(a)(2). (Complete Part III.)  10								rom contri	butions, n	nembershi	o fees, an	d aross rea	eints	from
income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h.  a			•	•	• •							· ·	•	
See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type III c Type III - Complete III. Type III - Complete III. Type III - Complete III. Type III.				-	-	-		-				-		
An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h.  a							by nom bu	011100000	aoquirou b	y the orga	inzation a	itor dano d	0, 101	0.
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h.  a	10					et for publ	ic cafety 9	Soo <b>coc</b> tio	n 500(a)(/	1\				
more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box describes the type of supporting organization and complete lines 11e through 11h.  a  Type II		一									v out the r	ournocoe o	of one	or
describes the type of supporting organization and complete lines 11e through 11h.  a	"													Oi
a Type II b Type II c Type III - Functionally integrated d Type III - C Type III - Functionally integrated by checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons oth foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509 if If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) above?  (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization (i) above?  (iii) A 35% controlled entity of a person described in (i) above?  (iv) Is the organization organization in col. (i) listed in your organization in col. (i) listed in your organization in col. (i) organization in col. (ii) organization in col. (ii) organization in col. (ii) organization in col. (iii) organization in col. (iiii) organization in col. (iiii) organization in col. (iiiii) organization in col. (iiii) o				· · · · · ·			=		2). Occ <b>se</b> (	, IIOII 309(i	a)(3). One	CK IIIE DOX	ша	
By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons oth foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)				· · · · ·	¬ ~		-		to avoto d		4	Tuno III. C	\+h_o_r	
foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a) or section 509(a) (1) or section for or anzation from the IRS that it is a Type I, or Type II, or Type II	_				* *	• •		-	-	r mara dia		• •		
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (ii) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (ii) of your support?  (iv) Is the organization in col. (i) of your support?  (ii) of your support?  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (ii) of your support?  (iv) Is the organization in col. (ii) of your support?  (iv) Is the organization in col. (ii) of your support?  (iv) Is the organization in col. (ii) of your support?  (iv) Is the organization in col. (ii) of your support?  (iv) Is the organization in col. (ii) of your support?  (iv) Is the organization in col. (ii) of your support?  (iv) Is the organization in col. (ii) of your support?	е			· · · · · · · · · · · · · · · · · · ·			-	-	-		-			
supporting organization, check this box  g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organization(s).  (i) Name of supported organization  (iii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) of your support?  Yes No Yes No Yes No  (vi) Is the organization in col. (i) organized in the U.S.?  Yes No Yes No Yes No											(a)(1) or s	ection 509	(a)(2).	
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (i) Name of supported organization  (ii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) organization in col. (ii) organization in col. (iii) organization	T		•				•							
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  (i) Name of supported organization about the supported organization (described on lines 1-9 above or IRC section (see instructions))  (iii) FIN  (iii) FIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (iv) Is the organization in col. (i) of your support?  (vii) Am supported viii) Fix organization in col. (ii) organized in the U.S.?  (vii) Am supported viii) Fix organization in col. (ii) organized in the U.S.?  (viii) Am supported viii) Fix organization in col. (iii) organized in the U.S.?  (viii) Am supported viii) Fix organization in col. (iii) organized in the U.S.?														
the governing body of the supported organization?  (ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organization(s).  (ii) Name of supported organization  (iii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) listed in your governing document?  Yes No Yes No Yes No  (vii) Sthe organization in col. (i) organized in the U.S.?  Yes No Yes No	g		-		-			-						·
(ii) A family member of a person described in (i) above?  (iii) A 35% controlled entity of a person described in (i) or (ii) above?  Provide the following information about the supported organization(s).  (i) Name of supported organization  (ii) EIN  (iii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) listed in your governing document?  Yes No Yes No Yes No													Yes	No
(iii) Name of supported organization  (ii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) listed in your governing document?  (iv) Did you notify the organization in col. (i) of your support?  (vi) Is the organization in col. (i) of your support?  (vii) Am (viii) Am (viii) Am (viii) Am (viii) Am (viiii) Am (viiii) Am (viiii) Am (viiii) Am (viiii) Am (viiiii) Am (viiii) Am (viiiii) Am (viiii) Am (viiiii) Am (viiii) Am (viiiii) Am (viiiiii) Am (viiiii) Am (viiiii) Am (viiiii) Am (viiiii) Am (viiiiii) Am (viiiiiii) Am (viiiiiii) Am (viiiiiii) Am (viiiiiii) Am (viiiiiiii) Am (viiiiiii) Am (viiiiiiii) Am (viiiiiiiii) Am (viiiiiiiii) Am (viiiiiiiiiii) Am (viiiiiiiiiiiiiii) Am (viiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii													<del></del>	
h Provide the following information about the supported organizations).  (i) Name of supported organization organization (described on lines 1-9 above or IRC section (see instructions))  (i) Of your support?  Yes No Yes													<del> </del>	
(i) Name of supported organization (described on lines 1-9 above or IRC section (see instructions))  (ii) EIN  (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))  (iv) Is the organization in col. (i) listed in your governing document?  Yes No Yes No Yes No  (vi) Is the organization in col. (i) organization in col. (i) organization in the U.S.?												. 11g(iii)		
organization (described on lines 1-9 above or IRC section (see instructions))  Organization in col. (i) listed in your governing document?  Yes No Yes No Yes No (i) organization in col. (ii) organization in col. (iii)	h		Provide the fo	ollowing information	about the supported or	ganization	(s).							
organization (described on lines 1-9 above or IRC section (see instructions))  Organization in col. (i) listed in your governing document?  Yes No Yes No Yes No (i) organization in col. (ii) organization in col. (iii)				<b>T</b>	/!!!\ T t									
(described on lines 1-9 above or IRC section (see instructions))  The section (see instructions) (i) of your support?  The section (i) of your support?  The section (i) of your support?  The support of	(i)	Name	of supported	(ii) EIN						(vi) Is Lorganizatio	the on in col	(vii) Am	ount c	f
(see instructions))  Yes No Yes No  Yes No		orga	anization							l (i) organiz	ed in the	sup	oort	
Total					(see instructions))	Yes	No	Yes	No	Yes	No			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7,804,887.	12,337,410.	10,098,393.	10,826,634.	9,264,424.	50,331,748.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7,804,887.	12,337,410.	10,098,393.	10,826,634.	9,264,424.	50,331,748.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						383,150.
6	Public support. Subtract line 5 from line 4.						49,948,598.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	7,804,887.	12,337,410.	10,098,393.	10,826,634.	9,264,424.	50,331,748.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	203,753.	192,561.	269,667.	142,944.	133,011.	941,936.
9	Net income from unrelated business	-	,	•	-	,	· · ·
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)		5,764.	6,870.	42,264.	30,176.	85,074.
11	Total support. Add lines 7 through 10		,	,	,	,	51,358,758.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,671,242.
	First five years. If the Form 990 is for						· · ·
	organization, check this box and stor	-			•		
Sec	ction C. Computation of Publ						<u>,                                      </u>
14	Public support percentage for 2011 (I	ine 6. column (f) di	ivided by line 11. c	olumn (f))		14	97.25 %
	Public support percentage from 2010					15	93.78 %
	33 1/3% support test - 2011. If the o					nore, check this bo	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2010. If the o						
	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	•	-	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ		•				
18	Private foundation. If the organization						
<u></u>	ato roundation ii iiio organizatio	did not officer a	23/ 3/ III 0 10, 100	ــ, ١٥٤, ١١۵, ١١٢		dule A (Form 990	

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

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

Section A. Public Support	now, piedee com	oloto i art II.j				
Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and		. ,	, ,	` '	, ,	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to the organization without charge						
· · · ·						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons <b>b</b> Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support		#10000	( ) 0000	( 0 0040	( ) 00//	(0
Calendar year (or fiscal year beginning in) ▶	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 2011	(f) Total
9 Amounts from line 6						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b,						
whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
<b>14</b> First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						<u></u> ▶□
Section C. Computation of Publi						
15 Public support percentage for 2011 (lin					15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	010 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	I7 is not
more than 33 1/3%, check this box an	id <b>stop here.</b> The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
<b>b 33 1/3% support tests - 2010.</b> If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	<b>&gt;</b>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2011

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
		filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.				
Special	Rules					
X	509(a)(1) and 170(b	)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections )(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	total contributions	)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.				
	contributions for us If this box is checked purpose. Do not co	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, e exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions of \$5,000 or more during the year.				

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

FORTERRA NW

94-3112461

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 251,500.	Person X Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Trainic, dual 600, und En 11	\$ 951,475.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 209,348.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$675,160.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

FORTERRA NW

94-3112461

			3112101
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,209,907.	Person X Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 2,396,213.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number** 

FORTERRA NW

94-3112461

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u>-</u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
102452 01 2		Schedule B (Form 6	90 990-F7 or 990-PF\ (2011)

Schedule B (Form 990, 990-EZ, or 990-PF) (2011) Page 4 Name of organization Employer identification number FORTERRA NW 94-3112461 religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III Exclusively religious, charitable, etc., individual contributions to section 501(C)(1), (8), or (10) organizations year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000** or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **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

➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

 $If the organization \ answered \ "Yes" \ to \ Form \ 990, \ Part \ IV, \ line \ 3, \ or \ Form \ 990-EZ, \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then$ 

- 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 35c (Proxy Tax), then

• ;	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nam	ne of organization			Emp	oloyer identification number
	FORTERR				94-3112461
Pa	ert I-A Complete if the org	ganization is exempt un	der section 501(c	or is a section 527	organization.
2	Provide a description of the organize Political expenditures  Volunteer hours	·		<b>&gt;</b>	\$
Pa	art I-B Complete if the org	ganization is exempt un	der section 501(c	)(3).	
1	Enter the amount of any excise tax	incurred by the organization ur	nder section 4955	<b>&gt;</b>	\$
2	Enter the amount of any excise tax	incurred by organization mana-	gers under section 495	i5▶	\$
3	If the organization incurred a section	on 4955 tax, did it file Form 472	0 for this year?		Yes No
4a	Was a correction made?				Yes No
	of If "Yes," describe in Part IV.		-l	\	(-)(0)
		ganization is exempt un		• •	` ', '
	Enter the amount directly expended		· · · · · · · · · · · · · · · · · · ·		\$
2	Enter the amount of the filing organ		· ·	_	Φ.
2	exempt function activities  Total exempt function expenditures				<b></b>
3	line 17b				¢
4	Did the filing organization file <b>Form</b>	1120-POI for this year?			Yes No
5	Enter the names, addresses and er made payments. For each organiza contributions received that were prepolitical action committee (PAC). If	ation listed, enter the amount par comptly and directly delivered to	aid from the filing organ o a separate political or	nization's funds. Also enter t ganization, such as a separ	the amount of political
	<b>(a)</b> Name	<b>(b)</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

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

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hedule C (Form 990 or 990-EZ) 2011 FORTERRA NW 94-3112461 Page 2 art II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768					
		npt under sectio	n 501(c)(3) and fil	ed Form 5768	
(election under sec	tion 501(h)).				
A Check 🕨 📖 if the filing organiza	tion belongs to an affi	liated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
. — .	e of excess lobbying	. ,			
B Check ► ☐ if the filing organiza	tion checked box A ar	nd "limited control" pro	visions apply.		T
	ts on Lobbying Exper litures" means amou	nditures ints paid or incurred.)	1	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	uence public opinion (	grass roots lobbying)		13.	
<b>b</b> Total lobbying expenditures to influ				75,084.	
c Total lobbying expenditures (add li				75,097.	
<b>d</b> Other exempt purpose expenditure				9,771,796.	
e Total exempt purpose expenditure				9,846,893.	
f Lobbying nontaxable amount. Ente				642,345.	
If the amount on line 1e, column (a) o	r (b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000	20% of	the amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			160,586.	
h Subtract line 1g from line 1a. If zero	o or less, enter -0			0.	
i Subtract line 1f from line 1c. If zero	or less, enter -0-			0.	
j If there is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?			L	Yes No
	ations that made a s		Section 501(h) n do not have to comp es 2a through 2f on pa		
	Lobbying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	<b>(c)</b> 2010	<b>(d)</b> 2011	(e) Total
2a Lobbying nontaxable amount	646,026.	483,742.	517,532.	642,345.	2,289,645.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,434,468.
c Total lobbying expenditures	184,000.	162,239.	103,546.	75,097.	524,882.
d Grassroots nontaxable amount	161,507.	120,936.	129,383.	160,586.	572,412.
e Grassroots ceiling amount (150% of line 2d, column (e))					858,618.
f Grassroots lobbying expenditures	10,000.	2,083.		13.	12,096.

Schedule C (Form 990 or 990-EZ) 2011

# 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)).

For e	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description	(a)	)	(b	)
of th	e lobbying activity.	Yes	No	Amo	unt
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
	Mailings to members, legislators, or the public?				
е	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?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(	5), or se	ection	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(4)		-		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR	(b) Part	III-A, IIN	e 3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	cal			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex-				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?				
	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part I-C,	art II-A; and F	art II-B, III	ne 1. Also, c	omplete
	part for any additional information.  ROUGHOUT THE YEAR STAFF AND CONTRACT LOBBYISTS MET	אדיי די	OCAL	STATE	!
	MOOGHOOT THE THEM STREET TRAD CONTINUED HODDITSTO HEE	*******	0021111,	D11111	
AN:	D FEDERAL ELECTED OFFICIALS AND AGENCIES TO ADVANCE	VARIO	US		
CO	NSERVATION AND SMART GROWTH INITIATIVES.				

Schedule C (Form 990 or 990-EZ) 2011

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

Attach to Form 990. ► See separate instructions.

2011
Open to Public Inspection

Name of the organization

Employer identification number

	t I Organizations Maintaining Donor Advised Funds or O	thar Similar Funds or	Accounts Commission if the
Part	<del></del>	uner Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		<u> </u>
		advised funds	(b) Funds and other accounts
	Total number at end of year		
	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
	Aggregate value at end of year		
	Did the organization inform all donors and donor advisors in writing that the as		
	are the organization's property, subject to the organization's exclusive legal co		
	$\operatorname{Did}$ the organization inform all grantees, donors, and donor advisors in writing		
	for charitable purposes and not for the benefit of the donor or donor advisor, or	or for any other purpose conf	
	impermissible private benefit?		
Part	1 6		V, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that		
		Preservation of an historic	
	Protection of natural habitat	□ Preservation of a certified	historic structure
	X Preservation of open space		
2	Complete lines 2a through 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 Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b 6,539.00
С	Number of conservation easements on a certified historic structure included in	n (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and	d not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, extinguish	ned, or terminated by the org	anization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is located	<b>1</b> 1	
5	Does the organization have a written policy regarding the periodic monitoring,	inspection, handling of	
	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing co		
	Amount of expenses incurred in monitoring, inspecting, and enforcing conservations		
8	Does each conservation easement reported on line 2(d) above satisfy the requ	uirements of section 170(h)(4	·· · · · · · · · · · · · · · · · · · ·
	and section 170(h)(4)(B)(ii)?		
	In Part XIV, describe how the organization reports conservation easements in	· ·	
	include, if applicable, the text of the footnote to the organization's financial sta	atements that describes the	organization's accounting for
	conservation easements.	-1.7	O'mailan Assaula
Part			r Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line		
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to rep		
	historical treasures, or other similar assets held for public exhibition, education	n, or research in furtherance	of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describes these items.		
		in ita ravanua atatamant ana	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report		
b	treasures, or other similar assets held for public exhibition, education, or research		
b	treasures, or other similar assets held for public exhibition, education, or researelating to these items:	arch in furtherance of public	service, provide the following amounts
b	treasures, or other similar assets held for public exhibition, education, or researelating to these items:  (i) Revenues included in Form 990, Part VIII, line 1	arch in furtherance of public	service, provide the following amounts   \$
b	treasures, or other similar assets held for public exhibition, education, or researelating to these items:  (i) Revenues included in Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	arch in furtherance of public	service, provide the following amounts  > \$ \$
b	treasures, or other similar assets held for public exhibition, education, or researelating to these items:  (i) Revenues included in Form 990, Part VIII, line 1	arch in furtherance of public	service, provide the following amounts  > \$ \$
b 2	treasures, or other similar assets held for public exhibition, education, or researelating 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 state following amounts required to be reported under SFAS 116 (ASC 958) relationships and the same assets are supported under SFAS 116 (ASC 958) relationships are supported under SFAS 95 (ASC 958) relationships are supported under	arch in furtherance of public s similar assets for financial gai ating to these items:	service, provide the following amounts  \$
2 a	treasures, or other similar assets held for public exhibition, education, or researelating 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 seconds.	arch in furtherance of public s	service, provide the following amounts  > \$

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

Schedule D (Form 990) 2011

Par	rt III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, o	or Oth	er Simi	lar Ass	<b>ets</b> (conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check	any of the	following tha	at are a s	ignifican	t use of its	s collection	n items	3
	(check all that apply):										
а	Public exhibition	d		Loan or excl	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	how th	ney further th	ne organizati	on's exe	mpt purp	ose in Pa	ırt XIV.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arrang								, line 9, or		
	reported an amount on Form 990, Par			· ·					•		
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for	contribution	s or other as	sets not	included	t			
	on Form 990, Part X?								Yes	X	No
b	If "Yes," explain the arrangement in Part XIV a	and complete the foll	lowing t	table:							
	, ,	·	Ū						Amount		
С	Beginning balance						1c				<u>I3.</u>
	Additions during the year										
	Distributions during the year									91	<u>I3.</u>
f	Ending balance										0.
2a	Did the organization include an amount on Fo	orm 990. Part X. line 2	21?					<u> </u>	Yes		No
	If "Yes," explain the arrangement in Part XIV.	,									
Par		the organization ans	wered	"Yes" to For	rm 990, Part	IV, line 1	10.				
		(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years b	ack
1a	Beginning of year balance	678,238.		622,820.	` '	6,675.	. ,	449,276	· · ·		
b		93,687.		53,209.	6	5,430.		291,056			
С	Net investment earnings, gains, and losses	-21,130.		2,209.		9,285.		166,527			
d	Grants or scholarships	,						· ·			
e	Other expenditures for facilities										
_	and programs							7,132			
f	Administrative expenses							•			
a	End of year balance	750,795.		678,238.	62	2,820.		566,673			
2	Provide the estimated percentage of the curre		e (line 1	a column (a	ı)) held as:	, ,		•			
		one your one balance	%	9, 001411111 (4	,,, 11014 40.						
	100 00 -	%									
	Temporarily restricted endowment										
_	The percentages in lines 2a, 2b, and 2c should	-									
За	Are there endowment funds not in the posses	•	tion tha	at are held a	nd administe	ered for t	he organ	ization			
	by:	<b>3-</b>								Yes	No
	(i) unrelated organizations								3a(i)		X
											X
b	If "Yes" to 3a(ii), are the related organizations										
4	Describe in Part XIV the intended uses of the										
Par	rt VI Land, Buildings, and Equipm										
	Description of property	(a) Cost or ot		(b) Cost	or other	(c) A	ccumula	ted	(d) Book	c value	
	2000p.ii.e.v.or.proporty	basis (investm		basis (			preciatio		(4, 200)		
1a	Land			17,18	5,614.				17,18	5,61	4.
	Buildings				8,712.		186,0			2,69	
	Leasehold improvements				,		, -			,	
	Equipment			54	8,398.		477,0	96.	7:	1,30	)2.
	Other	I			5,924.		16,3			9,54	
	I. Add lines 1a through 1e. (Column (d) must ed		K. colun				- , -		17,319		
. otal		,	., 551411	(=),	- 19/1/			0-1	- , ·	, _ 0	

Schedule D (Form 990) 2011

(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua ost or end-of-year mar	
1) Financial derivatives				
2) Closely-held equity interests				
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) (l)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.		I ue 13.		
(a) Description of investment type	(b) Book value		(c) Method of valua	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
otal. (Col (b) must equal Form 990, Part X, col (B) line 13.)  Part IX Other Assets. See Form 990. Part X, lir				
, ,	a) Description			(b) Book value
(1) EARNEST MONEY DEPOSITS	ay Bosonption			30
(2) PROPERTY HELD FOR SALE				7,401,475
(3)				., = = , = , =
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) li			<b>&gt;</b>	7,401,505
Part X Other Liabilities. See Form 990, Part X	X, line 25.			
(a) Description of liability		(b) Book value	-	
(1) Federal income taxes			_	
(2)			4	
(3)			4	
(4)			-	
(5) (6)				
(7)				
(8)				
· ·	l l			
(9)	+			

2. FIN 4 132053 01-23-12

CLC\_\_\_1

ADDITIONAL COSTS OF ACQUIRING EASEMENTS ARE EXPENSED AS INCURRED.

PART V, LINE 4: FORTERRA'S ENDOWMENT CONSISTS OF TWO INDIVIDUAL FUNDS,

BOTH ESTABLISHED FOR LONG-TERM LAND STEWARDSHIP. THE ENDOWMENT INCLUDES

ONLY DONOR-RESTRICTED ENDOWMENT FUNDS. THERE ARE NO FUNDS DESIGNATED BY

THE BOARD OF DIRECTORS TO FUNCTION AS ENDOWMENTS. AS REQUIRED BY GENERALLY

ACCEPTED ACCOUNTING PRINCIPLES (GAAP), NET ASSETS ASSOCIATED WITH

Schedule D (Form 990) 2011

Part XIV Supplemental Information (continued)
ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR
ABSENCE OF DONOR-IMPOSED RESTRICTIONS. FORTERRA HAS A POLICY OF
APPROPRIATING FOR DISTRIBUTION EACH YEAR 4 PERCENT OF ITS ENDOWMENT FUND'S
AVERAGE FAIR VALUE OVER THE PRIOR 12 QUARTERS THROUGH THE CALENDAR
YEAR-END PRECEDING THE FISCAL YEAR IN WHICH THE DISTRIBUTION IS PLANNED.
IN ESTABLISHING THIS POLICY, FORTERRA CONSIDERED THE LONG-TERM EXPECTED
RETURN ON ITS ENDOWMENT.
PART XI, LINE 8 - OTHER ADJUSTMENTS:
WRITE DOWN OF PROPERTY HELD FOR SALE -83,610.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
DIRECT COST OF FUNDRAISING EVENTS 56,194.
WRITE DOWN OF LAND HELD FOR SALE -83,610.
TOTAL TO SCHEDULE D, PART XII, LINE 2D -27,416.
PART XIII, LINE 2D - OTHER ADJUSTMENTS:
DIRECT COST OF FUNDRAISING EVENTS 56,194.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Onen To Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open To Public Inspection

Name of the organization FORTERRA	A NW					Employer ide	ntification number 461
	Complete if the organization answ	rered "Ye	es" to	Form 990, Part IV,	line 1		
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written o key employees listed in Form 990, Pab If "Yes," list the ten highest paid indirecompensated at least \$5,000 by the</li> </ul>	e Solicita f Solicita g Specia  r oral agreement with any individua art VII) or entity in connection with prividuals or entities (fundraisers) purs	ation of nation of g I fundrais I (includi profession	on-g lover sing ing o	overnment grants nment grants events fficers, directors, tru- fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) D fundrai have cus or contri contribut	stody ol of	(iv) Gross receipts from activity	to (d	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		$\sqcup$					
		$\vdash$					
		$\vdash$					
			<b>&gt;</b>				
3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contribu	itions	s or has been notified	d it is	exempt from re	egistration
LHA Paperwork Reduction Act Notice, s	see the Instructions for Form 990	or 990-	F7			Schedule G (Forr	n 990 or 990-EZ) 2011

94-3112461 Page 2 Schedule G (Form 990 or 990-EZ) 2011 FORTERRA NW Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events AWARDS NONE (add col. (a) through BREAKFAST LUNCHEON col. (c)) (total number) (event type) (event type) Revenue 654,213. 14,980. 669,193. 1 Gross receipts 668,213. 654,213. 14,000. 2 Less: Charitable contributions 980 980. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes **Direct Expenses** 6 Rent/facility costs 50,372. 5,822. 56,194. 7 Food and beverages 8 Entertainment Other direct expenses 56,194, 10 Direct expense summary. Add lines 4 through 9 in column (d) -55,214. 11 Net income summary. Combine line 3, column (d), and line 10. Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue ..... 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Schedule G (Form 990 or 990-EZ) 2011

**b** If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2011 FORTERRA NW 94-	-311 <i>24</i>	461	Page 3
11	Does the organization operate gaming activities with nonmembers?	🗀 ነ	<b>′</b> es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		⁄es	☐ No
13	Indicate the percentage of gaming activity operated in:	"   i		
		13a		04
	The organization's facility			<u>%</u>
	An outside facility	13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	\( \sim \)	<b>/</b> es	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	If "Yes," enter name and address of the third party:			
Ī	Too, onto hand address of the ania party.			
	Name			
	Address >			
16	Gaming manager information:			
	Name N			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
a			⁄es	☐ No
	retain the state gaming license?		103	110
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Pa	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns	(iii) and (v)	, and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

FORTERRA 1	√W						94-3112461
Part I General Information on Grants ar	nd Assistance						
Does the organization maintain records to criteria used to award the grants or assist	tance?						tion X Yes No
2 Describe in Part IV the organization's pro-							
Part II Grants and Other Assistance to C		-				•	
recipient that received more than \$  1 (a) Name and address of organization or government	5,000. Check th	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TAHOMA AUDUBON SOCIETY 2917 MORRISON RD W UNIVERSITY PLACE, WA 98466		501(C)(3)	9,000.	0.			MANAGMENT OF MORSE BOARDWALK
KING COUNTY 201 S JACKSON STREET, STE 700 SEATTLE, WA 98104		115	60,740.	0.			MAURY ISLAND
CITY OF NORMANDY PARK 801 SW 174TH STREET NORMANDY PARK, WA 98166		115	0.	670,000.	воок	BEACONSFIELD LAND	PRESERVATION AND RESTORATION OF SALMON HABITAT
CHEHALIS RIVER BASIN LAND TRUST 417 NORTH PEARL STREET CENTRALIA, WA 98531		501(C)(3)	0.	2,650,000.	воок		PRESERVATION OF FISH AND WILDLIFE HABITATS.
<ul> <li>2 Enter total number of section 501(c)(3) ar</li> <li>3 Enter total number of other organizations</li> </ul>							

Schedule I (Form 990) (2011) FORTERRA NW					94-3112461	Page 2
Part III Grants and Other Assistance to Individuals in the University Part III can be duplicated if additional space is needed	<b>nited States.</b> Con	nplete if the organiz	cation answered "Yes	" to Form 990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash a	ssistance
Part IV Supplemental Information. Complete this part to prov	ride the informatio	n required in Part I	, line 2, and any other	additional information.		
SCHEDULE I, PART I, LINE 2: GRANT	MONITORI	NG ACTIVI	TIES WILL T	YPICALLY		
OCCUR THROUGHOUT THE YEAR AND MAY	TAKE VAR	IOUS FORMS	S DEPENDING	ON WHAT IS		
DEEMED MOST APPROPRIATE FOR THE G	RANT RECI	PIENT. THE	IS MAY INCL	UDE GRANT		
REPORTS, MEETING WITH GRANT RECIP	IENTS AND	SITE VIS	ITS.			

# SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

## **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FORTERRA NW

Employer identification number 94-3112461

Pa	rt I Questions Regarding Compensation			
	·		Yes	No
<b>1</b> 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.  First-class or charter travel  Housing allowance or residence for personal use  Payments for business use of personal residence  Health or social club dues or initiation fees  Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
b	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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			1
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.  X Compensation committee  Independent compensation consultant  X Compensation survey or study  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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	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:			
а	The organization?	5а	Х	
	Any related organization?	5b		Х
	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:			37
	The organization?	6a		X
b	Any related organization?	6b		
7	If "Yes" to line 6a or 6b, describe in Part III.  For persons 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		x
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<del></del>		<del></del>
3	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	Ť		
	Regulations section 53.4958-6(c)?	9		

132111

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	<b>(E)</b> Total of columns	(F) Compensation	
<b>(A)</b> Name		(i) Base compensation (ii) Bonus & (iii) Other reportable compensation compensatio		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
	(i)	205,601.	0.	0.	6,318.	616.	212,535.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
16	(ii)								

### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 5: COMPENSATION FOR PERFORMANCE IS BASED ON SEVERAL
ELEMENTS, ONE OF WHICH IS THE EXTENT TO WHICH CERTAIN PROGRAM AREAS COVER
THEIR EXPENSES OR CREATE ADDITIONAL REVENUE TO GROW THE ORGANIZATION. AT
THE BEGINNING OF THE PERIOD, EACH DEPARTMENT SETS 3-4 GOALS (INCLUDING
REVENUE GOALS) WITH MANAGEMENT, AND DEPARTMENT MANAGEMENT SETS 3-6
INDIVIDUAL GOALS (WHICH MAY INCLUDE SECURING CONTRACTS OR CLOSING ON
CONSERVATION PROPERTIES WHICH PROVIDE REVENUE). A CALCULATION IS MADE AT
THE END OF THE PERIOD BASED ON MEETING GOALS (0-200% PER GOAL). AT VARIOUS
LEVELS OF THE ORGANIZATION, THE PERCENTAGE DUE TO ORGANIZATION, DEPARTMENT,
AND INDIVIDUAL ARE DIFFERENT - MANAGEMENT HAS MORE IMPACT ON ORGANIZATION
GOALS, LESS SO ON INDIVIDUAL PERFORMANCE. A VICE PRESIDENT WOULD HAVE 20%
FOR INDIVIDUAL PERFORMANCE, 50% FOR DEPARTMENT GOALS, AND 30% FOR
ORGANIZATIONAL 'NET REVENUE'; A PROJECT MANAGER WOULD HAVE 40% FOR
INDIVIDUAL PERFORMANCE, 40% FOR DEPARTMENT GOALS, AND 20% FOR OVERALL
ORGANIZATIONAL SUCCESS BASED ON NET REVENUE. DEPARTMENT MANAGERS RATE
THEIR STAFF, HR REVIEWS FOR INTERNAL CONSISTENCY ACROSS DEPARTMENTS, AND
EXECUTIVE MANAGEMENT RATES DEPARTMENT PERFORMANCE AGAINST GOALS.
ORGANIZATIONAL PERFORMANCE MUST MEET CERTAIN NET REVENUE THRESHOLD TO BE

### **SCHEDULE M** (Form 990)

Department of the Treasury

## **Noncash Contributions**

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No. 1545-0047

Open to Public . Inspection

Employer identification number

Internal Revenue Service Name of the organization

Attach to Form 990.

Г-	FORTERRA NW				94-3	117	40 I	
Pai	rt I Types of Property	1.3	0.5	1 (.)				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	9	66,391.	QUOTED PRIC	E.		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			1 212				
25	Other (SUPPLIES)	X	4	1,218.	DONOR'S VAL	ıUE		
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization		-					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by							
	at least three years from the date of the initial of		•	•				
	the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				utions?	31	Х	<u> </u>
32a	Does the organization hire or use third parties	or related or	rganizations to soli	icit, process, or sell noncash				
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) 1	or a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.			_				
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (	2011)

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

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

FORTERRA NW

Employer identification number 94-3112461

LINE 19

MANY OF THE PROJECTS WHICH FORTERRA UNDERTAKES TO ACHIEVE THEIR MISSION

SPAN SEVERAL YEARS. NET REVENUES FROM COMPLETION OF THESE PROJECTS CAN

BE REINVESTED TO FUND THE DEVELOPMENT OF PROJECTS IN FUTURE PERIODS,

COVERING NET LOSSES IN YEARS WITH NO SIGNIFICANT PROJECT CLOSINGS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RIPARIAN HABITAT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: CASCADE AGENDA CITIES EMBODY THE PRINCIPLE THAT GREAT CITIES ARE ESSENTIAL TO THE CONSERVATION OF OUR REGION'S RESOURCE LANDS. ANOTHER SUCCESSFUL PROGRAM AREA IS TRANSFER OF DEVELOPMENT RIGHTS, OR TDR. FORTERRA PIONEERED LEGISLATION THAT CREATED A REGIONAL TRANSFER OF DEVELOPMENT RIGHTS PROGRAM FOCUSED ON PROTECTING THE FARMS AND FORESTS THAT ARE VITAL TO THE HEALTH OF THE PUGET SOUND REGION. THIS PROGRAM, THE FIRST OF ITS KIND IN THE COUNTRY, IS A MARKET-BASED LAND USE TOOL THAT INCENTIVIZES NEW GROWTH WITHIN EXISTING URBAN AREAS WHILE CONSERVING CRITICAL RESOURCE LANDS. BY COMBINING TDR WITH A LOCAL INFRASTRUCTURE FINANCING TOOL, CITIES IN THE REGION CAN ENHANCE INFRASTRUCTURE AND SERVICES FOR THEIR RESIDENTS WHILE PROMOTING ECONOMIC DEVELOPMENT AND SIMULTANEOUSLY PROTECTING UP TO 800,000 ACRES FARMS AND FORESTS. FORTERRA EXTENDED ITS COMMUNITY STEWARDS PROGRAM TO 5 CITIES, AND GROWING, EXPANDING A NETWORK OF INFORMED, ENGAGED CITIZENS WHO SUPPORT POSITIVE CHANGES IN THEIR COMMUNITIES.

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

Schedule O (Form 990 or 990-EZ) (2011)

132211 01-23-12

Employer identification number 94-3112461

COLLECTIVELY THESE EFFORTS COMPRISE AN INTEGRATED, COMPREHENSIVE

APPROACH TO MAINTAINING AND ENHANCING THE QUALITY OF LIFE THAT MAKES

OUR REGION A GREAT PLACE TO LIVE. SEVERAL EXCITING NEW PROGRAMS HAVE

THE POTENTIAL TO GREATLY BROADEN OUR IMPLEMENTATION OF THE THE CASCADE

AGENDA IN THE COMING YEARS, AS WELL AS LAUNCH THE EMERGING OLYMPIC

AGENDA, A 100-YEAR VISION AND ACTION PLAN FOR THE COUNTIES COMPRISING

WASHINGTON'S OLYMPIC PENINSULA.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OUTREACH & PUBLIC EDUCATION: FORTERRA PROVIDES EDUCATIONAL INFORMATION
ON CONSERVATION TO THE PUBLIC, PRESENTS IT'S MISSION & VISION TO
COMMUNITY LEADERS & ORGANIZATIONS, AND PARTICIPATES IN PUBLIC FORUMS
ABOUT CONSERVATION.

EXPENSES \$ 109,276. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4: IN NOVEMBER 2011, CASCADE LAND

CONSERVANCY LEGALLY CHANGED THEIR NAME TO FORTERRA NW.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED IN DETAIL BY

BOTH THE CONTROLLER AND THE CHIEF OPERATING OFFICER (EXECUTIVE VICE

PRESIDENT). IT IS REVIEWED AND SIGNED BY THE PRESIDENT. THE COMPLETE FORM

990 IS E-MAILED TO THE ENTIRE BOARD (INCLUDING THE FINANCE COMMITTEE)

BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS
REVIEWED WITH EACH NEW OFFICER, DIRECTOR AND KEY EMPLOYEE. THEY SIGN A
STATEMENT AFFIRMING THEIR UNDERSTANDING. CONFLICT OF INTEREST DISCLOSURE
STATEMENTS ARE SENT TO EACH OFFICER. DIRECTOR AND KEY EMPLOYEE ANNUALLY

STATEMENTS ARE SENT TO EACH OFFICER, DIRECTOR AND KEY EMPLOYEE ANNUALLY.

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization **Employer identification number** FORTERRA NW 94-3112461 COO MONITORS FOR ANY PREVIOUSLY UNDISCLOSED INFORMATION AND ENSURES FULL COMPLIANCE. BOARD MEMBERS RECUSE THEMSELVES IF THEY HAVE KNOWLEDGE OF ANY RELATIONSHIP OR PERCEIVED RELATIONSHIP RELATED TO PENDING RESOLUTIONS. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION COMMITTEE (A SUB-SET OF THE EXECUTIVE COMMITTEE OF THE BOARD, INCLUDING THE BOARD CHAIR) CONDUCTS AN ANNUAL PERFORMANCE EVALUATION OF THE CEO (AGAINST PRE-DETERMINED GOALS). CEO COMPENSATION IS A COMBINATION OF BASE PAY AND PERFORMANCE PAY RELATED TO THE COMPLETION OF THOSE ORGANIZATIONAL GOALS. FOLLOWING THE ANNUAL EVALUATION, THE SAME COMMITTEE EVALUATES AND RECOMMENDS % OF PERFORMANCE PAY TO BE PAID, AS WELL AS COMPENSATION PACKAGE FOR THE FOLLOWING YEAR. EVERY 2-3 YEARS A SALARY SURVEY IS COMPILED AND USED FOR COMPARATIVE PURPOSES (USING REGIONAL DATA FROM LIKE-SIZED NON-PROFIT ENTITIES AS WELL AS COMPARABLE LAND TRUST/POLICY ORGANIZATIONS NATIONALLY). THE FULL BOARD REVIEWS AND APPROVES THE COMMITTEE'S RECOMMENDATION IN EXECUTIVE SESSION, AND A FORMAL MEMO FROM THE CHAIR IS PROVIDED FOR THE CEO'S PERSONNEL FILE. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: NET UNREALIZED LOSSES ON INVESTMENTS: -119,931. WRITE DOWN OF PROPERTY HELD FOR SALE -83,610. TOTAL TO FORM 990, PART XI, LINE 5 -203,541.PART XI, LINE 2C

CLC\_\_\_1

REVIEW OF AUDITED FINANCIAL STATEMENTS

FORTERRA NW	94-3112461
THE AUDIT COMMITTEE HAS NOT CHANGED HOW IT REVIEWS THE OF	RGANIZATION'S
AUDITED FINANCIAL STATEMENTS FROM THE PRIOR YEAR.	

#### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

FORTERRA NW

Employer identification number 94-3112461

I OILI LILLIA IVV						Ja Jara	- O T	
Part I Identification of Disregarded Entities (Comple	te if the organization answered "Yes	" to Form 990, Part IV, line 3	3.)					
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	ome End-of-year			<b>(f)</b> controlling ntity	)
	_							
Part II Identification of Related Tax-Exempt Organiz organizations during the tax year.)	ations (Complete if the organization	answered "Yes" to Form 990	0, Part IV, line 34 b	ecause it had one o	or more i	related tax-exe	mpt	
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Dired	(f) et controlling entity		olled ity?
EVERGREEN FOREST TRUST - 91-2082596 901 FIFTH AVENUE, SUITE 2200 SEATTLE, WA 98164	ACQUIRE, MANAGE, CONSERVE FORESTLANDS	WASHINGTON	501(C)3	509(A)3			Yes	No X
	_							

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

Schedule R (Form 990) 2011

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1 ' '	portion- cations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	l or Percentag <sup>ing</sup> ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes	No
											- [

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
FORTERRA ENTERPRISES - 91-2195489							
901 FIFTH AVENUE, SUITE 2200	CONSERVATION						
SEATTLE, WA 98164	DEVELOPMENT	WA	FORTERRA NW	C CORP	1,180.	189,517.	100.00%
	_						
	4.5						<u> </u>

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V	Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)	
--------	--	--

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity **b** Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)				1c		X
d Loans or loan guarantees to or for related organization(s)				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Sale of assets to related organization(s)				1f		X
g Purchase of assets from related organization(s)				1g		Х
h Exchange of assets with related organization(s)				1h		Х
i Lease of facilities, equipment, or other assets to related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets from related organization(s)				1j		X
k Performance of services or membership or fundraising solicitations for related o	rganization(s)			1k	X	
I Performance of services or membership or fundraising solicitations by related or	rganization(s)			11		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization	zation(s)			1m	Х	
n Sharing of paid employees with related organization(s)				1n		Х
Reimbursement paid to related organization(s) for expenses				10		Х
p Reimbursement paid by related organization(s) for expenses				<b>1</b> p	Х	
q Other transfer of cash or property to related organization(s)				1q		X
r Other transfer of cash or property from related organization(s)				1r		Х
2 If the answer to any of the above is "Yes," see the instructions for information of	n who must complete t	his line, including covered r	elationships and transaction thresholds.			
(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
(2)						
(3)						
· ·						
(4)						
(5)						
Ο,						
(6)						
132163 01-23-12	46		Schedule I	R (Forn	990	2011

Schedule R (Form 990) 2011 FORTERRA NW 94-3112461

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e Are	<del>)</del>	(f)	(g)	(1	h)	(i)	(j)	(k)												
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are partner	all 's sec.	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage												
of entity		(state or foreign	(related, unrelated, excluded from tax	501(c orgs	c)(3) s.?	total	end-of-year	alloca	nate tions?	amount in box 20 Lof Schedule K-1	partne	ownership												
		country)	under section 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes N	_												
				$\vdash$				┢			$\vdash$													
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Page 4

01-23-12

Deprec	iation and Amortiza	tion Detail <u>I</u>	FORM 990 PAGE	10		990
			Description	of property		
Asset	Doto					
Number	Date placed in service Method/IRC sec.	Life Line or rate No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	BUILDINGS					
	BOILDINGS					
	BUILDINGS					
-	VARIESSL	30.0016	208,712.		180,786.	5,234.
	* 990 PAGE 10		BUILDINGS		2007.000	0,2020
			208,712.	0.	180,786.	5,234.
	MACHINERY & E	QUIPMENT	r			
1	FURNITURE & E					
	VARIESSL	10.0016	548,398.		434,221.	42,875.
	* 990 PAGE 10	TOTAL N	MACHINERY & EQ		124 224	40.055
			548,398.	0.	434,221.	42,875.
	LAND		1		<u> </u>	
2	LAND AND EASE	 'MENIMO				
3	VARIESL	MENIS	17,185,614.			0.
	* 990 PAGE 10	I TOTAL I	<u>  17,103,014• </u> ;AND			0.
	<u> </u>		17,185,614.	0.	0.	0.
	OTHER			•	<u> </u>	•
17	LEASEHOLD IMP					
		15.0016	55,924.		12,502.	3,879.
	* 990 PAGE 10	TOTAL C				
			55,924.	0.	12,502.	3,879.
	* GRAND TOTAL	990 PAG			605 500	<u> </u>
			17,998,648.	0.	627,509.	51,988.
			1			
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